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COUNTRY-LED FORMATIVE EVALUATION OF SAFELY MANAGED SANITATION ASSISTANCE PROGRAMME IN INDONESIA (2009-2024)

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Country Led Formative Evaluation of Safely Managed Assistance Sanitation (*Percepatan Pembangunan Sanitasi Permukiman*-PPSP) Programme in Indonesia (2009-2024)

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JOINT PREFACE

Indonesia's Acceleration of Sanitation Development for Human Settlement (*Percepatan Pembangunan Sanitasi Permukiman*-PPSP) Programme has served as the national cornerstone for subnational sanitation planning and institutional strengthening since its inception in 2009. Operating across 486 districts and cities, the PPSP has played a pivotal role in embedding sanitation priorities within local governance frameworks. It has contributed meaningfully to reducing open defecation from 20 per cent in 2010 to just 3.2 per cent by 2024, while expanding access to improved sanitation for 84 per cent of the population from 55%. These gains reflect over a decade of coordinated investment in planning instruments, institutional capacity-building, and multi-level government engagement.

To inform the strategic direction of the upcoming 2025–2029 programming cycle, an independent formative evaluation of PPSP was commissioned during October 2024 to June 2025. The evaluation was guided by the Organisation for Economic Cooperation and Development – Development Assistance Committee (OECD-DAC) criteria and United Nations Evaluation Group (UNEG) quality standards, with an emphasis on assessing the programme's effectiveness, coherence, relevance, efficiency, and sustainability, alongside cross-cutting considerations such as gender equality, social inclusion, disability, and climate resilience.

The evaluation finds that PPSP has succeeded in institutionalising sanitation planning through its structured City/District Sanitation Strategy (*Strategi Sanitasi Kabupaten/Kota*/ SSK) methodology, NAWASIS monitoring platform, and tiered facilitation model. It has also identified promising examples of progress that could be scaled up, such as the integration of sanitation into local development plans in over 200 districts and early opportunities for engaging the private sector in faecal sludge management. These illustrate how local initiatives, when supported by strong mandates and technical assistance, can drive practical solutions. However, it also highlights significant implementation gaps. While planning milestones have been achieved, the coverage of safely managed sanitation remains at just 10.2 per cent, and subnational delivery mechanisms have not kept pace with planning ambitions. Integration of gender, climate risk, and disability inclusion remains inconsistent.

As a contribution to the sanitation agenda, this evaluation provides key recommendations to address systemic bottlenecks to improve the delivery and sustainability of sanitation services. It is our hope that the recommendations in this report can guide the development of a more responsive, inclusive, and results-oriented sanitation strategy while enabling diverse stakeholders, including private sector, to invest in sanitation in the years ahead.

We extend our sincere appreciation to the ministries and agencies involved, local governments, development partners, and the evaluation team whose contributions made this report possible. We believe this evaluation will serve as a key reference in shaping the next generation of sanitation efforts in Indonesia. Together with the national safely managed sanitation roadmap, and the WASH climate resilience framework, this will pave the path towards accelerating universal, safely managed sanitation for all.

Sincerely,

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This formative evaluation of the Indonesia's Acceleration of Sanitation Development for Human Settlement *(Percepatan Pembangunan Sanitasi Permukiman*-PPSP) Programme in Indonesia (2009–2024) was made possible through the commitment, technical engagement, and collaborative spirit of numerous individuals and institutions at both national and subnational levels.

We extend our sincere appreciation to the members of the Steering Group and Evaluation Reference Group (ERG), comprising representatives from the Ministry of National Development Planning (BAPPENAS), Ministry of Home Affairs (MoHA), Ministry of Public Works (MoPW), Ministry of Health (MoH), and UNICEF Indonesia, for their strategic guidance, technical contributions, and sustained engagement throughout the evaluation. Their support was instrumental in ensuring the evaluation fits within national systems, aligned with sectoral priorities, and responsive to the future direction of safely managed sanitation in Indonesia.

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This evaluation was led by Mr. Niaz Ullah Khan, International Consultant from AWF Pvt Ltd, who guided the process from inception to final reporting with a strong focus on learning, evidence use, validation, key stakeholders interviews and inclusive development. Mr. Joseph Viandrito, Local Evaluator led climate-related analysis and supported tool pre-testing, literature review, data collection and stakeholder interviews. Ms. Ratih Widyaningsih, WASH Expert and Data Collection Coordinator, led fieldwork, conducted community interviews and FGDs, and supported translation and analysis. Mr. Sajid Zaman of AWF Pvt Ltd managed field data, documentation, and survey logistics. Ms. Eman Fatima and Ms. Zoha Noman, Young Evaluators from AWF Pvt Ltd, contributed to data analysis, the perception survey, and report drafting. We also acknowledge the contributions of local facilitators, translators, and administrative staff for enabling smooth field coordination and a successful validation workshop. Sincere thanks go to the Pokja PKP platforms, development partners, and local government stakeholders for their cooperation and engagement.

We hope this evaluation contributes meaningfully to Indonesia's journey toward equitable, resilient, and safely managed sanitation for all.

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ACRONYMS

ADB	Asian Development Bank
AKKOPSI	*Asosiasi Kota Kabupaten Peduli Sanitasi* (Alliance of City and Regency Governments for Sanitation)
APBD	*Anggaran Pendapatan dan Belanja Daerah* (Regional Revenue and Expenditure Budget)
Bappeda	*Badan Perencanaan Pembangunan Daerah* (Regional Development Planning Agency)
BAPPENAS	*Badan Perencanaan Pembangunan Nasional* (Ministry of National Development Planning)
BCC	Behaviour Change Communication
BLUDs	*Badan Layanan Umum Daerah* (Regional Public Service Agencies)
BPS	*Badan Pusat Statistik* (Statistics Indonesia)
CLTS	Community-Led Total Sanitation
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CVAAP	Climate Vulnerability Assessments and Action Plans
CWIS	City-Wide Inclusive Sanitation
DAK	*Dana Alokasi Khusus* (Special Allocation Fund)
DFAT	Department of Foreign Affairs and Trade
DRR	Disaster Risk Reduction
EHRA	Environment Health Risk Assessments
ERG	Evaluation Reference Group
FGD	Focus Group Discussion
FSM	Faecal Sludge Management
GDP	Gross Domestic Product
GEDSI	Gender, Equality, Disability, and Social Inclusion
ICESCR	International Covenant on Economic, Social and Cultural Rights
IPLT	*Instalasi Pengolahan Lumpur Tinja* (communal wastewater treatment plants)
IUWASH	Indonesia Urban Water, Sanitation, and Hygiene
KII	Key informant Interview
KPP	*Kelompok Pemelihara dan Pemanfaat*
KSM	*Kelompok Swadaya Masyarakat*
LLTT	*Layanan Lumpur Tinja Terjadwal* / Regular Desludging Services
LTS-LCCR	Low-Threshold Support for Low Carbon Climate Resilient Development
MHM	Menstrual Hygiene Management
MoE	Ministry of Environment
MoH	Ministry of Health

MoHA	Ministry of Home Affairs
MoPW	Ministry of Public Works
NAWASIS	National Water and Sanitation Information Services
NGO	Non-Governmental Organization
ODF	Open Defecation Free
OECD-DAC	Organization for Economic Co-operation and Development's Development Assistance Committee
Perda	*Peraturan Daerah* / Regional Regulation
PMU	Programme Management Unit
Pokja	*Kelompok Kerja* / Working Group
PPPs	Public-Private Partnerships
PPSP	*Percepatan Pembangunan Sanitasi Permukiman* / Acceleration of Sanitation Development for Human Settlement Programme
PSAMs	*Penyediaan Sarana Air Minum* (Provision of Drinking Water Facilities)
PSSP	*Program Sanitasi Perkotaan Strategis* (Strategic Urban Sanitation Programme)
RKPD	*Rencana Kerja Pemerintah Daerah*/Regional Government Work Plan
RPJMD	*Rencana Pembangunan Jangka Menengah Daerah* (Local Development Plans)
RPJMN	*Rencana Pembangunan Jangka Menengah Nasional* (National Medium-Term Development Plan)
RTRW	*Rencana Tata Ruang Wilayah*/Regional Spatial Plan
SDG	Sustainable Development Goal
SMS	Safely Managed Sanitation
SNV	Stichting Nederlandse Vrijwilligers (Foundation of Netherlands Volunteers)
SPALD-S	*Sistem Pengelolaan Air Limbah Domestik Setempat* (On-Site Domestic Wastewater Management System)
SPALD-T	*Sistem Pengelolaan Air Limbah Domestik Terpusat* (Centralized Domestic Wastewater Management System)
SSK	*Strategi Sanitasi Kabupaten/Kota* / Strategic Sanitation Strategy
STBM	*Sanitasi Total Berbasis Masyarakat* (Community Based Total Sanitation)
ToC	Theory of Change
ToRs	Terms of Reference
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNICEF	United Nation Children's Fund
UPTD PALs	*Unit Pelaksana Teknis Daerah Pengelolaan Air Limbah* (Regional Technical Implementation Unit for Wastewater Management)
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization
ZISWAF	Zakat, Infaq, Usher, and Sidaqah

EXECUTIVE SUMMARY

Introduction

The *Program Percepatan Pembangunan Sanitasi Permukiman* (PPSP), Acceleration of Sanitation Development for Human Settlement Programme, has served as Indonesia's flagship strategy for expanding safely managed urban sanitation access since 2009. Through its three distinct implementation phases across 516 cities and districts, PPSP has evolved from initial planning to standardization of approaches via Development of Sanitation Strategic Strategy (SSK), while strengthening governance frameworks to support SDG 6.2 achievement. This formative evaluation, commissioned to inform the forthcoming 2025-2029 RPJMN (National Medium-Term Development Plan), examines PPSP's performance trajectory, implementation challenges, and systemic bottlenecks across its 15-year implementation history.

Scope and Objectives

This independent evaluation was conducted from October 2024 to June 2025, assessing the programme using the standard OECD-DAC criteria for evaluation (relevance, coherence, effectiveness, efficiency, sustainability) while examining cross-cutting dimensions, including equity considerations, gender-responsiveness, disability inclusion outcomes, and climate resilience integration. Beyond accountability purposes, the evaluation aims to generate actionable insights for strengthening decentralized service delivery models, accelerating safely managed sanitation coverage, and informing evidence-based policy adaptation for the upcoming phase.

Methodology

The evaluation employed a theory-based approach using a collaboratively reconstructed Theory of Change and data collection using mixed methods. Primary data collection included 60 semi-structured key informant interviews and 15 focus group discussions with stakeholders across national and subnational governance levels. At the subnational level, fieldwork was conducted in East Java and Southeast Sulawesi provinces (selected for their contrasting implementation contexts) and included, four detailed case studies of high and low-performing districts, and direct site observations of infrastructure functionality and service provision. The field data collection was supplemented with an online perception survey reaching 55 respondents across 21 provinces and a systematic review of 29 key sectoral documents.

Limitations

Several methodological constraints warrant consideration, including selection bias in our purposive sampling, data quality issues in the monitoring systems (particularly regarding data on service quality metrics), and significant gaps in disaggregated equity data especially for disability inclusion and the urban poor. PPSP has three components i.e., sanitation, drainage and solid waste. The evaluation focused only on domestic wastewater management (sanitation).

Key Findings

Relevance: PPSP demonstrates strong alignment with Indonesia's evolving national development frameworks, maintaining consistent relevance to successive RPJMN cycles, SDG 6.2 targets, and more recently, the Safely Managed Sanitation Roadmap 2030. By 2024, 486 districts and cities (94%) had completed or updated SSKs, embedding sanitation priorities within local governance structures. However, field observations revealed notable variability in incorporating emerging priorities such as climate resilience, private sector engagement, and broader social inclusion, particularly for vulnerable and disadvantaged groups, remained partial and inconsistent across districts, with more pronounced gaps in low-capacity and remote areas.

Coherence: At policy level, PPSP exhibits sound internal coherence, effectively delineating complementary sectoral roles between BAPPENAS (planning oversight), Ministry of Home Affairs (governance frameworks), MoPW (infrastructure development), and Ministry of Health (behaviour change). The programme leverages established coordination platforms including Pokja PKP and promotes the use of digital systems like NAWASIS for performance tracking and information sharing. While AKKOPSI (*Aliansi Kabupaten/ Kota Peduli Sanitasi*), an informal national platform, contributes to the coherence by facilitating advocacy and horizontal learning by organising meeting and events. External coherence is further strengthened through alignment with the Safely Managed Sanitation Roadmap 2030 and well-coordinated development partner engagement. However, site visits and stakeholder interviews revealed significant operational coherence challenges: fragmented ministerial mandates create implementation silos, while Pokja functionality and AKKOPSI at subnational levels varies dramatically, ranging from highly effective coordination in some districts to merely symbolic existence in others. A key concern is the limited operational engagement of provincial facilitators and private sector actors, resulting in blurred institutional responsibilities and weak alignment between national policy frameworks and subnational implementation efforts.

Effectiveness: The programme has contributed substantively to institutionalizing sanitation planning, reducing open defecation practices from 20 per cent in 2010 to 3.2 per cent in 2024 and similarly increasing access to basic sanitation from 58 per cent in 2010 to 84 per cent in 2024. The development of 486 district/city SSKs represents significant progress in establishing planning frameworks, while platforms like NAWASIS have enhanced data visibility and standardized approaches. However, field observations confirm that safely managed sanitation coverage remains low at 10.2 per cent with deeper regional disparities. The field visits and documents review revealed "implementation gap" where many districts, even those with well-developed plans, struggle to translate these into functional services. Key constraints include limited infrastructure development (especially in eastern Indonesia), weak faecal sludge management (low demand for desludging and many treatment facilities operating well below capacity), and inadequate enforcement of sanitation regulations.

Efficiency: PPSP has leveraged national systems and standardized planning tools to improve process efficiency. The structured support approach has facilitated broad adoption of SSK processes, even in previously low-capacity areas. Nevertheless, delivery efficiency faces significant constraints. A review of budget execution patterns identified persistent bottlenecks, including delays in fiscal transfers, recurrently low local budget allocations for sanitation (averaging below 2 per cent of district budgets), and critical human resource shortages particularly for specialized technical roles. Monitoring systems remain disproportionately output-focused, tracking completion of planning documents rather than service quality improvements or equity outcomes.

Sustainability: The institutional foundations laid by PPSP show encouraging signs of sustainability, with 84 per cent of districts integrating SSKs into local development frameworks, often supported by local regulations (*Perda*). However, sustaining service improvements presents ongoing challenges. Many Pokja PKP structures lack formal mandates or stable financing mechanisms, leaving them vulnerable to leadership changes and budget fluctuations. Direct observation of district financial management practices reveals fragile fiscal sustainability, as many localities continue relying heavily on external transfers rather than mobilizing local revenue sources. Based on comparative analysis, sustainability risks appear most acute in climate-vulnerable areas and districts with limited technical capacity. Strengthening local ownership, establishing predictable financing mechanisms, and building robust technical capacities will be essential to prevent backsliding and sustain sanitation improvements over time.

Cross-Cutting Themes- Gender, Social Inclusion, and Climate Resilience: Despite PPSP's incorporation of national policy commitments to gender equality, social inclusion, and climate resilience, its integration at local levels remains inconsistent. Monitoring systems rarely disaggregate outcomes for vulnerable groups, obscuring equity impacts. Document analysis revealed that only 1 per cent of SSKs integrate comprehensive climate risk assessments, despite increasing vulnerability to climate-related disruptions. While frameworks like the Safely Managed Sanitation Roadmap 2030 and Framework for Strengthening Climate Resilience 2024 renewed policy momentum for mainstreaming these issues, field evidence suggests that without stronger enforcement mechanisms and dedicated capacity-building efforts, implementation will remain piecemeal and inconsistent.

Conclusion

This evaluation finds that PPSP has played a transformative role in establishing institutional foundations for urban sanitation across Indonesia's diverse landscape. It has standardized planning approaches, built cross-sectoral collaboration, and increasingly embedded sanitation within local governance frameworks. However, performance in achieving safely managed, inclusive, and climate-resilient sanitation services has been modest, constrained by persistent implementation gaps, subnational capacity limitations, restricted financial resource mobilisation and insufficient operationalization of cross-cutting priorities. The PPSP must transition decisively from its planning-centric approach toward an implementation-driven, outcome-oriented programme. This evolution requires clear institutional leadership, strengthened subnational systems, robust service delivery pathways, and performance-based financing mechanisms with greater emphasis on service quality, equity dimensions, climate resilience, and accountability to users.

Key Learnings

PPSP demonstrates that planning alone does not translate to improved service delivery. Effective sanitation governance requires robust institutional arrangements with clear mandates, sustainable financing, and leadership continuity. Decentralized systems require complementary technical assistance and fiscal autonomy to function optimally. Gender, inclusion, and climate considerations must move beyond policy intent through enforceable standards in planning and infrastructure design. Monitoring must shift from compliance reporting to results-based tracking of service quality and equity outcomes. Behaviour change requires sustained investment rather than episodic interventions. Evidence shows that adaptive, performance-based approaches produce more inclusive and resilient outcomes than centralized models, a key insight for PPSP's next phase, which should prioritize service delivery outcomes over planning outputs.

Looking Ahead: A Phased Transition to Performance-Driven Sanitation Governance (2025–2029)

Building on 15 years of foundational work, the next phase of PPSP (2025–2029) presents an opportunity to transition from planning to performance-based implementation. The evaluation recommends a three-phase strategy: capacity-led transition (2025–2026); policy integration (2027–2028); and consolidation and scaling (2029 onwards). This approach prioritises institutional readiness, strengthened provincial roles under Law No. 23/2014, and formalisation of Pokja PKP through local regulations. MoHA will serve as the national custodian for subnational implementation, supported by BAPPENAS in oversight and MoPW, MoH, and MoE for technical leadership. Key enablers include results-based financing, climate and gender-responsive infrastructure, blended finance models, licensed service providers, and the transformation of NAWASIS into a real-time performance management tool. This roadmap seeks to institutionalise sanitation as a core public service, embedding resilience, equity, and accountability across systems to accelerate Indonesia’s progress toward universal, safely managed sanitation by 2030.

Recommendations

Descriptions	Priority	Responsibility
1. Strengthen National Ministries Roles for PPSP Implementation at Sub-national Level: Designate the Ministry of Home Affairs (MoHA) as the lead custodian for subnational sanitation implementation, with BAPPENAS providing strategic oversight and MoPW, MoH, and MoE coordinating technical leadership. MoHA's mandate should be institutionalised through regulation following phased pilot implementation (2025–2028).	High	Lead: MoHA Support: BAPPENAS, MoPW, MoH, MoE
2. Establish Provincial Technical Hubs to Support District/City Implementation: Create dedicated provincial hubs within Bappeda or relevant Dinas under MoHA leadership to provide on-demand technical assistance, SSK mentoring, Pokja coaching, and monitoring support. Staff hubs with engineers, planners, and STBM specialists. Use performance-based incentives and peer learning platforms to drive and consolidate progress at provincial and subnational levels.	High	Lead: MoHA Support: Bappeda, Provincial Pokja
3. Institutionalize and Strengthen Pokja PKP Structures at Subnational Levels: Enhance and strengthen Pokja PKP through making amendments in local regulations or decrees with a focus on integrating them within local government structures such as Bappeda. Introduce a national performance framework for Pokjas with minimum standards, linked to recognition schemes, rewards and AKKOPSI-led learning exchanges.	High	Lead: MoHA Support: Bappeda, AKKOPSI, Local Governments
4. Revise and Strengthen SSK Guidelines to Ensure Comprehensive, Inclusive, and Climate-Resilient Sanitation Planning: Update SSK guidance to address all stages of sanitation services chain, aligned with SDG 6.2 and CWIS principles. Integrate climate risk and GESI assessments using participatory tools while integrating in Environment Health Risk Assessment (EHRA) guidelines and procedures. Improve costing templates and align planning with district RPJMD and budgeting cycles.	High	Lead: BAPPENAS Support: MoHA, MoPW, MoH
5. Strengthen Local Sanitation Financing Strategies to Diversify Funding Sources to Support SSK Implementation: Mandate and capacitate the districts to develop financing strategies based on fiscal characteristics by blending own-source revenue generation, APBD, DAK (*Dana Alokasi Khusus)*, and climate-linked funds. Promote use of microfinance, revolving funds, and ZISWAF. Provide national toolkits and training to strengthen local financial planning and investment readiness.	High	Lead: MoHA Support: MoF, BAPPENAS, MoPW
6. Strengthen Sanitation Market by Establishing Strategic Partnerships with Private Sector for Financing, Innovation and Sustainability: Establish a conducive policy and regulatory environment to promote private sector engagement. Conduct mapping of potential partnerships with private sector to inform new business models for promoting service bundling along the sanitation service chain.	High	Lead: BAPPENAS Support: MoPW, MoHA, Ministry of Cooperatives/SMEs
7. Upgrade NAWASIS into a Comprehensive Sanitation Performance Monitoring Platform: Expand NAWASIS to cover	High	Lead: BAPPENAS

Descriptions	Priority	Responsibility
the entire sanitation chain and include disaggregated indicators. Enable real-time dashboards and citizen feedback. Train Pokjas and Bappeda on data entry, validation, and analysis for decision-making.		Support: MoHA, Pokja PKP
8. Institutionalise Sanitation Scorecards for Subnational Accountability, Benchmarking, and Incentives: Introduce annual provincial scorecards benchmarking district performance on access, inclusion, financing, and implementation. Align with NAWASIS and DAK. Use results to trigger structured incentives, with oversight by BAPPENAS and MoHA.	High	Lead: BAPPENAS Support: MoHA, MoF
9. Institutionalise Behaviour Change, Cost Recovery and Social Mobilisation for Sustainable Sanitation Service Delivery and Standards Compliance: Include and integrate STBM follow-up in annual plans and SSKs. Allocate resources for hygiene promotion and cost recovery. Strengthen capacities of MoPW and MoHA at national level and Local Governments and Pokja members and other field workers at sub national levels on behaviour change and integrate messaging into schools and public services. Ensure compliance to regulations and sanitation standards for new housing development projects.	High	Lead: MoHA Support: MoPW, MoH, Local Governments
10. Promote Inclusive Sanitation Through Inclusive/Universal Design and Gender Responsive Infrastructure: Ensure the compliances of regulations of inclusive/universal design for all sanitation infrastructure. Integrate GEDSI indicators into planning, monitoring, and financing tools. Train planners and engineers on inclusive standards and prioritise investments for underserved groups.	Medium	Lead: MoPW Support: MoH, MoHA, BAPPENAS
11. Strengthen UPTD and BLUD Capacity for Operational Sustainability and Service Quality: Institutionalise UPTDs and transition capable units into BLUDs. Pilot, test and scale up the integration of sanitation into water utilities in selected cities. Provide capacity-building in business planning and service delivery. Monitor performance via NAWASIS and link to DAK-based incentives.	Medium	Lead: MoHA Support: MoPW, MoF
12. Promote Digital Tools and Innovation Ecosystems to Improve Sanitation Services: Support digital tools for FSM scheduling, geo-tagging, and payment systems. Establish innovation zones and co-creation platforms with universities, start-ups, and NGOs. Develop regulatory guidance for scalable solutions.	Medium	Lead: BAPPENAS Support: MoPW, MoHA, MoCI, Universities, NGOs
13. Institutionalise Annual National and Provincial Sanitation Reviews Linked to Joint Corrective Actions: Conduct annual reviews at national and sub-national levels, co-led by members of AKKOPSI and Pokja, based on NAWASIS and scorecard data. Link findings to provincial and district RPJMD planning and corrective actions, with follow-up supported by technical hubs.	Medium	Lead: MoHA & BAPPENAS Support: AKKOPSI, Provincial Pokjas, Local Governments

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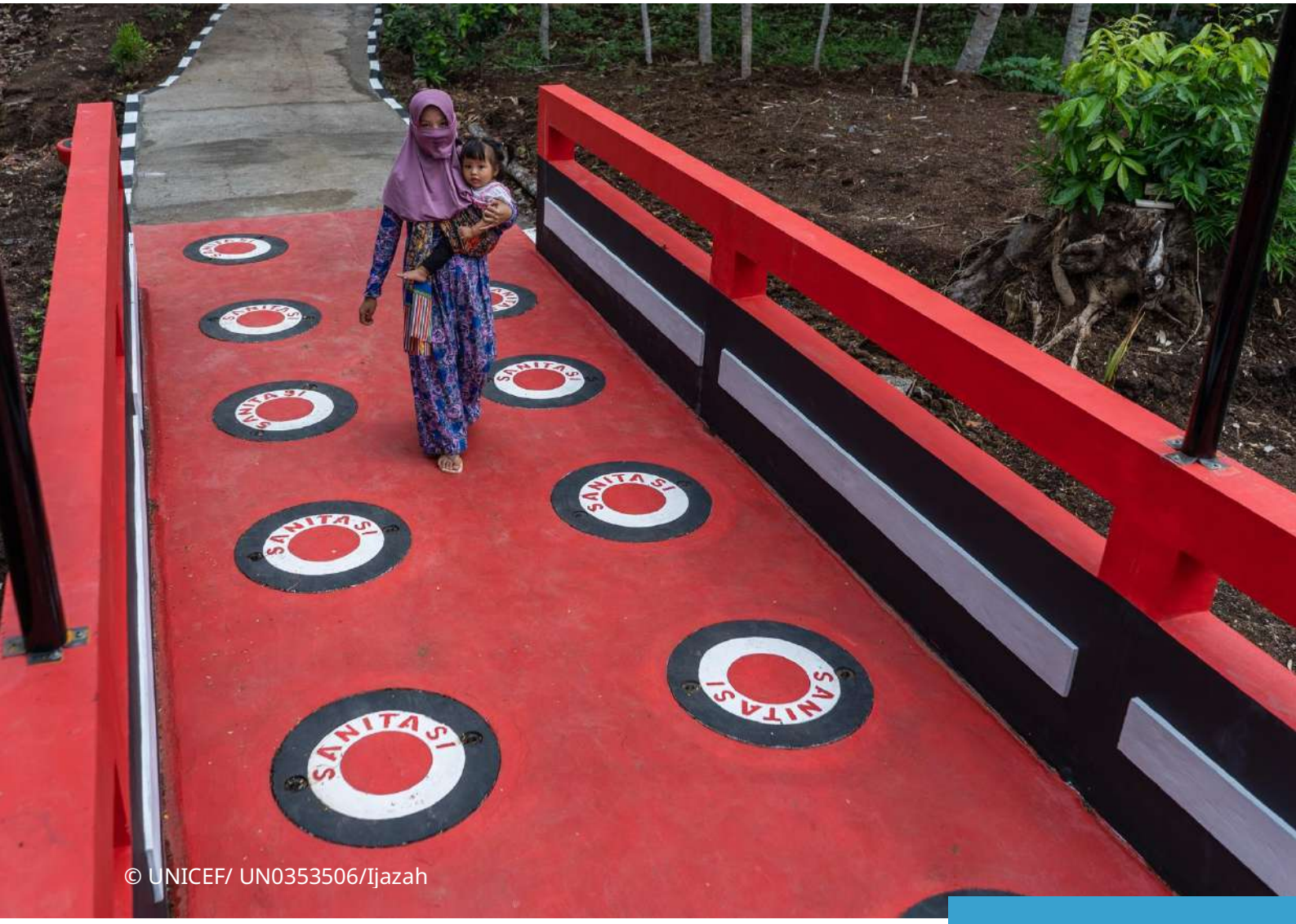
1. INTRODUCTION

The Acceleration of Sanitation Development for Human Settlement (*Program Percepatan Pembangunan Sanitasi Permukiman* -PPSP) Programme launched in 2009, represents Indonesia's principal national effort to strengthen local sanitation systems and expand access to sustainable services. Spanning fifteen years and implemented across three phases, the PPSP has supported cities and districts in preparing strategic sanitation plans, improving institutional coordination, and advancing safely managed sanitation (SMS). The programme aligns with national policy frameworks, including the National Medium-Term Development Plan (RPJMN) 2020–2024, and Indonesia's commitments to the Sustainable Development Goals (SDGs). This independent formative evaluation assesses the relevance, coherence, effectiveness, efficiency, sustainability, and cross-cutting integration of PPSP implementation between 2009 and 2024. It aims to generate evidence to inform the design and delivery of the next programme phase (2025–2029), while contributing to sectoral learning. The evaluation covers national and subnational levels, with fieldwork conducted in East Java and Southeast Sulawesi. It adopts a theory-based and participatory approach, placing particular emphasis on equity, inclusion, and climate resilience.



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2. CONTEXT

2.1 Geography of Indonesia

Indonesia is the world's largest archipelagic nation, encompassing 17,508 islands across approximately 1.9 million square kilometres (Badan Pusat Statistik [BPS], 2020). The country's extensive coastline stretches over 108,000 kilometres, making coastal management critical for urban and rural development. Its geographic location between the Indian and Pacific Oceans exposes it to frequent natural hazards, including earthquakes, tsunamis, volcanic eruptions, and seasonal floods (Asian Development Bank [ADB], 2021). The country's varied topography, from low-lying coastal areas to volcanic highlands, necessitates differentiated approaches to water and sanitation infrastructure. East Java, one of the evaluations focus provinces, is the second most populous province in Indonesia and spans an area of 47,799 square kilometres. The province's geography includes coastal plains, fertile agricultural lands, and mountainous regions (BPS East Java, 2021). Southeast Sulawesi (Sulawesi Tenggara) spans an area of approximately 38,140 square kilometres and is composed of coastal lowlands, hilly interior landscapes, and small island chains.

2.2 Socio-Economic Profile

Indonesia's economic transformation over the past two decades has been significant, attaining a Gross Domestic Product (GDP) of USD 1.37 trillion in 2023 and maintaining a growth trajectory of around 5.0–5.2 per cent annually (World Bank, 2024; ADB, 2024). Nonetheless, poverty reduction remains uneven, with 10.14 per cent of the population living below the national poverty line as of 2021 (United Nations Development Programme [UNDP], 2024).

In East Java, the 2020 Census recorded a population of approximately 40.67 million, with children aged 0–14 years accounting for 23.3 per cent (BPS East Java, 2021). The poverty rate was reported at 11.4 per cent in March 2021, equating to 4.6 million people (BPS East Java, 2021). Southeast Sulawesi, with a population of approximately 2.7 million, reported a poverty rate of 11.4 per cent in 2020. Children constitute around 26.9 per cent of the population (BPS Southeast Sulawesi, 2021). Rural-urban disparities are pronounced, with limited access to safe water, sanitation, healthcare, and educational opportunities predominantly affecting rural and remote communities in both provinces.

2.3 Humanitarian and Disaster Situation

Natural disasters recurrently affect Indonesia, resulting in an estimated USD 16.8 billion in economic losses over the past fifteen years (World Bank, 2023). In 2020, floods alone impacted over 2 million people (UNDP Indonesia, 2020). East Java is vulnerable to volcanic eruptions, coastal flooding, and earthquakes, while Southeast Sulawesi frequently seasonal flooding, flash floods, and hydrometeorological hazards, particularly in coastal and island (Climate Knowledge Portal, 2023). The humanitarian impact is compounded by limited disaster preparedness and WASH service disruption, particularly in rural and low-income settlements. Such risks necessitate the integration of disaster risk reduction into water and sanitation planning.

2.4 Climate Change Vulnerability

Indonesia's vulnerability to climate change is profound, with projections estimating an average annual temperature rise of 0.8–1.4°C by 2050 and increased frequency of extreme rainfall events (ADB, 2021). Coastal erosion, saltwater intrusion, and urban flooding already affect densely populated areas in East Java, notably Surabaya and surrounding districts (BAPPENAS, 2021). In South Sulawesi, especially along the low-lying river basins of Makassar and Pare-Pare, communities experience recurrent flooding and drought cycles. The government's Long-Term Strategy for Low Carbon and Climate Resilience 2050 (LTS-LCCR) emphasizes climate-resilient infrastructure investment, but subnational integration, particularly in sanitation, remains limited (BAPPENAS, 2021). Climate variability exacerbates the challenges of sustaining safely managed sanitation (SMS), necessitating adaptive designs that consider flood risks, drought resilience, and service continuity.

2.5 Disability Profile

Based on the *Susenas*' data, there are 38,8 million people in Indonesia, who are categorized as persons with disabilities in different aspects such as seeing, hearing, thinking, emotional disorders, and more. Disability can affect anyone, regardless of age, gender, ethnicity, or socio-economic status.[1] The Government of Indonesia has a legal and policy framework to support the rights of persons with disabilities, including access to water supply and sanitation. Initial provisions were set out in Law No. 4/1997 and strengthened by ratifying the UN Convention on the Rights of Persons

[1] https://indonesia.un.org/en/254698-celebrating-abilities-persons-disabilities, accessed on 23 June 2025

with Disabilities (CRPD) in 2011. This was followed by Law No. 8/2016, which mandates central and local governments to ensure inclusive access to WSS. To support implementation, the Ministry of Public Works (MoPW) issued Regulation No. 14/PRT/M/2017, outlining accessibility standards for WASH infrastructure. In East Java, an ageing population profile, with 13.1 per cent of individuals aged over 65, suggests overlapping needs for accessible WASH services (BPS East Java, 2021). In Southeast Sulawesi, although specific disability data are less available, anecdotal evidence from field consultations indicates persistent barriers to accessing water and sanitation facilities among persons with mobility impairments.

2.6 Access to Water, Sanitation, and Hygiene (WASH)

2.6.1 Access to Drinking Water

Since 2000, the government has provided improved water sources to approximately 110 million people and sanitation facilities to 148 million. According to Joint Monitoring Programme (JMP) of WHO/UNICEF, in 2022, nearly 24 percent population of Indonesia has access to safely managed water, and nearly 64 percent have access to basic water services. Around 9 percent are living with unimproved water and around 2 percent are using surface water for drinking purposes.

2.6.2 Access to Sanitation

In the case of sanitation, as per JMP 2022, Indonesia made a significant progress in terms of reducing open defecation from 32.6 percent in 2000 to 4.2 percent in 2022. Similarly, it made a significant stride for basic sanitation from 40.2 percent to 84 percent in 2022. However, JMP does not report about safely managed sanitation services. This is due to difference in the method of calculating safely managed sanitation by Government of Indonesia compared to JMP Approach. A 2021 survey revealed that Escherichia coli was present in 71% of groundwater samples from households, highlighting ongoing water pollution issues due to inadequate sanitation.[2]

2.6.3 WASH and Gender

Women and girls continue to bear disproportionate burdens in the WASH sector (UNICEF and WHO, 2023). No specific gender segregated data for access to WASH is available for Indonesia except for indicating that nearly 17 percent of women are in leadership positions for WASH in Indonesia (Women in WASH, UNICEF Indonesia 2022). In both East Java and South Sulawesi, women are primarily responsible for water collection, sanitation management, and household hygiene promotion (UNICEF Indonesia, 2023). However, their participation in infrastructure planning and WASH governance structures remains limited. Menstrual hygiene management (MHM) remains under-supported, particularly in school settings, constraining adolescent girls' education outcomes.

2.7 Achieving Sustainable Development Goals (SDGs)

Indonesia's PPSP directly contributes to SDG 6 targets, particularly in advancing equitable sanitation access. It also supports SDG 3 by reducing WASH-related health risks, SDG 5 by promoting gender inclusion in sanitation planning, and SDG 13 by encouraging climate adaptation in infrastructure design (BAPPENAS, 2022). However, significant gaps persist in extending safely managed services to remote and vulnerable populations, calling for enhanced targeting and investment at the subnational level.

2 Puspasari, R. A., Nurrahmi, H., & Aini, A. N. (2021). Collaborative governance in sanitation development: A case study in Batu City, East Java. E3S Web of Conferences, 328, 04001. https://doi.org/10.1051/e3sconf/202132804001

2.8 Universal Instruments of Human Rights

Indonesia's sanitation agenda is grounded in internationally recognised human rights instruments that affirm the right to safe water and sanitation. Key among these is the International Covenant on Economic, Social and Cultural Rights (ICESCR), which Indonesia ratified in 2006, and the CRPD which ratified in 2011. The ICESCR formally recognises access to water and sanitation as essential to the right to an adequate standard of living, while the CRPD obliges States Parties to ensure equal access to water and sanitation services for persons with disabilities, on an equal basis with others. These instruments establish clear normative principles non-discrimination, accessibility, participation, accountability, and sustainability which are echoed in Indonesia's national sanitation policies, including the PPSP.

2.9 WASH-Related Policies and Plans

The PPSP is aligned with key national policies, including the RPJMN 2020–2024, the Safe Sanitation Roadmap 2030, and Presidential Regulation No. 185/2014 on acceleration of drinking water and sanitation provision (BAPPENAS, 2021). These frameworks prioritize universal WASH access, safe FSM, and climate resilience. Indonesia's updated SDG 6 roadmap targets achieving 30 per cent access to SMS by 2030. However, financing gaps remain significant, with an estimated USD 18.4 billion required to meet sectoral targets (Global Waters, 2024).

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3. OBJECT OF THE EVALUATION

3.1 Overview of the PPSP Programme

The PPSP initiated in 2009, represents Indonesia's primary national mechanism to advance urban sanitation development and strengthen subnational sanitation systems. Designed to promote decentralized sanitation planning and multi-sectoral coordination, PPSP aims to support local governments in expanding SMS services, improving environmental health, and achieving the targets set out in the RPJMN and SDG 6.2 (BAPPENAS, 2022). Over its fifteen-year trajectory, the PPSP has evolved from a focus on initial coordination structures and strategic planning to progressively integrating sanitation targets within broader development frameworks, improving institutional capacities, and piloting climate-resilient and equity-focused initiatives. The programme has been a central instrument in Indonesia's efforts to reduce open defecation, expand basic sanitation coverage, and lay the foundation for sustainable, SMS nationwide. The PPSP has implemented in three phases i.e., 2010-2014, 2015-2019 and 2020-2024. This report will be using 2009 as starting point but the assessment covers three phases from 2010-2024 period.

3.2 Key Components and Strategies

The PPSP programme is built around five interconnected pillars: a) strengthening institutional frameworks; b) enhancing technical planning through Strategic Sanitation Strategy (SSK); c) promoting behaviour change at community levels; d) developing sanitation financing mechanisms; and e) improving regulatory and monitoring systems. These pillars were designed to address the historically fragmented nature of sanitation governance in Indonesia. Strategic planning through SSK development became a central element of the PPSP, providing cities and districts with structured pathways to analyse sanitation needs, identify service gaps, and integrate sanitation priorities into district /local Development Plans (RPJMD). Simultaneously, the establishment of *Pokja Sanitasi* (Sanitation Working Groups) at provincial and district levels sought to ensure cross-sectoral coordination between government departments, utilities, and development partners (BAPPENAS, 2021).

Behavioural change communication, aligned with the Community-Led Total Sanitation (CLTS) and Sanitasi Total Berbasis Masyarakat (STBM) approaches, was integrated across programme activities to support the elimination of open defecation and encourage safe sanitation practices. Financing strategies, including the mobilization of local budgets (APBD) and the piloting of public-private partnerships (PPPs), were introduced to strengthen sustainability. The National Water and Sanitation Information System (NAWASIS) provided a digital platform for monitoring SSK progress and sanitation indicators, although uptake and data quality varied across localities.

3.3 Programme Phases (2010–2014, 2015–2019, 2020–2024)

The evolution of the PPSP (Accelerated Sanitation Development Programme) is characterized by three distinct and progressive phases, each reflecting a deepening in strategic orientation and operational delivery. Every phase has built systematically upon the learnings of its predecessor, while also responding to emerging national needs, sectoral priorities, and innovation requirements. This iterative progression has involved either the refinement, integration, or expansion of programme components, demonstrating adaptability and growing complexity. Each phase introduced critical improvements in institutional frameworks, planning tools, capacity-building approaches, and implementation mechanisms, resulting in stronger sectoral coordination and enhanced sub-national ownership.

3.3.1 Phase 1: Laying the Foundation (2010–2014)

Established SSKs in 444 districts and cities; formed *Pokja Sanitasi* and AKKOPSI; prioritized advocacy, behaviour change, and capacity building; faced limited political commitment and stressed local ownership and pilot innovations coordination.

3.3.2 Phase 2: Scaling Up and Institutional Strengthening (2015–2019)

Expanded SSKs with updated guidelines; enhanced Pokja functions; achieved over 60% ODF coverage; scaled decentralized systems; Integrated behaviour changes into sanitation plans; Challenges: funding gaps, uneven progress, weak private engagement; used local champions and refined monitoring systems.

3.3.3 Phase 3: Towards Sustainability, Resilience, and Equity (2020–2024)

Aligned with RPJMN and SDG 6: 90% access, 15% safe sanitation. Institutionalized Pokja and strengthened AKKOPSI's coordination; focused on climate resilience and inclusive equity strategies; scaled climate-resilient infrastructure; piloted CSR and recovery; introduced PPPs, microcredit, NAWASIS monitoring; and gaps in rural FSM. A summary of sanitation progress in three phase is shared below in Table-1.

Table 1: Summary of Sanitation Progress of Three Phases 2010-2024

Indicator	2010–2014	2015–2019	2020–2024	Progress and Challenge
Safely Managed Sanitation	0% (2014)	<5% (2019)	10.2% (2024)	Slow but emerging; needs stronger FSM and investment
Basic Sanitation Access	55.3% (2010)	70% (2019)	84.5% (2024)	Significant expansion
Open Defecation (BABS)	19.6% (2010)	9% (2019)	3.2% (2024)	Strong decline; need to maintain rural gains
SSK Development	444 districts (2014)	Additional 47 districts (2019)	Cumulative 486 total (2024)	Widespread but varying quality
SSK Integrated into district plans and budgets and operationalized	No recorded	58 districts (2019)	212 districts (2024)	Improved post-2015; budget linkages remain weak
Number of districts/cities that received repeated support for SSK	13 (2014)	439 (2019)	212 (2024)	Data from PMU recorded- 486 districts/cities out of 516 districts/cities have SSKs, Pokjas and technical assistance
Total number of districts/cities receiving technical assistance	444 (2010-2014)	486 (2014-2019)	212 (2020-2024)	
Number of *Pokja Sanitasi* (Sanitation Working Groups) strengthened	34 provinces 444 cities/ district	34 provinces 486 cities/ districts	34 provinces 212 cities/districts	
FSM Services Introduced	0 districts	0 districts	14 districts	Very limited; urgent scaling needed
Use of NAWASIS Monitoring	Initial setup	Moderate uptake	57% of LGs	Expanded but uneven quality
Climate Resilience in SSK	0	0	1% of SSKs	Emerging; needs mainstreaming
Private Sector Engagement	None	Minimal pilots	Still minimal	Remains a critical gap
Regulatory Enforcement	None	Initiated in pilots	Weak enforcement	Needs strengthening across levels

3.4 Beneficiaries and Stakeholders

The PPSP targeted urban and peri-urban populations across Indonesia's 516 districts and cities, with a particular emphasis on vulnerable communities lacking access to basic sanitation. By 2024, approximately 486 districts and cities had prepared SSKs, contributing to significant nationwide

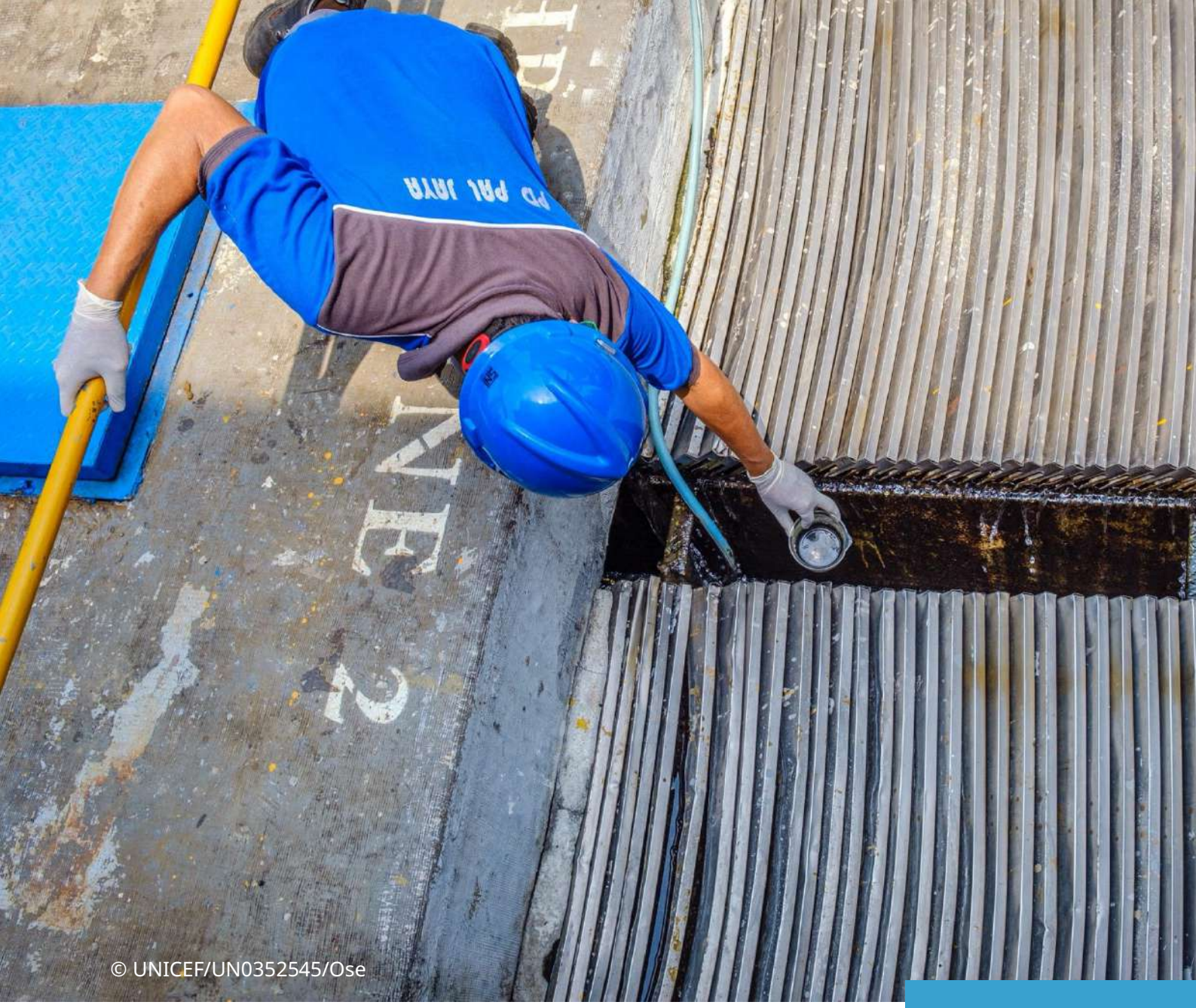
improvements in open defecation reduction and basic sanitation access. Key stakeholders involved in PPSP implementation include:

1. Ministry of National Development Planning (BAPPENAS) serving as the principal coordinating body and strategic custodian of the programme. Ministry of Public Works (MoPW), Ministry of Health (MoH) and Ministry of Home Affairs (MoHA), each contribute technical and operational support within their respective mandates;
2. Provincial/ Sub National Governments: Serve as intermediaries between national and district levels, supporting SSK coordination, district/city Pokjas capacity, and cross-district learning through provincial Pokjas. Their role in quality assurance and performance monitoring remains underutilised due to limited mandates and dedicated support;
3. *Pokja Sanitasi* and AKKOPSI: District/city Pokjas serve as multi-sectoral coordination platforms for SSK planning and implementation. At provincial level, Pokja support oversight, mentoring, and cross-district alignment. AKKOPSI, a network of elected local leaders, advocates for sanitation prioritisation, with limited formal mechanisms at the provincial level;
4. District and City Governments hold primary responsibility for the preparation, financing, and operationalization of SSKs within their jurisdictions;
5. Development Partners including UNICEF, DFAT, USAID, the World Bank, ADB, SNV, and other technical agencies, have provided critical support through capacity-building, strategic advisory services, and technical assistance;
6. Civil Society Organizations have played a vital role in community mobilization and behaviour change initiatives, supporting demand creation for sanitation services; and
7. Private Sector Actors while recognized as essential for long-term sustainability of sanitation service delivery, private sector engagement remains limited. Sidoarjo, Gresik, and Kendari as cities with relatively stronger private sector participation in sanitation—especially in FSM-related services.

3.5 Institutional, Regulatory, and Implementation Arrangements

Indonesia has established a robust legal and institutional framework for sanitation and wastewater management, embedded in national legislation and supported by ministerial and presidential regulations. Law No. 23/2014 defines the roles of national, provincial, and local governments, placing responsibility for sanitation service provision. Under the law, the district/city governments are responsible for the provision, operation, and maintenance of local sanitation services, including small-scale infrastructure such as communal wastewater systems (IPAL Komunal), faecal sludge management, and hygiene promotion. They directly manage service delivery, responsible for O&M and address community-specific needs. Whereas provincial governments oversee sanitation systems that serve more than one district or city (e.g. regional wastewater infrastructure) and coordinate inter-district planning, quality assurance, and performance benchmarking. They represent the central government regionally and supervise district/city compliance with national policy.

At the national level, BAPPENAS leads strategic planning, supported by the Ministries of Home Affairs, Public Works, and Health, while provincial *Pokja Sanitasi* promote cross-district coordination (more details in coherence section). Planning and monitoring are guided by instruments such as the SSK and facilitated through the NAWASIS platform. Implementation is further supported by Bappeda, local utilities, and development partners. However, challenges remain in regulatory enforcement, financial sustainability, and the integration of climate resilience and equity into subnational planning. Strengthening cross-sector collaboration and institutional capacity will be critical for sustaining progress under the next phase of PPSP.



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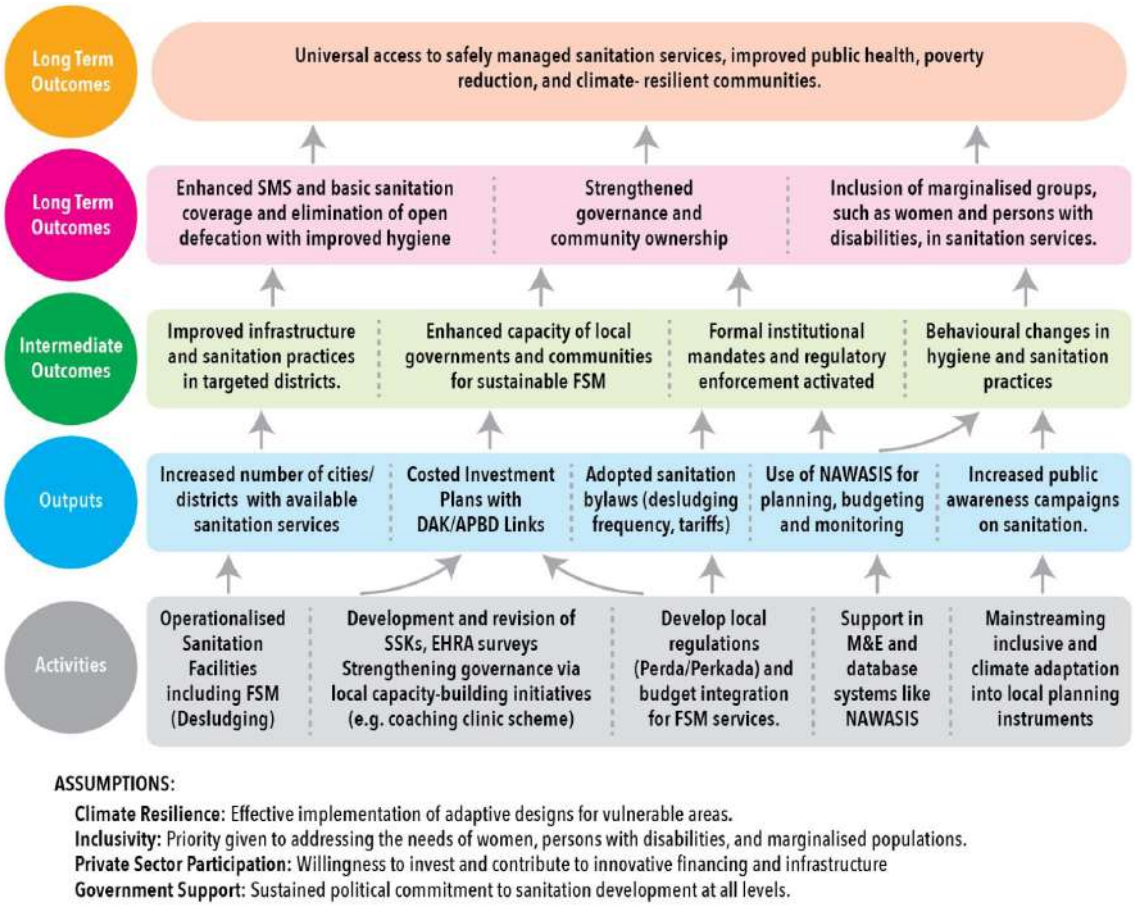
4. THEORY OF CHANGE

4.1 Reconstructed Theory of Change

At its inception, the PPSP did not develop a formal, comprehensive Theory of Change (ToC) document. However, based on a detailed review of programme documents, strategic plans, and stakeholder consultations including members of Evaluation Reference Group (ERG), a ToC for the programme has been reconstructed for the purposes of this evaluation. The vision of PPSP is the achievement of universal, equitable, and sustainable access to SMS services across Indonesia, thereby contributing to improved public health outcomes, enhanced gender equality, strengthened environmental protection, and greater climate resilience. The visual diagram of ToC is shown Figure 1.

Figure 1: Reconstructed Theory of Change PPSP 2009-2024



The reconstructed ToC for PPSP (2010–2024) illustrates a phased approach to strengthening sanitation governance, infrastructure, and service delivery with increasing emphasis on inclusivity, climate resilience, and sustainability. Inputs included financial and technical resources, regulatory frameworks, and monitoring systems such as NAWASIS. Key activities focused on SSK development, local capacity-building, private and civil society engagement, and community-led behaviour change. Outputs ranged from costed SSK approvals linked with APBD and DAK (Dana Alokasi Khusus), and infrastructure development to awareness campaigns and data systems. These contributed to intermediate outcomes such as improved sanitation practices, enhanced local capacity, and institutional and regulator enforcements. Long-term outcomes targeted open defecation elimination, expanded access to safely managed and basic sanitation, and inclusive, community-owned systems. The intended impact includes universal sanitation access, reduced WASH-related disease, improved public health, and resilient communities. Programme success relies on key assumptions including political commitment, adequate financing, functional Pokja coordination, private sector participation, and use of quality data for planning and accountability.

4.2 Validation of the Reconstructed Theory of Change (ToC)

The reconstructed ToC served as a foundational tool for evaluating the logical relationships between inputs, activities, outputs, outcomes, and intended impacts, supporting the long-term vision of equitable, sustainable, and climate-resilient sanitation services in Indonesia. The evaluation framework aligned with the ToC by systematically integrating key informant interviews (KIIs), focus group discussions (FGDs), field observations, case studies, and perception surveys. These methods enabled a comprehensive assessment of the OECD DAC criteria namely relevance, coherence, effectiveness, efficiency, sustainability, and cross-cutting issues with a particular emphasis on the programme's contribution towards sectoral progress.

The validation process is guided by UNEG standards, ensuring a methodologically robust, participatory, and evidence-based approach. Through a theory-based evaluation lens, sector achievements, key enabling factors, barriers, and contextual risks were examined to assess the plausibility of the programme's causal pathways. The reconstructed ToC was further validated through iterative feedback from members of the Evaluation Reference Group (ERG) and other key stakeholders. The findings from this evaluation are intended to strengthen the refinement of sanitation service delivery models, enhance subnational ownership, and build resilience to emerging socio-economic and environmental challenges.

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5. PURPOSE, OBJECTIVE, SCOPE AND FRAMEWORK

5.1 Purpose of the Evaluation

The purpose of this formative evaluation is to assess the progress and performance of PPSP three phases from 2010 to 2024, and to generate forward-looking recommendations for the future phase of PPSP (2025–2029). The evaluation aims to examine the relevance, coherence, effectiveness, efficiency, sustainability, and integration of cross-cutting priorities within PPSP implementation at national and subnational levels. The evaluation also seeks to identify key lessons learned and strategic opportunities to further strengthen Indonesia's approach to sanitation development, ensuring alignment with national priorities, including the RPJMN 2020–2024, RPJMN 2025-2029 and RPJPN 2025-2045, Vision 2045, and SDGs, particularly SDG 6.2 on SMS. This formative assessment is designed to inform the evolution of PPSP's design and delivery, promote adaptive learning, and support evidence-based decision-making for national and subnational stakeholders.

5.2 Objectives of the Evaluation

The objectives of the evaluation are to:

1. Develop a theory of change (ToC) to capture the causal pathways toward accelerating access to safely managed sanitation (SMS) in Indonesia through the PPSP's support to subnational governments. The ToC will be developed based on the review of existing literature and consultations and validation by key stakeholders. The ToC is expected to provide a theoretical framework of activities, outputs and outcomes that will form the basis for evaluating the overall PPSP programme's support for the acceleration of SMS activities in Indonesia.

2. Assess the relevance, coherence, effectiveness, efficiency, and sustainability of the PPSP program approaches and strategies in accelerating access to SMS.
3. Draw lessons learned, benchmarks, good practices and a set of forward-looking and actionable recommendations to inform the priorities, design, implementation and scale up of programming approaches, strategies and key interventions needed for accelerating the access to SMS in Indonesia. This will include learning from other countries experiences. Highlighting new innovative models/approaches that can be used to inform the design of PPSP support to subnational government to accelerate access to SMS in Indonesia

These objectives are structured around the OECD-DAC/UNEG evaluation criteria and were detailed in the Evaluation Matrix developed during the inception phase.

5.3 Intended Use and Users of the Evaluation

The intended use of this evaluation is to strengthen evidence-based programming and strategic decision-making for the sanitation sector in Indonesia. Specifically, the evaluation will:

- Inform the development and operationalization of the next PPSP phase (2025–2029), ensuring that the programme builds on strengths and addresses persistent gaps identified during the evaluation.
- Support BAPPENAS, as the custodian and lead agency managing the PPSP PMU in refining national sanitation policy, sector coordination frameworks, and performance monitoring approaches.
- Provide MoHA, MoPW, MoH, and subnational governments with actionable insights to enhance technical assistance, budgetary allocations, and local governance mechanisms for sanitation.
- Support development partners, including UNICEF and others, in aligning technical and financial assistance to strengthen subnational sanitation systems.
- Contribute to Indonesia's national reporting obligations under the SDGs and guide progress monitoring for RPJMN 2020–2024 and RPJPN 2025–2045 targets.
- Facilitate broader sectoral learning across WASH actors, promoting the uptake of good practices in climate resilience, equity, and inclusion within sanitation service delivery.

Primary users of the evaluation include BAPPENAS, as the strategic custodian of PPSP and lead coordinator of the PMU; MoHA as the key operational partner in driving local government engagement; MoPW and MoH as technical agencies; provincial and district governments responsible for planning and service delivery; and development partners supporting sector financing, technical assistance, and policy dialogue. Findings and recommendations will be disseminated through stakeholder consultations, validation workshops, and integration into national and subnational planning processes to promote ownership and actionable follow-up.

5.4 Scope of the Evaluation

Timeframe: The evaluation covers the entirety of PPSP implementation across its three distinct phases: foundation building (2010–2014), scaling and institutionalization (2015–2019), and sustainability and equity focus (2020–2024). It assesses PPSP interventions at the national, provincial, district, and community levels, including their evolution over time in response to emerging sectoral challenges, decentralization dynamics, and climate-related risks.

Geographically: The evaluation adopts a national perspective, complemented by focused fieldwork in East Java and South Sulawesi. These provinces were selected to reflect diverse implementation contexts by virtue of their diverse and varied performances.

Thematically, the evaluation covers all key dimensions of PPSP, namely:

- Institutional strengthening and multi-sectoral coordination through Pokja Sanitasi,
- Strategic Sanitation Strategy (SSK) preparation, revision, and operationalization,
- Sanitation financing mechanisms and resource mobilization,
- Community engagement and behaviour change promotion,
- Monitoring and performance management systems (e.g., NAWASIS),
- Integration of climate resilience and equity principles into sanitation interventions.

The evaluation focuses primarily on the processes, outputs, intermediate outcomes, and enabling factors associated with PPSP, rather than undertaking a full summative impact assessment of end-user health or socio-economic outcomes.

5.5 Evaluation framework and questions

The evaluation framework applied to the PPSP is based on the OECD/DAC evaluation criteria, adapted as necessary to ensure alignment with the specific objectives of the evaluation. The core criteria assessed include relevance, coherence, effectiveness, efficiency, and sustainability. In addition, cross-cutting considerations relating to equity, gender equality, disability inclusion, human rights, and climate resilience have been integrated throughout the evaluation. The framework is structured around a series of key evaluation questions, which guide the assessment of PPSP's design, implementation, results, and contributions to broader sectoral and development objectives.

5.6 Evaluation Questions

Below are main questions under OECD-DAC criterion given in ToRs. The detailed evaluation questions as per ToRs and suggestions/edit agreed during inception provided in Annex 1-A.

Relevance: The extent to which the PPSP programme is suited to the needs, priorities, and policies of the subnational government and other stakeholders to accelerate access to safely managed sanitation (SMS), and will continue to do so, if circumstances change.

Coherence: Compatibility of PPSP programme with other policies, programmes, and interventions in the country, implementation areas, as well as fit to the overall SMS programming structure. How well does the intervention package fit to support the overall goal of achieving SMS in Indonesia by the designated time.

Effectiveness: The extent to which PPSP programme achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.

Efficiency: The extent to which the PPSP programme's resources (human, expertise, financial and materials) were sufficient and efficiently used to produce achieved results (outcomes, and outputs) in a timely way.

Sustainability: The extent to which the PPSP programme approach succeeded in creating opportunities for good practices and interventions to be adopted and scaled up.

Additional criteria for consideration: Equity, gender equality, human rights, and climate resilience - Measures the extent to which vulnerable or disadvantaged populations as well as girls and women benefit from the PPSP programme results.

6. METHODOLOGY

The evaluation adopted a participatory and theory-based approach to assess the relevance, coherence, effectiveness, efficiency, sustainability, and climate resilience of the PPSP in Indonesia during the period 2009–2024. The methodology emphasized the use of qualitative and quantitative methods, including a comprehensive document review, key informant interviews (KIIs), focus group discussions (FGDs), field observations, case studies, and a perception survey, to systematically collect evidence. These methods were applied to generate triangulated, evidence-based findings and forward-looking recommendations, ensuring that the evaluation remained participatory, context-sensitive, and utilization-focused.

6.1 Evaluation Approach

The evaluation of PPSP applied a theory-based, participatory, and utilisation-focused approach, guided by a reconstructed Theory of Change and logic model developed during the inception phase. This framework enabled a structured assessment of how programme inputs and activities contributed to sustainable and equitable sanitation outcomes. Stakeholder engagement was central to the process, involving national ministries, subnational governments, Pokja Sanitasi, service providers, development partners, and community actors. Particular emphasis was placed on capturing perspectives from women, persons with disabilities, and vulnerable or disadvantaged groups.

A mixed-methods strategy was used for data collection. Qualitative data were thematically coded in excel, and triangulation applied across sources including policy documents, KIIs, FGDs, field visits, case studies, and a perception survey to ensure analytical rigour and validity of findings.

6.2 Integration of Cross-Cutting Issues

The evaluation embedded cross-cutting themes including gender equality, social inclusion, human rights, environmental sustainability, and climate resilience across all stages of the evaluation process. The assessment examined how PPSP interventions addressed the needs of women, persons with disabilities, and vulnerable or disadvantaged communities, and whether service delivery models incorporated measures for environmental and climate adaptation. These dimensions were integrated into the design of data collection tools (KIIs, FGDs, field observations, and perception surveys) and explicitly analysed during synthesis. Particular focus was placed on assessing participation, accessibility, and resilience, with a view to identifying enablers and constraints to inclusive sanitation.

6.3 Evaluation Framework and Matrix

The evaluation framework was guided by the OECD-DAC criteria comprising relevance, coherence, effectiveness, efficiency, and sustainability complemented by cross-cutting considerations including gender, disability, human rights, and climate resilience. These criteria were adapted to the PPSP context to reflect programme-specific goals and the decentralised nature of implementation. A structured Evaluation Matrix was developed during the inception phase to guide methodological alignment and analytical rigour. The matrix linked each key evaluation question from the ToRs to appropriate data sources, data collection methods, and indicators of success. It also incorporated findings pathways from the reconstructed ToC. The evaluation matrix is provided in Annex-1-B of this report.

6.4 Data Collection Methods

The evaluation employed a mixed-methods approach, systematically integrating document reviews, qualitative consultations, field observations, case studies, and a structured perception survey. Each method complemented the others to strengthen data triangulation, reliability, and validity. These components are described in detail below:

6.4.1 Document Review

The evaluation reviewed over 24 core documents and regulatory frameworks to establish the strategic, institutional, and operational context of PPSP. These sources informed the analysis of national sanitation policies, decentralised governance, sector coordination, and regulatory requirements, shaping the evaluation's understanding of PPSP's policy, institutional, financing, and

environmental dimensions. The document review template and full list of materials consulted are provided in Annexes 2 and 3.

6.4.2 Key Informant Interviews (KIIs)

A total of 60 KIIs were conducted with national, provincial, district, and development partner stakeholders. A total of 33 KIIs were held at the national-level that included representatives from BAPPENAS, MoHA, MoPW, MoH, wastewater management operators, academic institutions (ITS Surabaya, University of Indonesia), PT SMI and international agencies such as UNICEF Indonesia, UNICEF Regional Office, World Bank, ADB, DFAT Australia, SNV, Plan International, World Vision, and Water.Org. Table 2 shows break-up of male and female interviewees.

Table 2: National Key Informant Interviews (KIIs)

Name of Institutions	Male	Female	Total
Ministry of National Development Planning	3	3	6
Ministry of Health	0	4	4
Ministry of Home Affairs	2	2	4
Ministry of Public Works	1	2	3
Wastewater Management Operations – Bekasi city	1	0	1
University of Indonesia & Institute of Technology	1	1	2
World Vision, Plan International, SNV Netherland	1	2	3
UNICEF	2	2	4
World Bank, Asian Development Bank, DFAT Australia	0	3	3
Water Org, PT SMI	2	1	3
Total	13	20	33
Percentage	39%	61%	100%

At the sub-national level, 27 KIIs were conducted that included local government officials, *Pokja Sanitasi* members, PDAM staff, and civil society representatives in the Southeast Sulawesi and East Java provinces (Table 3) Forty-five percent of the KIIs were with females, and this was higher in East Java compared to Southeast Sulawesi. The questions of KIIs are provided in Annex 4.

Table 3: Number of Participants in KIIs and FGDs at Sub National Level

Regions/ Cities	KIIs		FGDs		Sub total		Overall Total
	Male	Females	Male	Females	Male	Females	
Southeast Sulawesi Province	3	1	15	9	18	10	28
Kendari City	2	2	10	14	12	16	28
South Konawe District	2	2	14	10	16	12	28
Konawe Island District	4	0	17	07	21	07	28
Sub Total	11 (71%)	05 (29%)	56 (58%)	40 (42%)	67 (60%)	45 (40%)	112
East Java	0	1	2	10	2	11	13
Gresik	2	2	8	13	10	15	25
Batu	2	1	13	6	15	7	22
Sidoarjo	0	3	6	10	6	13	19

Regions/ Cities	KIIs		FGDs		Sub total		Overall Total
	Male	Females	Male	Females	Male	Females	
Sub Total	04 (37%)	07 (63%)	29 (43%)	39 (57%)	33 (42%)	46 (58%)	79
Total	15 (55%)	12 (45%)	85 (52%)	79 (48%)	100 52%)	91 (48%)	191

6.4.3 Focus Group Discussions (FGDs)

A total of 15 FGDs were conducted across two provinces, with eight FGDs held in Southeast Sulawesi and seven in East Java (Table 3). The composition of participants is detailed in the Table 2 presented earlier in this report. Overall, nearly 48 per cent of FGD participants were female, with a higher proportion of female participants in East Java (58 per cent) compared to Southeast Sulawesi (40 per cent). The FGDs engaged a diverse range of community members, including women, elderly persons, members of *Pokja Sanitasi* (Sanitation Working Groups), and sanitation volunteers. The questions of FDGs are provided in Annex 5.

6.4.4 Perception Survey

An online perception survey targeting local government stakeholders was conducted using a structured questionnaire administered through Google Forms. The survey aimed to capture the perceptions of district and city-level authorities on several key areas, including the alignment of PPSP programming with local priorities, capacity development support, resource allocation for sanitation, service delivery improvements, private sector collaboration, and the utilization of monitoring tools such as NAWASIS. A total of 55 responses were received from stakeholders across 21 provinces, representing a broad range of decentralized governance contexts. The regional distribution of responses indicated that approximately 71 per cent originated from provinces in the West region (e.g., West Java, Central Java, Sumatra), 23 per cent from the East region (e.g., Sulawesi, NTT, West Papua), and 6 per cent from the Central region (e.g., Bali, East Kalimantan). The perception survey findings provided quantitative insights that complemented the qualitative data gathered through KIIs, FGDs, and field observations. The final online questionnaire used for the perception survey with the results is provided in Annex 6 to this report.

6.4.5 Field Observations

Field observations were conducted in all sampled districts using a standardised checklist to assess facility functionality, maintenance, accessibility, and climate resilience. These visits validated data from KIIs and FGDs but were occasionally limited by access constraints. While not always suitable for detailed comparison, they strengthened triangulation of findings. The observation checklist is included in Annex 7.

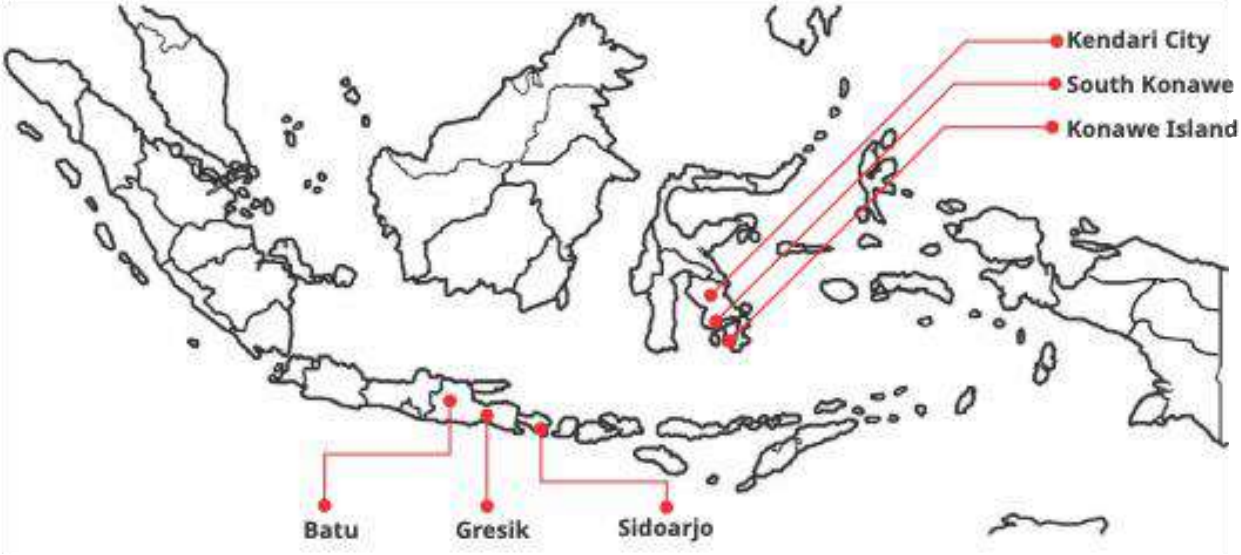
6.4.6 Case Studies

Case studies were developed for four districts two per province highlighting innovative practices, Pokja coordination, integration into RPJMDs, FSM pilots, and early efforts at climate-resilient planning. The case study checklist is provided in Annex 8.

6.5 Sampling: Provinces, Districts/Cities, and Perception Survey

The PPSP is being implemented across all 34 provinces of Indonesia. For the purposes of this evaluation, a structured sampling strategy was adopted to ensure a comprehensive and balanced representation of provinces and cities.

Figure 2: Map of Indonesia with selected locations of two provinces



Using 2023 data on safe access to sanitation services, provinces were ranked from the lowest to the highest coverage and divided into five quintiles, each comprising approximately 20 per cent of provinces. To capture both underserved and near-average performing contexts, provinces were selected from the first and fourth quintiles. From the first quintile, Southeast Sulawesi (Sulawesi Tenggara) was selected, ranked third among the lowest-performing provinces, with only 1.93 per cent safe sanitation access but comparatively high basic sanitation coverage. East Java (Jawa Timur) was selected from the fourth quintile, representing a province close to the national average with 10.44 per cent safe access. Kalimantan Barat, ranked sixth within the first quintile, was considered as an additional province if the sample size expanded to three provinces. The details of selection of provinces, sites and recruitment is provided in Annex 9.

6.6 Data Analysis

Prior to analysis, all data underwent systematic cleaning to ensure accuracy, completeness, and consistency. Transcripts, survey responses, and field notes were reviewed for errors, duplicates, and formatting to enable coherent synthesis. Data analysis followed a thematic coding approach based on the Evaluation Matrix, with qualitative data from KIIs, FGDs, field observations, and case studies coded in Excel under themes aligned to evaluation criteria and cross-cutting issues including gender, disability, and climate resilience. Where necessary, pivot tables supported deeper exploration of sub-themes. Quantitative data from the perception survey were analysed using descriptive statistics to summarise stakeholder perspectives.

6.7 Ethical Consideration

The evaluation adhered to the UNEG Ethical Guidelines (2020) and UNICEF's Ethical Standards for Research, Evaluation, and Data Collection (2015). It was designed to uphold participants' dignity, safety, confidentiality, and voluntary participation, with sensitivity to Indonesia's decentralised governance and diverse cultural contexts.

Ethical Approval and Oversight: Ethical clearance was granted by the Health Media Lab Institutional Review Board (HML IRB), Washington D.C., on 31 January 2025 (Approval No. 2802). The approved protocol addressed informed consent, confidentiality, risk mitigation, and protection

of vulnerable groups. The evaluation also upheld UNICEF's 'Do No Harm' principle. Documentation is available in Annex 10.

Team Orientation and Capacity Development: Two local consultants received structured orientation by the lead consultant, covering ethical practices including informed consent, gender-sensitive and disability-inclusive engagement, and cultural appropriateness. Ethical protocols were reinforced during periodic debriefings throughout fieldwork.

Informed Consent and Voluntary Participation: Participants received clear explanations of the evaluation's purpose, voluntary nature, and their rights. Informed consent verbal or written was obtained prior to any data collection. For participants with low literacy, verbal consent was secured. Additional consent was obtained for audio or photo documentation. Templates are included in Annex 11.

Protection of Vulnerable Groups: A rights-based approach guided the inclusion of women, elderly persons, and vulnerable or disadvantaged communities. FGDs were designed to accommodate gender-sensitive dialogue, and physical accessibility was considered during site selection. Despite proactive efforts, persons with disabilities could not directly participate; therefore, their perspectives were drawn from secondary sources and stakeholder inputs.

Local Approvals and Cultural Sensitivity: Local protocols were followed with introductory letters issued by BAPPENAS and permissions obtained from provincial, district, and community leaders. Field teams were trained in cultural sensitivity to ensure respectful, contextually appropriate engagement.

COVID-19 Protocols: Although the pandemic had stabilised, standard health precautions (mask use, sanitiser, distancing) were observed where appropriate to ensure the safety of participants and staff.

Confidentiality and Data Protection: Data confidentiality and anonymity were rigorously maintained. All personal identifiers were removed during transcription and analysis. Anonymised data were securely stored, with access limited to the evaluation team. Results were reported in aggregate to avoid identification.

Fair Representation and Avoidance of Bias: Neutral facilitation techniques were used during KIIs and FGDs to ensure unbiased data collection. Stakeholder diversity across gender, geography, and socio-economic backgrounds was prioritised. A balanced facilitation team helped foster inclusive dialogue and representative findings.

Ethical Reporting and Use of Findings: All conclusions and recommendations are based on triangulated evidence and reported with neutrality and transparency. Validation workshops were conducted to ensure contextual relevance and ethical use of findings within the sanitation sector.

6.8 Quality Assurance, Limitations, Constraints, and Mitigation Strategies

6.8.1 Quality Assurance Measures

Quality assurance was prioritized at every stage of the evaluation, from the development of data collection instruments to data analysis and reporting. All data collection tools including interview guides, FGD protocols, observation checklists, and the perception survey were peer-reviewed for clarity, contextual relevance, and alignment with the Evaluation Matrix and reconstructed ToC. The

evaluation team leader conducted structured orientation of both local consultants to ensure ethical data collection practices, consistency in interviewing techniques, and cultural sensitivity. Daily virtual debriefings during fieldwork allowed for continuous supervision and real-time adjustments where necessary. Systematic triangulation of findings across multiple data sources further strengthened the robustness and credibility of the evaluation conclusions.

6.8.2 Limitations and Constraints

Despite the rigorous quality assurance measures, several limitations and constraints were encountered during the evaluation:

1. Restricted Observation Data: While field observations were conducted at all sampled locations, limitations were faced in the systematic capture of detailed observational data due to logistical constraints, variability in site access, and restricted time for facility assessments. Consequently, physical validation of infrastructure quality was supplemented by qualitative reports from stakeholders and community members.
2. Limited Participation of Persons with Disabilities: Despite proactive efforts to engage persons with disabilities in the evaluation process, participation from this group could not be secured due to their unavailability during scheduled field activities. As a result, direct primary data from persons with disabilities was not collected, and insights on disability inclusion are based on secondary sources and stakeholder interviews.
3. Scope of Fieldwork Coverage: Given the national spread of PPSP across 34 provinces, the evaluation fieldwork was purposively limited to two provinces (Southeast Sulawesi and East Java) representing different performance contexts. While the sampling captured significant diversity, findings are not statistically generalizable to all regions of Indonesia. However, strategic sampling and careful contextual analysis allowed for balanced and evidence-based conclusions.
4. Data Completeness and Variability: Variability in data quality, particularly within the NAWASIS monitoring platform at subnational levels, posed challenges for longitudinal trend analysis. Some inconsistencies were noted in reported indicators across cities and districts. Where possible, secondary verification was undertaken through interviews and document reviews to validate the available data.
5. COVID-19 Legacy Impacts: Although the COVID-19 pandemic had stabilized by the time of fieldwork, its earlier impacts were still evident in programme implementation and community engagement dynamics. Some activities, particularly those involving infrastructure development and social mobilization, had experienced delays or modifications, complicating direct attribution of outcomes to PPSP interventions.

6.8.3 Key Risks and Mitigation Strategies

The evaluation team employed adaptive strategies to manage risks and constraints encountered during the process. Table 4 summarizes the major risks and mitigation strategies.

Table 4: Key Risks, Their Impact and Adopted Mitigation Strategies

Key Risks	Impact on Evaluation	Mitigation Strategies Adopted
Limited observation data capture	Reduced ability to validate physical infrastructure quality	Supplemented with qualitative stakeholder accounts and community feedback
Non-participation of persons with disabilities	Gap in primary data from a key vulnerable group	Integrated secondary data and stakeholder interviews on disability issues
Limited field coverage across Indonesia	Constrained generalizability of findings	Strategic province and district sampling with diverse performance contexts and perception survey
Variability in NAWASIS monitoring data	Challenges in longitudinal data validation	Triangulated with KIIs, FGDs, and field notes
COVID-19 legacy effects	Altered programme timelines and outcomes	Contextualized analysis recognizing pandemic impacts

With all these limitations, the evaluation maintained high methodological standards through robust triangulation, continuous quality assurance, adaptive planning, and systematic validation processes. All constraints encountered during the evaluation have been transparently acknowledged in this report. Nonetheless, the evidence gathered remains sufficiently comprehensive and credible to support the findings, conclusions, and recommendations aimed at strengthening future phases of PPSP implementation. The evaluation also recognizes the sustained efforts of PPSP programme implementers, local governments, and development partners, who continued to deliver sanitation services and capacity-building interventions effectively in a complex and evolving operating environment.

6.9 Evaluation Implementation

6.9.1 Evaluation Timeline

The evaluation was originally planned to take place between end of October 2024 to end of March 2025. However, the timeline was extended to the end of June 2025 to accommodate delays arising from clarifications and approval from key government stakeholders on selection of provinces and cities, field-level constraints, ethical clearance processing, and logistical adjustments during data collection. The evaluation followed a phased implementation schedule: the inception phase was conducted during October 2024 and January 2025, followed by field data collection from end of January 2025 to March 2025. Data analysis and synthesis occurred between March 2025 and April 2025, culminating in validation workshops and final report preparation in May 2025 and June 2025.

6.9.2 Evaluation Reference Group

An Evaluation Reference Group (ERG) was established to oversee and guide the evaluation process, ensuring technical rigour, relevance to UNICEF's strategic objectives, and alignment with national sectoral priorities. The ERG was composed of representatives from the key government partners (BAPPENAS, MoHA, MoPW, and MoH) and UNICEF Indonesia i.e., Kannan Nadar (Chief of WASH), Maraita Listyasari (Urban Development Specialist), Muhammad Afrianto Kurniawan (WASH Officer) and James Kimani (Multi-Country Evaluation Specialist and Evaluation Manager). The ERG played a critical role in reviewing the evaluation framework, data collection tools, and emerging findings. It facilitated access to key documents and stakeholders, introduced the evaluation team to relevant networks, and provided substantive technical feedback throughout the process. The ERG also

contributed to validation workshops, strengthening the credibility and contextual relevance of the final outputs.

6.9.3 Evaluation Team and Roles

The evaluation was conducted by an independent team composed of both international and national experts, bringing together complementary skills in evaluation methodology, WASH sector expertise, climate resilience, and Indonesian contextual knowledge. Details of the team with their roles and responsibilities are given in Table 5.

Table 5: Evaluation Team, Role and Key Responsibilities

Team Member	Role	Responsibilities
Niaz Ullah Khan	Lead Consultant	Led the evaluation design, tool development, literature review, perception survey, data analysis, reporting, and quality assurance.
Joseph Viandrito	Senior Local Evaluator and Climate Resilience Expert	Led climate-focused analysis, supported tool pre-testing, literature review, and conducted KIIs and FGDs.
Ratih Widyaningsih	WASH Expert and Data Collection Coordinator	Led field-level coordination, conducted KIIs and FGDs, and supported translation of tools and data mining.
Eman Fatima	Young Evaluator	Support Team Leader in data analysis, data mining, perception survey and drafting the report.

6.9.4 Management and Logistic Support

UNICEF Indonesia's WASH Section provided overall management and logistical support for the evaluation. The Evaluation Manager ensured quality control and technical oversight across all stages. UNICEF supported document access, coordinated field permissions, introduced the evaluation team to government and non-governmental partners, and facilitated the organization of field visits and validation activities. The strong collaboration between UNICEF and the evaluation team enhanced the efficiency of data collection, the depth of stakeholder engagement, and the dissemination of preliminary findings.

6.9.5 Validation Workshop and Dissemination

Following initial data analysis, a preliminary finding virtual meeting was held in April 2025 with the UNICEF Indonesia's WASH team and BAPPENAS followed by a national level validation workshop in May 2025 attended by more than 200 participants from Government (national and sub-national levels), non-governmental organizations (NGOs) and the Evaluation Reference Group. The purpose was to review and refine findings, strengthen recommendations, and ensure that the conclusions accurately reflected stakeholder perspectives and sectoral realities. Final deliverables included the Full Evaluation Report, an Executive Summary (in Bahasa Indonesia and English), an Evaluation Brief (in Bahasa Indonesia and English) targeted at a wider audience, and a presentation slide-deck. These outputs were designed to support knowledge dissemination, promote uptake of findings, and inform programming for the next phase of PPSP (2025–2029). The evaluation dissemination strategy included presentations to UNICEF management, national partners, and key sector stakeholders to maximize learning and drive sectoral dialogue on sustainable sanitation development in Indonesia.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KEY FINDINGS AS PER OECD CRITERION

7. RELEVANCE

Overall Assessment

The PPSP programme remains highly relevant to Indonesia's national sanitation priorities and international commitments, having strengthened planning frameworks, institutional structures, and decentralized service delivery. Field evidence confirms achievements in sanitation planning and cross-sectoral coordination through SSKs. However, progress in translating planning outputs into sustainable service outcomes remains uneven, hindered by limited local capacity, inconsistent and insufficient financing, underutilization of monitoring tools, and partial integration of gender, equity, and climate resilience considerations. Regional disparities in responsiveness exist, particularly in resource-constrained districts. While PPSP's conceptual approach remains robust and relevant, its operational delivery would benefit from more adaptive implementation modalities, clear institutional arrangements and strong support from provincial governments. The forthcoming phase must shift from a predominantly planning-focused model to an inclusive, service-driven programme that accelerates SMS access, builds climate resilience, and strengthens private sector and community engagement across diverse contexts.

7.1 Alignment with Indonesia's National Priorities and Policies (RPJMN, RPJPN, SDGs)

> *E1 To what extent has the PPSP programme been, and is still, aligned in supporting national priorities and relevant given the country context, the existing sanitation challenges, and the ambitious SMS targets set out in national development plans?*

7.1.1 Positioning with National Development Priorities and International Commitments

The PPSP programme has demonstrated strong positioning and consistency with Indonesia's national development priorities, sectoral strategies, and international commitments, particularly the SDGs including Goal 6.2, which calls for equitable access to SMS by 2030. Since its launch in 2010, PPSP has strategically supported sanitation targets articulated in the National Medium-Term Development Plan (RPJMN) for 2010–2014, 2015–2019, and 2020–2024, as well as the National Long-Term Development Plan (RPJPN) 2005–2025. The RPJMN 2020–2024 sets targets of 90 per cent access to improved sanitation and 15 per cent access to SMS by 2024. PPSP makes a substantive and sustained contribution to these objectives, reflecting its strategic alignment with the government's commitment to accelerating sanitation service delivery.

At the national level, PPSP has served as a key vehicle for structured sanitation planning. It has done so by facilitating the development of City/District Sanitation Strategies (*Strategi Sanitasi Kabupaten*/Kota – SSK), strengthening institutional frameworks, and promoting decentralized service delivery in line with national policy instruments, such as the Safe Sanitation Roadmap 2030. Interviews with officials of BAPPENAS and MoPW confirmed that PPSP continues to be central to advancing national sanitation coverage.

7.1.2 Sub National Alignment: Achievements and Challenges

At the subnational level, field visits by the evaluation team to East Java (Gresik, Batu, Sidoarjo) and Southeast Sulawesi (Kendari, South Konawe, Konawe Island) confirmed that PPSP's structured framework has enabled sub national /local governments to integrate sanitation targets into district RPJMDs. Regulatory coherence was evident through formal instruments such as Sidoarjo's Regional Regulation No. 5/2018 and Gresik's Regulation No. 82/2022.

However, the extent of practical alignment varied significantly across districts. This variation was largely driven by differences in institutional capacity, financial autonomy, political prioritization, and access to technical support. In East Java, while provincial support programmes such as Jatim Akses complemented PPSP implementation, limited awareness and persistent technical capacity gaps were noted at the district level. In Southeast Sulawesi, alignment with sanitation roadmaps and ODF initiatives was documented; however, insufficient budget allocations and weak institutional capacity constrained effective operationalization. KIIs and field consultations further confirmed that in many resource-constrained districts, PPSP's planning guidance was not matched with adequate financial mechanisms or operational support. For 2020-2024, the Government of Indonesia need to provide additional access to improved sanitation for more than 42 million people with the total budget plan of IDR 140.9 trillion or USD 10.06 billion highlighting the persistent gap between strategic planning and available resources (IDB 2021)[3].

[3] Islamic Development Bank (IsDB). (2021). SANIMAS Model as an Approach for Providing Decentralised Sanitation. Jeddah: Islamic Development Bank. Available at: https://www.isdb.org/sites/default/files/media/documents/2021-03/SANIMAS%20Model_as%20an%20Approach%20for%20Prodiving%20Decentralised%20Sanitation_March%202021.pdf

Moreover, while PPSP's design is well-aligned with national and sectoral policy objectives, its operational relevance at the local level remains uneven. In several districts, particularly in less developed or eastern provinces, the programme presupposes the existence of institutional and technical capacities, which, in practice, are either limited or absent. As a result, alignment outcomes are highly dependent on factors such as political leadership, the availability of trained personnel, the quality and continuity of facilitation support provided to local governments, and the ability to mobilize local resources by integrating sanitation investments more.

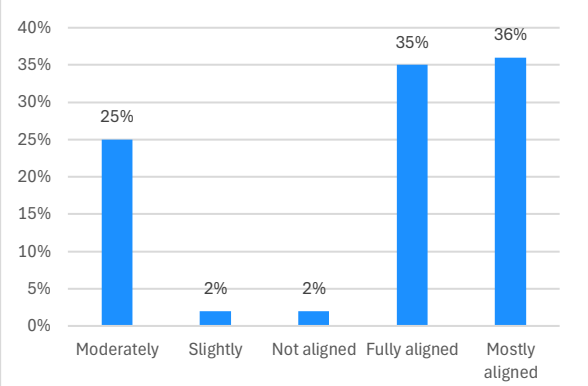
7.2 Consistency with Local Government Sanitation Needs

> *E2 To what extent are the current objectives, strategies/approaches, implementation modalities of the PPSP program still valid and respond to the current priorities and policies of the relevant subnational government stakeholders, as well as the needs of the beneficiaries in different communities and geographical areas (e.g., urban, rural, etc.)?*

7.2.1 Continued Relevance of PPSP's Objectives and Strategies

The objectives, strategies, and implementation modalities of the PPSP programme remain broadly valid and well-aligned with both national and subnational policy frameworks. This continued relevance is particularly pronounced within Indonesia's decentralized governance context, where local governments hold primary responsibility for sanitation service delivery. An online perception survey of 55 public officials across 21 provinces revealed that 71 per cent (39 respondents) perceived alignment between national sanitation policies and local government plans as either fully (35 per cent) or mostly achieved (36 per cent), and only 29 per cent mentioned either moderately or below (Figure 3).

Figure 3: Alignment with Local Government Priorities



These findings emphasize PPSP's contribution to enhancing policy coherence through its structured planning approach. The SSKs in particular provide a relevant and adaptable framework for addressing both immediate and long-term sanitation needs at the subnational level. PPSP's structured planning model, centred on the development of SSKs, cross-sectoral coordination, and institutional capacity building, remains responsive to evolving sanitation challenges. Its alignment with strategic policy instruments, including the RPJMN 2020–2024, the Safe Sanitation Roadmap 2030, and MoHA Regulation No. 87/2022, reinforces its continued policy validity.

Box 7.1: *Strategi Sanitasi Kabupaten/ Kota* (SSK) – A Strategic Framework for Sustainable Sanitation Development

The Strategi Sanitasi Kabupaten/ Kota (SSK) is a structured strategic planning framework designed to assist local governments in systematically integrating sanitation priorities into their regional development agendas. The SSK provides a step-by-step roadmap for districts and cities i.e., starting from building political commitment and assessing sanitation needs to planning interventions and tracking execution. The framework is built upon five foundational pillars: infrastructure and service delivery, institutional coordination, sustainable financing, community

engagement and behaviour change, and monitoring and evaluation. These features enable the SSK to support scalable and evidence-informed planning that aligns with national development targets, including the SDGs, and multi-sectoral collaboration.

Despite its strategic value, the implementation of the SSK across Indonesia has faced systemic challenges. Political commitment remains inconsistent, particularly in rural and lower-capacity districts, and financing gaps continue to delay the translation of plans into action. The limited engagement of the private sector and underutilisation of digital tools further constrain the efficiency and scalability of implementation. In addition, climate resilience is inadequately integrated, with few SSKs incorporating adaptation measures. At the local level, planning quality is often compromised by weak baseline data and a focus on infrastructure outputs rather than equitable service access. The late finalisation of many SSKs, after budget allocations have been made, undermines their influence on local investment decisions.

7.2.2 Evidence of Alignment at Subnational Levels

Indonesia has a comprehensive legal framework guiding wastewater treatment and sanitation, including Law No. 17/2019 on Water Resources, Law No. 32/2009 on Environmental Management, and Permen PU No. 4/2017 on Domestic Wastewater. These provide clear mandates to local governments for managing wastewater infrastructure, monitoring sludge, and ensuring compliance with effluent standards. Fieldwork in East Java and Southeast Sulawesi demonstrated that PPSP has helped institutionalize sanitation planning through the enactment of local regulations and the allocation of dedicated budgets. Key examples include Sidoarjo's Regional Regulation No. 5/2018 and Gresik's Regent Regulation No. 82/2022, both of which formalized PPSP strategies at the district level. However, implementation remains uneven, and linkage between legal instruments and operational practice is weak, as evidenced in field cases from Sidoarjo, Kendari, and South Konawe. Programme monitoring data indicate that 84 per cent of supported districts have incorporated sanitation priorities into their district RPJMDs, reflecting strong alignment with local planning frameworks. In addition, 65 per cent of the perception survey respondents indicated that PPSP's technical assistance comprehensively supported the planning, advocacy, and implementation stages.

7.2.3 Variations in Responsiveness Across Different Contexts

With all its overarching relevance, PPSP's responsiveness to community needs remains unequal across geographic and socio-economic contexts. Urban and peri-urban centres have generally benefited from structured planning and technical assistance. In contrast, peri-urban, coastal, and remote areas such as Konawe Island continue to experience persistent challenges, including low institutional capacity, inadequate infrastructure, and deep-rooted behavioural norms. The decentralized model has widened the disparities between well-resourced and under-resourced districts. Where governance structures and Pokja Sanitasi are functional, planning progress has been more consistent. However, weak capacity, frequent leadership turnover, and limited technical support have resulted in patchy implementation in several districts. In addition, PPSP's core strategies have yet to fully adapt to emerging challenges, including climate risks, rapid urbanization, and the sanitation needs of vulnerable or disadvantaged groups. Rural and informal settlements are often underserved, with basic latrine construction prioritized over comprehensive sanitation service chains.

7.2.4 Gaps in Inclusion, Climate Adaptation and Implementation Flexibility

While gender equality, disability, and social inclusion (GEDSI) are referenced in PPSP's technical guidelines, their practical application remains inconsistent. Checklist data and field consultations suggest that needs of the women, low-income households, and persons with disabilities are only

partially addressed in most SSKs. FGDs further revealed that participatory mechanisms to capture women's sanitation needs are inadequately structured. PPSP's reliance on district-level ownership and budget allocations also poses particular risks in low-income areas, where constrained fiscal space often leads to sanitation being deprioritized in favour of more politically visible or capital-intensive infrastructure projects.

Box 7.2 Mainstreaming Climate, Disaster Risk Reduction, and GEDSI in SSKs

A pilot initiative in West Nusa Tenggara, supported by UNICEF and provincial authorities, sought to mainstream climate resilience, disaster risk reduction (DRR), and GEDSI within the SSK framework. This included the use of vulnerability assessments, inclusive design elements, and gender-responsive planning. Despite initial resistance to modifying SSK templates and limited technical capacity among planners, sustained advocacy enabled the successful integration of cross-cutting issues, enhancing the equity and resilience of sanitation strategies.

Source: BAPPENAS and UNICEF. (2022). Collaboration for Recovery and Resilience Through Better WASH Access for All: A Compendium of WASH Best Practices in Indonesia. Jakarta: UNICEF.

7.3 Relevance of Programme Strategies and Approaches

> *E3 To what extent are the PPSP's strategies/approaches appropriate for achieving the desired results?*

7.3.1 Conceptual Soundness and Strategic Alignment

The strategies and approaches adopted under the PPSP programme are conceptually sound and broadly appropriate for the intended results. The programme reflects international best practices by promoting phased planning, decentralised service delivery, and institutional capacity development across Indonesia's diverse landscape. The PPSP's stepwise approach, starting with baseline data collection (including EHRA- Environment Health Risk Assessments), followed by the preparation of SSKs, the establishment of institutional structures to focus on service provision role (UPTD) and strengthen sector coordination, such as sanitation working groups (Pokja Sanitasi), and delivery of structured capacity-building activities including coaching clinics and advocacy for sanitation investment has strengthened local planning and cross sector coordination.

PPSP aligns well with Indonesia's decentralisation policy by positioning local governments at the forefront of sanitation service delivery. However, the facilitative and oversight role of provincial governments has not been clearly operationalised. In practice, most provinces lack structured tools, resources, or mandates to support cross-district coordination, integrate sanitation within provincial planning, or offer consistent technical support. This has limited vertical integration and weakened their role as intermediaries between national direction and district-level implementation.

Some provinces like East Java have shown leadership by allocating their own resources, particularly for larger-scale investments such as sludge treatment plants (*IPLTs- Instalasi Pengolahan Lumpur Tinja* -communal wastewater treatment plants)). However, such efforts are isolated and largely dependent on local political will and leadership rather than systematic support mechanisms. The next phase of PPSP should therefore prioritise strengthening the strategic and operational role of provincial governments through clearer mandates, practical toolkits, and dedicated financing instruments.

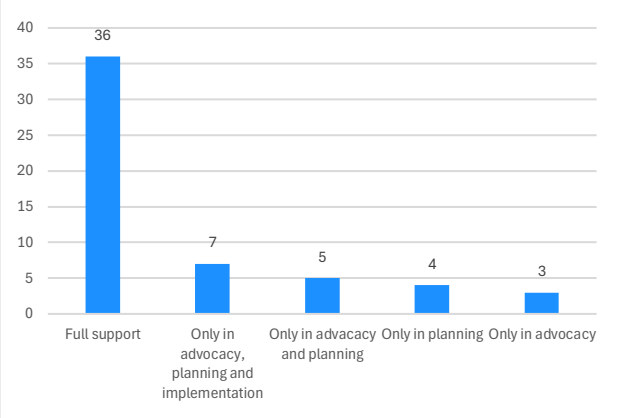
7.3.2 Assessment of Programme Design Tools and Operational Guidance

A review of the *Panduan Fasilitasi Pembangunan Sanitasi Permukiman* confirms that the manual provides a structured guide to help provincial and district/city governments plan, internalize, and implement sustainable sanitation strategies. Framed around four milestones, it supports alignment with national priorities, encourages political commitment, and combines technical guidance with institutional development. The guide addresses gender considerations, but the available tools are basic. Its technical language and procedural rigidity may limit accessibility and usability for local actors. Risk management remains underdeveloped, and the operationalization of gender and inclusion is weak. Enhancing the manual by simplifying language, introducing flexibility, integrating clearer risk guidance, and offering practical examples would increase its impact across diverse local contexts.

7.3.3 Achievements Demonstrating Strategic Appropriateness

Field visits to East Java and Southeast Sulawesi confirmed that PPSP's structured planning and cross-sectoral coordination strategies have supported an enabling environment for improved sanitation outcomes. Achievements such as ODF status in parts of Batu and Gresik, and the introduction of Scheduled Desludging Services (*Layanan Lumpur Tinja Terjadwal – LLTT*) in Gresik, demonstrate the practical value of PPSP's approach to service chain management. The perception survey results further support this view, with 65 per cent of respondents (36 out of 55) considering PPSP's full support or technical assistance to be comprehensive across advocacy, planning, and implementation (Figure 4).

Figure 4: PPSP support to Sanitation Sector Development in Regions (Nos.)



An additional 13 per cent (7 out of 55) acknowledged support only in advocacy, planning and implementation, while smaller proportions indicated assistance limited to advocacy and planning (11 per cent or 5 out of 55 respondents), planning alone (8 per cent or 4 out of 55 respondents), or advocacy alone (6 per cent or 3 out of 55 respondents). These findings reinforce the utility of PPSP's structured and phased support model, particularly through the SSK framework.

7.3.4 Key Constraints Limiting Programme Approaches

- Weak Operationalization and Financing Mechanisms: Field findings and regulatory reviews i.e. District-Level Regulatory Mapping Tool and the District Budget and Institutional Assessment Tool revealed that many districts lack enforceable local sanitation regulations i.e., Perda (*Peraturan Daerah*- Regional Regulations) and dedicated budget lines. Without these, SSKs often remain aspirational documents rather than implementation plans. Although National Law No. 23 of 2014 assigns responsibility for local sanitation services to district and city governments, and Law No. 32 of 2009 on Environmental Protection and Management (as amended by Law No. 11 of 2020) provides legal grounds for sanitation governance, the absence of regulatory enforcement and stable financing undermines effective service delivery.
- Fragmented Standards and Weak Service Chain Oversight: A Septic Tank Survey in Southeast Sulawesi province found that over 40 per cent of septic tanks in sampled districts were non-compliant with health and engineering standards. This reflects systemic gaps in regulating the full sanitation service chain i.e., collection, transport, treatment, and safe

disposal. The coexistence of parallel standards from the Ministry of Health (MoH) and Ministry of Public Works (MoPW) has created confusion and weakened compliance enforcement.

- Limited Engagement of Private Sector and Microfinance: Private sector engagement in Indonesia's sanitation market remains limited, largely informal, and focused on low-capacity, localised actors with little regulatory oversight. A 2024 assessment by PPSP and UNICEF noted a lack of formal partnerships and licensing for desludging and treatment services. Although microfinance has potential, uptake remains low due to weak promotion and limited coordination among actors.
- Inadequate Integration of Social Inclusion and Behaviour Change: While gender and inclusion are referenced in PPSP's technical guidelines, field-level consultations revealed weak participatory mechanisms for identifying and addressing the sanitation needs of women, vulnerable or disadvantaged groups, and persons with disabilities Most SSKs do not adequately address the needs of women, low-income households, or persons with disabilities.
- Limited Adaptation to Local Contexts: Standardised technical guidelines have proven insufficient in geographically complex settings. In flood-prone and remote areas such as Kendari and Gresik, sanitation investments were undermined by recurrent environmental shocks. This underlines the need for more climate-resilient and context-sensitive planning approaches.
- Sustainability Challenges for *Pokja Sanitasi*: Although widely established, *Pokja Sanitasi* face sustainability challenges due to staff turnover, limited institutional anchoring, and inconsistent capacity development support.

Box 7.3 Optimizing Faecal Sludge Management (FSM) in Kendari City's IPLT Pulonggida

Context and Background: The Kendari City Government has demonstrated commitment to urban sanitation through the development of its SSK in 2019 and earlier investment in faecal sludge management infrastructure. Construction of the Pulonggida IPLT began in 2008 with national support from the Ministry of Public Works. Despite its design capacity to treat 80 m^3 of sludge per day, the facility currently operates at only 14 m^3 daily—an 83 per cent idle capacity.

Findings and Significance: This case highlights the complex, interlinked barriers to scaling regular desludging services (LLTT), despite Kendari's IPLT being nationally recognised for strong performance. In 2023, it generated IDR 570 million—outperforming comparable facilities in cities such as Gresik and Malang. However, its full potential remains underutilised due to persistent institutional, financial, technical, and behavioural challenges.

Key Challenges: Only three out of five vacuum trucks are operational, limiting service coverage. The UPTD suffers from insufficient staffing, with limited roles dedicated to marketing, customer outreach, technical management, and data systems. While regulatory frameworks exist (e.g., Mayoral Regulation on SPALD-S, 2018; Local Regulation on desludging fees, 2007), the tariff structure is outdated and no longer reflects current service costs undermining cost recovery and operational sustainability. Most service users are civil servants. Broader community participation is limited due to low awareness and weak willingness to pay.

Relevance to PPSP Objectives: The Kendari case signifies the importance of aligning infrastructure development with system optimisation, institutional strengthening, and financial viability key pillars of the PPSP. While policy and investment foundations exist, service uptake and operational performance are hindered by fragmented institutional arrangements, capacity shortfalls, and limited community engagement. This example reinforces the need for integrated

citywide sanitation strategies that prioritise end-to-end service delivery, tariff reform, and sustained behaviour change interventions.

7.4 Theory of Change: Assessment and Updates

7.4.1 Assessment of the Reconstructed Theory of Change

The reconstructed Theory of Change (ToC) for the PPSP programme, developed during the inception phase, was designed to map the logical pathways connecting activities, outputs, outcomes, and intended impacts. The evaluation confirms that the overarching vision and strategic logic of the ToC remain highly relevant to Indonesia's sanitation sector priorities and SDG 6. Significant progress was achieved under the PPSP, specifically in expanding access to basic sanitation services and the near elimination of open defecation in many districts. Advocacy efforts, community mobilization, and the preparation of SSKs were particularly effective in building local ownership and institutional frameworks (details in Table 6).

However, several critical gaps surfaced during implementation. Despite improvements in access to basic sanitation (84.5 per cent nationally), progress towards achieving SMS services remained modest, with SMS coverage at approximately 10.2 per cent. While public awareness campaigns were conducted, systematic tracking of public health impacts, such as reductions in diarrhoeal diseases, was not integrated into the programme's monitoring systems. Furthermore, the integration of climate resilience into sanitation planning was limited, and has very recently started, as evident with only 1 per cent of SSKs including climate risk considerations.

The evaluation also identified weak engagement with the private sector, limited mobilization of innovative financing mechanisms, and insufficient mainstreaming of gender equity, disability inclusion, and the needs of vulnerable or disadvantaged groups into sanitation programming. Although monitoring platforms such as NAWASIS were developed, their use at the subnational level for decision-making and adaptive management remained inconsistent. In light of these findings, the ToC requires targeted modifications to address these emerging needs and align more closely with Indonesia's updated national priorities under the Asta Cita Missions, RPJPN 2025–2045, and RPJMN 2025–2029.

7.4.2 Proposed Updates to the Theory of Change for PPSP Phase (2025–2029)

For future phase of PPSP, the revised ToC refines the programme's strategic focus to ensure that sanitation investments contribute not only to expanded access but also to sustainable, climate-resilient, equitable, and inclusive sanitation systems. Sanitation programming must be directly aligned with Indonesia's national development agendas, including the Asta Cita missions, RPJPN 2025-2045, RPJMN 2025–2029, and the Golden Indonesia 2045 vision, particularly supporting priorities around equitable development, environmental sustainability, universal health, and social transformation. Expanding SMS requires a comprehensive focus on the full sanitation service chain, from containment and transport to treatment and safe reuse or disposal. Climate resilience must be systematically embedded into planning and design by incorporating risk assessments by enhancing the EHRA methodology. Gender equality and disability inclusion (GESI) should be explicitly mainstreamed through participatory audits and the establishment of service targets for vulnerable groups. Private sector engagement needs to be strengthened through the promotion of market-based sanitation models, PPPs, microfinance schemes, and the development of local enterprises to enhance financial sustainability and service expansion.

In parallel, the next phase of PPSP should also focus on strengthening the sanitation sector at the provincial level through targeted policy and regulatory advocacy, development of sector

development roadmaps of sanitation, improved planning and strategy refinement, institutional and Pokja development, capacity-building for technical oversight, and enhanced monitoring and performance systems. Monitoring frameworks must be improved by introducing health impact indicators, including reductions in diarrhoeal disease, child malnutrition, and improvements in school health outcomes. Finally, the active and mandatory use of NAWASIS should be reinforced across all administrative levels to enable real-time monitoring, strengthen performance management, and support adaptive decision-making. A matrix of reconstructed theory of change with analysis and proposed changes for 2025-2029 is provided in Table 06.

Table 6: Assessment of PPSP Reconstructed ToC and Changes for Next Phase 2025-*2029*

ToC Element	Findings	Analysis	Changes Needed for Phase 2025-2029
Vision: Universal, equitable, and sustainable access to SMS services	Partially achieved	Vision remains highly relevant. Basic sanitation expanded (84.5%) and open defecation reduced (3.2%). However, SMS coverage remains slow (10.2%).	Greater focus on expanding SMS coverage across urban and rural areas.
Impact (Long-Term): Improved public health, reduced poverty, climate-resilient communities	Partially achieved	Improved sanitation coverage indirectly supports health and resilience. Systematic public health outcome tracking and climate resilience integration are missing.	Add public health indicators (e.g., diarrhoea reduction) and climate resilience outcomes explicitly into the impact framework.
Outcomes: Access expansion, ODF, behaviour change, capacity building, climate resilience	Partially achieved	Open defecation nearly eliminated. Behaviour change achieved. Limited SMS coverage. Weak climate resilience integration and inconsistent local capacity.	Expand outcomes to include financial sustainability, gender equality, disability inclusion, and systematic climate resilience mainstreaming.
Outputs: SSKs, EHRA, sanitation facilities, awareness campaigns, monitoring systems (NAWASIS)	Mostly achieved	486 SSKs prepared, public awareness campaigns widespread. NAWASIS operational but underutilized at local levels.	Strengthen outputs to include updated, climate-resilient SSKs, Provincial/ Subnational Sanitation Sector Plans or Roadmaps, stronger use of NAWASIS, and enhanced outputs targeting private sector engagement.
Activities: Advocacy, community engagement, sanitation service delivery, monitoring, private sector engagement	Partially achieved	Advocacy and community mobilization effective. Private sector engagement weak. Monitoring systems inconsistently used.	Introduce new activities: climate risk assessments (PERIKSA), sanitation microfinance models, GESI participatory planning and audits, private sector sanitation partnerships.
Cross-Cutting Themes: Community engagement	Partially Integrate	Community engagement is embedded across activities. Gender equality, disability inclusion, climate resilience, and financial sustainability are not systematically addressed.	Mainstream gender equality, disability inclusion, financial sustainability, and climate resilience as explicit cross-cutting themes across all outcomes, outputs, and activities.

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8. COHERENCE

Overall Assessment

The PPSP programme demonstrates strong strategic coherence with Indonesia's national sanitation policies, development frameworks, and the mandates of key government partners. It effectively institutionalized sanitation planning at the local level through structured tools and multi-sectoral coordination platforms. However, coherence in implementation varies significantly across provinces and districts, with persistent fragmentation among sectoral agencies, limited enforcement of sanitation regulations, and uneven functionality of Pokja PKP groups. While PPSP introduced complementary approaches and added substantial value by integrating sanitation into regional planning processes, operational harmonization with parallel programmes and development partner initiatives remained inconsistent. Emerging challenges such as the limited integration of sanitation into tourism and urban development planning, weak investment tracking, and underutilization of monitoring systems highlight the need for stronger provincial facilitation, clearer accountability mechanisms, and systematic stakeholder engagement. Strengthening institutional frameworks and reinforcing coordination structures will be critical for sustaining the coherence and impact of sanitation programming in Indonesia.

8.1 Alignment and Coordination with National & Subnational Government Systems

> *E4 To what extent the PPSP programming is consistent with related activities and interventions delivered by the relevant government partners (e.g., Ministry of Public Works, Ministry of Housing, Ministry of Health and other key stakeholders?*

8.1.1 Strategic Linkages with National Frameworks and Partners

The PPSP programme demonstrated strong alignment with Indonesia's national sanitation priorities, including the RPJMN, SDG 6.2, and the National Safely Managed Sanitation Roadmap 2030. Its objectives and tools were adapted from national policies and aligned with the sectoral mandates of key government institutions.

The Ministry of Public Works (MoPW) played a pivotal role in setting technical standards for sanitation infrastructure, including offsite (SPALD-T) and onsite (SPALD-S) systems. PPSP's planning tools especially the SSK were harmonised with MoPW technical guidelines. Although DAK allocations were intended to align with PPSP investment proposals, in practice, budget planning often remained project-driven and disconnected from longer-term sanitation strategies.

The Ministry of Health (MoH) supported the sanitation agenda through the STBM framework and Environmental Health Risk Assessments (EHRA). While STBM's focussing on ODF complemented PPSP's behavioural change components, joint implementation and monitoring remained limited, particularly across the other STBM pillars. The absence of shared performance indicators and coordinated reporting frameworks constrained synergies.

BAPPENAS, as the strategic lead, supported policy harmonisation and the development of the NAWASIS platform. It also guided the technical development of PPSP tools and the M&E framework. However, without the authority to enforce subnational planning or budget allocation, PPSP adoption varied across districts and often lacked budgetary backing.

Although conceptually aligned with Ministry of Environment (MoE) regulations on wastewater and effluent discharge, MoE did not play a formal role in PPSP implementation. As a result, environmental safeguards were often deprioritised during infrastructure planning and delivery, particularly at subnational levels.

PPSP's approach resonated with thematic priorities of development partners such as UNICEF, USAID, DFAT, SNV, ADB, and the World Bank. Principles of Citywide Inclusive Sanitation (CWIS) overlapped with PPSP's goals, especially regarding equity, urban sanitation expansion, and private sector engagement. However, operational coordination across these partners was limited, and fragmentation was evident in urban centres like Makassar and Semarang. Donor-supported projects were often implemented in parallel, with minimal convergence around planning instruments such as the SSK or monitoring systems like NAWASIS. Field consultations confirmed that many local governments maintained an "inward facing" model of sanitation programming, with limited integration of academic, civil society, and private sector actors. This constrained the broader systems approach intended by PPSP and hindered multi-stakeholder ownership.

8.1.2 Institutional Roles and Functional Mapping

The Manual Pengelolaan Program (MPP) PPSP 2020–2024 outlines institutional roles across six phases of programme implementation from advocacy to monitoring. Four national ministries shared responsibility:

- BAPPENAS led policy development, strategic planning, and M&E oversight;
- MoHA coordinated subnational engagement, facilitating the formation and functionality of Pokja PKP and mainstreaming sanitation into RPJMD and APBD instruments;
- MoPW provided technical guidance, design validation, and infrastructure delivery support; and
- MoH ensured integration of hygiene promotion and STBM into programme delivery.

Despite clarity on paper, implementation was hindered by fragmented mandates, siloed operations, and inconsistent vertical coordination. A detailed institutional role mapping across the six PPSP phases is provided in Annex 13.

At the subnational level, Bappeda often acted as the institutional lead for sanitation, coordinating the Pokja Sanitasi and overseeing SSK preparation. However, coordination gaps between strategic planning (Bappeda), regulatory oversight (Regional Secretary/ MoHA), and technical execution (sectoral agencies i.e. MoPW, MoH, and MoEF) weakened accountability and planning coherence. This fragmentation was particularly visible in Southeast Sulawesi, where Pokja Sanitasi groups were irregularly convened and lacked influence over budget decisions.

The Enabling Environment Assessment confirmed that while Pokja Sanitasi structures exist in most districts, their functionality is constrained by weak legal mandates, limited technical capacity, and lack of control over sanitation financing. Regulatory enforcement is minimal, and integration with local regulations (e.g. on desludging or wastewater discharge) is inconsistent.

Box 8.1 AKKOPSI -Championing Local Leadership but Uneven in Reach
AKKOPSI (the Alliance of Districts and Cities Concerned with Sanitation) was established in 2009 to promote sanitation as a development priority. It now includes over 490 local governments and serves as a platform for political advocacy, peer exchange, and leadership engagement. In East Java, AKKOPSI has played a catalytic role through City Sanitation Summits and mayoral networks, contributing to the uptake of SSKs and activation of Pokja PKP structures. However, its engagement in provinces such as Southeast Sulawesi remains minimal. The network's voluntary nature and reliance on local leadership have resulted in uneven functionality. With clearer integration into national and provincial frameworks, AKKOPSI could play a more consistent role in strengthening subnational governance, institutional capacity, and policy advocacy.

8.1.3 Enabling Environment Assessment: Provincial and District-Level Findings

An enabling environment assessment was conducted in East Java and Southeast Sulawesi to validate institutional, operational, and financing conditions influencing the implementation of PPSP. The assessment focused on key dimensions including planning, regulation, financing, monitoring, and multi-sectoral coordination at the provincial and district levels.

8.1.3.1 Provincial and District-Level Coordination Gaps

The enabling environment assessment in East Java and Southeast Sulawesi revealed significant divergence in institutional readiness and programme alignment:

- In East Java, districts such as Sidoarjo and Gresik demonstrated stronger Pokja structures, better integration of sanitation into RPJMDs, and more consistent use of planning instruments.
- In contrast, South Konawe and Konawe Island faced institutional instability, irregular Pokja meetings, and weak enforcement of planning and budgeting processes. Sectoral departments (PU, Health, and Environment) operated in silos despite the presence of formal Pokja PKP structures.

At the provincial level, governance was largely administrative. Provinces lacked clear mandates to provide technical support, enforce planning coherence, or allocate sanitation-specific funding. Capacity-building and knowledge exchange mechanisms across districts were limited, weakening vertical linkages with national policies.

8.1.4 Operational and Financing Gaps Undermining Coherence

Despite overall alignment of PPSP with national frameworks, field evidence from East Java and Southeast Sulawesi revealed several systemic bottlenecks that limit coherence in operational implementation, regulatory enforcement, and financial planning at the local level.

8.1.4.1 Budgetary Fragmentation and Weak Integration

Sanitation investments across both provinces remained highly dependent on discretionary APBD allocations, with most districts lacking designated budget lines. Sanitation frequently competed with higher profile infrastructure priorities such as roads, housing, and health. While some districts accessed DAK funds from the national government, investment planning was short term and opportunistic with limited use of Programme Memoranda or the SSK as a basis for structured financing. As a result, many sanitation activities were not strategically embedded within long-term development plans.

8.1.4.2 Regulatory Enforcement Gaps

Although national guidelines for SPALD-T and SPALD-S systems exist, enforcement at the district/city level was generally weak. Few districts had enacted bylaws on desludging, effluent discharge standards, or FSM licensing. Even where regulations were formalised, enforcement was reactive with limited staff capacity and budget for proactive monitoring. This undermines efforts scale SMS services, especially in fast-growing and environmentally sensitive areas.

8.1.4.3 Underutilisation of Monitoring Systems and Data

The NAWASIS platform, while established as the national monitoring tool, remains underutilised at subnational levels. Data reporting was irregular and often lacked quality control, with several districts using the system only to meet compliance requirements. Field consultations confirmed that sanitation data were rarely applied to guide investment decisions, programme adjustments, or performance reviews. This reinforces the need to reposition NAWASIS as a management tool, not just a reporting mechanism.

8.2 Local-Level Coherence, Complementarity, and Added Value of PPSP

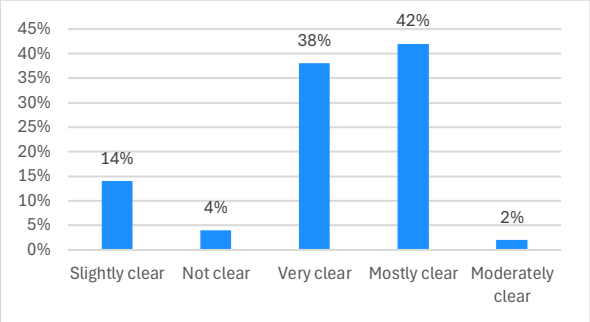
> *E5 To what extent is the PPSP programming activities at the local level coherent with the local plans, policies, interventions, and systems? This includes complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value.*

8.2.1 Coherence of PPSP Activities with Local Plans and Policies

At the district and city levels, PPSP demonstrated a strong degree of coherence with local development plans and institutional mandates. The introduction of structured, area-based sanitation planning through SSKs allowed sanitation to be formally integrated into instruments such as RPJMDs, RKPDs, and, in select cases, spatial planning documents (RTRWs). This marked a shift from previous fragmented sanitation efforts, where activities were typically treated as secondary to health or housing priorities.

Field data from East Java and Southeast Sulawesi confirmed that sanitation priorities are increasingly embedded into Musrenbang (community consultation) processes and reflected in budget proposals. The Funding Gap Analysis tool contributed to this integration by helping local governments identify financing needs and sources across departments. Respondents from Bappeda, Dinas PU, and Dinas Lingkungan Hidup affirmed that PPSP improved the visibility of sanitation within local governance agendas.

Figure 5: Clarity of PPSP Objectives and Communication to Local Stakeholders



The online perception survey results reinforced these findings: 80 per cent of respondents (44 out of 55) affirmed that PPSP objectives and expected outcomes were communicated clearly, as either mostly clear (42 per cent) or very clear (38 per cent) (Figure 5). However, 20 per cent (11 respondents) mentioned certain level of ambiguities regarding timelines and institutional responsibilities, particularly during transitions in Pokja structures.

8.2.2 Complementarity and Coordination with Other Programmes

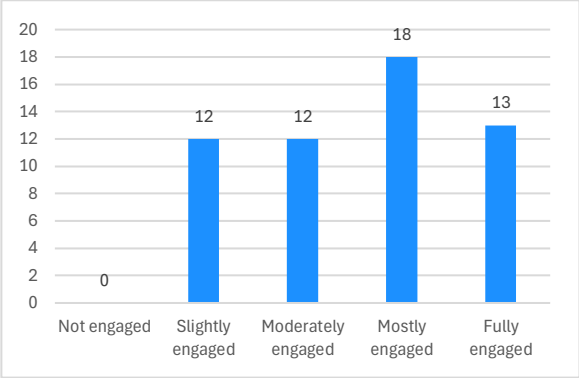
PPSP interventions were conceptually aligned with related programmes such as STBM, Sanimas, and donor-supported FSM pilots, contributing to a more holistic sanitation service chain. For instance, in Kendari City, PPSP-supported infrastructure investments complemented STBM-led behaviour change efforts, demonstrating effective coordination from demand creation to service delivery.

However, operational harmonisation remained inconsistent. Sectoral fragmentation persisted, with responsibilities split between Dinas PU (sanitation infrastructure), Dinas Kesehatan (hygiene promotion), and *Dinas Lingkungan Hidup* (solid waste management), often without effective coordination. Pokja PKP structures, while established in most districts, varied widely in their capacity to ensure programmatic alignment. Field evidence from Gresik and Batu revealed missed opportunities for cross-sectoral coordination, particularly in aligning drainage works with sanitation upgrades. These instances reveal the need to systematically link sanitation with broader urban infrastructure planning to maximise environmental and public health outcomes.

8.2.3 Community Engagement and Ownership

While participatory mechanisms were embedded in the programme design, their application at the local level was uneven. According to the perception survey, 56 per cent of respondents (31 out of 55) reported strong engagement of community groups, local leaders, and religious institutions, either mostly engaged (33 per cent or 18 respondents) or fully engaged (23 per cent or 13 respondents) (Figure 6). The remaining 44 per cent (24 out of 55) noted limited involvement, particularly during the implementation and monitoring phases. This indicates a need to strengthen community outreach as a core component of Pokja workplans, especially in peri-urban and rural areas.

Figure 6: Stakeholders Involvement in Stages of PPSP Implementation



Box 7.2: Integrating Sanitation and Economic Development — Lessons from Batu City
The experience of Batu City illustrates the risks of treating sanitation as a standalone sector. Despite having a completed SSK and established *Buku Putih Sanitasi*, key issues such as untreated greywater discharge and an underutilised IPLT persist. These challenges are compounded by weak coordination between tourism, environmental, and sanitation authorities, and the absence of sector-specific waste regulations. The case highlights the need for integrated planning that positions sanitation within the broader local economic development framework, particularly in tourism-driven areas.

Box 7.3: Innovation and Circular Economy Linkages
Innovations in faecal sludge reuse under the SNV WASH SDG Programme offer promising lessons. Cities such as Bandar Lampung, Metro, and Tasikmalaya demonstrated that treated sludge can be transformed into safe, marketable compost products. These pilots underline the value of embedding reuse planning into FSTP design, supported by enabling regulations and market linkages. The relevance of such approaches to PPSP lies in their potential to reinforce sustainability, resource recovery, and circular economy principles areas not fully institutionalised in most SSKs.

8.2.4 Gaps in Investment Tracking and Harmonization

Despite progress in local planning and programming, a key limitation remains the absence of an integrated investment tracking system. Field visits confirmed that donor-funded initiatives and community-based projects often operate in parallel to PPSP, without systematic alignment. While NAWASIS offers a national reporting platform, its financing module remains underused, and there are no consistent provincial mechanisms to consolidate sectoral investments.

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9. EFFECTIVENESS

Overall Assessment

The PPSP programme made significant contributions to strengthening sanitation planning, institutional coordination, and regulatory frameworks at both national and subnational levels. Structured approaches such as the development of SSKs, the establishment of Pokja PKP groups, and the facilitation of technical coaching clinics provided a strong foundation for improved sanitation governance. However, the transition from planning to effective service delivery has been uneven, with evident disparities between better-resourced districts and more remote or resource-constrained areas. While progress towards SMS targets has been achieved in selected districts/cities, national coverage remains modest. Financial constraints limited operational capacity, weak private sector engagement, and the insufficient integration of climate resilience and social inclusion have constrained wider programme effectiveness. Sustained improvements will require strengthening local implementation capacity, embedding inclusive approaches, improving financing mechanisms, and ensuring that planning efforts translate into tangible, equitable sanitation outcomes across all districts.

9.1 Consistency of Activities and Outputs with Stated Objectives

> *E6 Are the activities and outputs of the PPSP programme consistent with the overall goal and the attainment of its objectives, and intended impacts/effects including impact on environment, public health, etc.?*

9.1.1 Linking PPSP Activities to Sector Outcomes

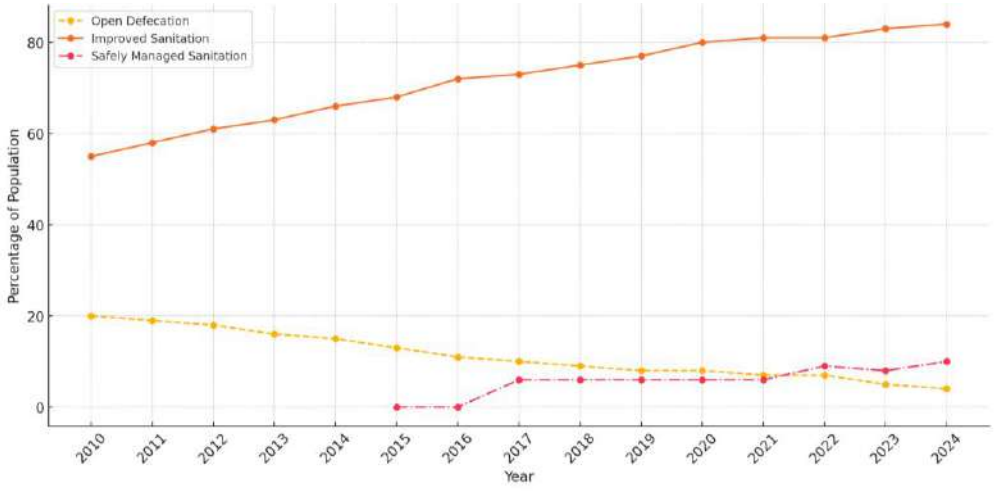
The activities and outputs of the PPSP programme were largely consistent with its overarching goal of accelerating access to SMS across Indonesia. They are linked with national development priorities outlined in the RPJMN, RPJPN, and Indonesia's commitments to SDG-6. Strategic interventions, such as the preparation of SSKs, the establishment of Pokja Sanitasi (now integrated into Pokja PKP), and the conduct of funding gap analysis, supported the mainstreaming of sanitation into district planning processes. At the field level, activities were adapted to local needs. For example, in Kendari City, sanitation strategies targeted underserved coastal communities, leading to investments in communal systems. In Sidoarjo and Gresik, Pokja PKP groups effectively coordinated multi-sectoral planning, embedding sanitation priorities within regional development agendas. However, while activities were generally well-aligned with objectives, the translation of outputs into broader public health, environmental, and resilience impacts was less consistent. Climate risks were acknowledged within national policies, but their integration into district-level planning and infrastructure design remained limited.

9.1.2 Assessment of Intended Impacts

As per datasets shared by BAPPENAS (2010–2024), Indonesia has demonstrated steady improvements in household sanitation coverage over the past 15 years. Basic sanitation access increased from 58 per cent to 84 per cent, while open defecation declined from 20 per cent to 3.2 per cent (Figure 7). These gains reflect the cumulative impact of structured planning instruments such as the SSK, infrastructure investment, and community mobilisation under the STBM framework.

Despite this progress, safely managed sanitation (SMS) remains limited, reaching only 10.2 per cent nationally by 2024. Urban–rural disparities persist. In East Java, SMS coverage reached 11.5 per cent—concentrated in urban areas while in Southeast Sulawesi it remained as low as 2.1 per cent. FSM systems have started to emerge in both provinces but require significant scaling and investment to meet national goals.

Figure 7: Progress of Sanitation Access from 2010 to 2024



PPSP contributed to institutional strengthening and improved planning capacities across districts. By 2024, 486 out of 516 districts and cities had developed SSKs, with 439 undergoing at least one revision. Additionally, 212 local governments had integrated sanitation priorities into their RPJMDs. However, the conversion of these plans into fully funded and implemented projects remained inconsistent. Pokja Sanitasi coordination platforms were established in 493 districts, and uptake of the NAWASIS platform improved planning visibility. However, capacity gaps, high staff turnover, and fragmented governance particularly in weaker provinces continued to impede uniform progress.

Key findings include:

- Institutional development: PPSP supported the establishment of SSKs, Pokja Sanitasi, and the inclusion of sanitation in local planning instruments across 84 per cent of districts. However, operationalisation was uneven, and institutional roles were not always backed by legal or financial mandates.
- Behaviour change: The STBM approach facilitated significant reductions in open defecation. However, progress beyond the first pillar remained limited. Structures such as UPTDs and BLUDs were introduced in several districts, but their functionality was constrained by staffing, legal, and funding barriers.
- Equity and inclusion: While basic access improved, vulnerable or disadvantaged groups including women, persons with disabilities, and residents of remote areas continue to face systemic barriers. Planning and monitoring tools lacked mechanisms to ensure inclusive service delivery.
- Environmental resilience and monitoring: Climate adaptation remained a critical gap, with only 1 per cent of SSKs integrating resilience strategies. NAWASIS improved data visibility but remained underutilised for real-time subnational planning. The COVID-19 pandemic further exposed vulnerabilities, particularly in informal settlements and decentralised systems.
- Service delivery and financing gaps: Expansion of FSM services and decentralised sanitation systems remained modest. By 2024, only 14 districts had operational FSM services. Private sector engagement and uptake of innovative financing mechanisms were minimal, limiting opportunities for sustainable scale-up.
- In conclusion, PPSP made substantial contributions to sanitation coverage and institutional capacity. However, its intended impacts on equity, environmental resilience, and sustainable service delivery require further consolidation through targeted investment, strengthened systems, and inclusive planning approaches.

Box 9.1 Evolution of the Planning Architecture under PPSP (2010–2024)
Since its inception in 2009, the PPSP has progressively evolved in its planning architecture to respond to Indonesia's decentralized governance structure and increasing emphasis on service delivery outcomes. During the initial phase (2010–2014), the programme adopted a sequenced planning model comprising three distinct documents. The *Buku Putih Sanitasi* (White Book) served as a baseline assessment of sanitation access and service gaps. This was followed by the Strategi Sanitasi Kota/Kabupaten (SSK), which outlined strategic priorities, service targets, and key interventions. These were then translated into a *Memorandum Program* (MP), which detailed the investment and implementation plan aligned with district development frameworks. Technical assistance was provided to district-level Pokja PKP by trained facilitators, with Provincial Pokja reviewing document quality. Central ministries supported the process

through assigned technical experts, and a dedicated online platform (ppsp.nawasis.info) was used to track planning progress and outputs.

Between 2015 and 2019, PPSP consolidated its planning structure. The SSK was redesigned to integrate the situation analysis (formerly captured in the White Book), strategic planning, and investment programming into a single document. This streamlined approach reduced duplication, improved coherence, and facilitated broader uptake. Capacity-building for local Pokja PKP continued, and NAWASIS was upgraded in 2018 as a digital monitoring tool to support validation and tracking of sanitation planning milestones. In the 2020–2024 period, PPSP shifted further towards implementation by introducing a milestone-based model. This approach framed the roll-out of SSK implementation through four stages. In the first year, local governments with direct support from mayors and operational departments launched pilot-scale sanitation services. By the second year, these interventions were expanded in scale and coverage. The milestone model was designed to synchronize planning readiness with operational delivery, strengthening the accountability of local actors while maintaining national oversight.

PPSP guidelines require that SSKs be updated every six years, while Environmental Health Risk Assessments (EHRA) must be revised every five years. These structured cycles aim to maintain data quality and ensure that investment decisions remain responsive to evolving sanitation needs and local capacities. This evolution of the planning framework reflects PPSP's gradual transition from planning-focused interventions to a more results-oriented approach, linking strategic design with implementation and monitoring. However, as noted in the evaluation, gaps in enforcement, ownership of tools, and budgetary alignment remain critical areas for attention in the next programme phase.

9.2 Extent to Which PPSP Achieved Its Intended Results

> *E7 To what extent were the desired results of the PPSP programme achieved / are likely to be achieved?*

9.2.1 Institutional and planning achievements

The PPSP programme made remarkable progress in strengthening institutional and planning frameworks for sanitation at national and subnational levels. The preparation of SSKs across 486 districts, with 439 revisions, reflects a significant shift towards structured, milestone-based sanitation planning. Key institutional achievements included the establishment of Pokja PKP groups and the promotion of semi-autonomous operational entities such as UPTDs and BLUDs. In Sidoarjo and Gresik, these developments contributed to improved coordination, regulatory alignment, and the adoption of digital tools like LESTARI for desludging service management. In Southeast Sulawesi, Kendari also demonstrated expanded service coverage through strengthened institutional frameworks with even progress. While in Konawe Island and South Konawe, Pokja PKP groups often operated with weak mandates, limited resources, and irregular convening. Dependency on discretionary funding and the absence of strong regulatory instruments constrained operational capacity. While selected districts strengthened their regulatory environments, the expansion of FSM systems and scheduled desludging services remained limited nationally. Progress towards achieving universal access to SMS was moderate, with national coverage reaching approximately 10.2 per cent by 2024. Overall, the PPSP programme effectively established sanitation planning systems but faced challenges in translating these into widespread, sustained service delivery outcomes.

Box 9.2 Evolution and Institutionalization of Pokja PKP
Pokja Sanitasi, originally established to coordinate sanitation planning under PPSP, evolved into Pokja PKP (Housing and Settlement Working Group) through Regulation PU No. 12/2020. The expanded mandate now covers sanitation, housing, drainage, and waste management. While Pokja PKP has enabled improved cross-sectoral collaboration in districts like Sidoarjo and Kendari, challenges such as weak legal mandates, irregular meetings, and limited funding persist. Formalizing Pokja PKP structures through regional decrees, securing operational budgets, and linking activities with NAWASIS are critical for sustaining sanitation service delivery and advancing inclusive urban development.

9.2.2 Gaps in Service Outcomes and Inclusion

Despite significant advances in sanitation planning and institutional development, service delivery outcomes under PPSP remained uneven across Indonesia. By 2024, national access to SMS services stood at only 10.2 per cent, with wide disparities between urban and rural regions. Districts such as Konawe Island and Batu reported non-functional or underperforming communal wastewater treatment systems (IPALs), often due to poor design, land acquisition challenges, or limited operational budgets. Community-based management and maintenance groups (KPPs) played a critical role in sustaining facilities where they were functional, as seen in Gresik. However, in areas such as Batu and South Konawe, KPPs struggled due to limited technical capacity, financial constraints, and weak community engagement.

Inclusion gaps were evident. Public and institutional sanitation facilities often lacked accessibility features for persons with disabilities. Gender-responsive planning was inconsistent, and cultural barriers continued to restrict the meaningful participation of women and vulnerable or disadvantaged groups in sanitation governance. Although PPSP promoted spatial targeting of underserved communities, practical translation into equitable infrastructure delivery was inconsistent. Future programming must prioritize accessibility, gender equality, and sustained community ownership to ensure that the benefits of sanitation development reach all groups, especially in rural, coastal, and remote areas.

Box 9.3: Strengthening Community-Based Sanitation Management: Lessons from Gresik
In Gresik, collaboration between community groups (KPPs) and UPTDs strengthened the maintenance of communal sanitation systems. The joint actions for maintenance, tariff collection, and community engagement helped sustain service operations. Training, financial support, and integration with formal service providers were identified as success factors. Experiences from Gresik calls the need of capacity-building and financial mechanisms to strengthen community-based sanitation management models.

9.2.3 Monitoring, and Climate Resilience Constraints

Monitoring and need assessment systems, including NAWASIS and Environmental Health Risk Assessments (EHRA), were designed to strengthen evidence-based planning. However, utilization was inconsistent across districts. Only 57 per cent of districts regularly updated NAWASIS, and the data often lacked the quality needed to inform strategic decision-making. Limited internet connectivity, weak local capacity, and the absence of a strong compliance framework further constrained the effective use of monitoring data.

Integration of climate resilience into sanitation planning was also limited. Despite national policy emphasis, most SSKs did not systematically address climate risks such as flooding, drought, coastal

erosion, or extreme weather events. In districts such as Kendari and Bawean Island, vulnerabilities continued, with sanitation infrastructure often exposed to environmental hazards without adequate adaptation measures. Strengthening financial sustainability, improving the operational use of monitoring systems, and embedding climate resilience into planning and infrastructure design are critical priorities for enhancing the effectiveness and durability of sanitation services under future programming cycles.

Box 9.4 Enhancing Sanitation Monitoring Through NAWASIS

The National Housing, Water, and Sanitation Information Services (NAWASIS) platform, established by BAPPENAS, serves as Indonesia's central monitoring system for sanitation, water supply, solid waste, and drainage. It comprises modules on access, infrastructure, investment, governance, and risk, and plays a pivotal role in tracking PPSP progress—including SSK preparation, infrastructure, and budget allocations. The system operates through a tiered reporting model: district inputs, provincial verification, and national consolidation, as framed in the RPJMN 2020–2024 and Permendagri No. 87/2022.

Despite its comprehensive design, utilisation remains limited: only 7 per cent of local stakeholders actively update the platform. Contributing factors include delayed subnational rollout, technical barriers, and the limited involvement of many local users in the system's operation. While 53 per cent of surveyed respondents viewed NAWASIS as mostly effective, many cited infrequent updates, low compliance, and technical shortcomings. Only 46 per cent confirmed that NAWASIS data meaningfully informed planning and decision-making.

Low system use has constrained real-time monitoring, led to inefficient resource allocation, and weakened accountability. Furthermore, 57 per cent of respondents rated sanitation reporting transparency as moderate or poor highlighting the persistence of planning as a compliance activity rather than a tool for adaptive management. Strengthening NAWASIS will require mandatory and regular data updates, automated validation, enhanced subnational capacity, and integration with budgeting systems. Alignment with Satu Data Indonesia and incorporation of financial tracking will be essential to transforming NAWASIS into a dynamic, transparent digital backbone for SDG 6-aligned sanitation programming.

9.3 Progress in Expanding Access to Safely Managed Sanitation

> *E8 To what extent and which implementation strategies and approaches of the PPSP mainly contributed to achievement of national SMS program results?*

Several PPSP implementation strategies contributed meaningfully to expanding access to SMS, though their effectiveness varied across contexts.

- Technical Facilitation and Coaching Clinics: Structured coaching clinics played a pivotal role in guiding districts through the sanitation planning process. In East Java, regular coaching sessions helped districts such as Gresik and Sidoarjo prepare investment-ready business plans, strengthen regulatory frameworks, and improve desludging services including the operationalization of digital tools. In contrast, in Southeast Sulawesi, the uptake of coaching content was lower due to limited local capacity and weaker facilitation support.
- Community-Based Management Models: The promotion of community maintenance groups (KPPs) enabled sustainable management of communal sanitation systems where successful, as seen in Gresik. However, in areas like Batu and Konawe Island, KPP

effectiveness was hampered by lack of training, unclear mandates, and limited technical support.

- Regulatory Development and Monitoring Tools: Support for local regulatory instruments, including Perda and Perbup on wastewater management, enabled some districts to institutionalize FSM services and gradually move towards cost recovery. Monitoring tools like NAWASIS and faecal flow diagrams provided strategic insights but were underutilized, limiting adaptive management. A stakeholder at sub-national level said, "despite local governments developing SSK, many lack the resources and technical expertise to implement them effectively. Monitoring system focuses on counting toilets but does not track whether faecal sludge is safely managed".
- Behavioural Change Campaigns: Behavioural change initiatives under the STBM programme contributed to open defecation reductions, particularly in East Java and Kendari. However, these efforts often lacked continuity and sufficient depth to support the full sanitation service chain, particularly desludging practices and hygiene maintenance. In KIIs, a stakeholder of national level mentioned that there are incentives for achieving ODF status but no financial or policy incentives for progressing to SMS, resulting in stagnation at the ODF stage.

9.4 Key Factors Facilitating or Hindering Effectiveness

> *E9 What were the major factors influencing the achievement or non-achievement of PPSP's desired results in supporting subnational government (including strategies, partnerships, coordination between Ministries, etc.)?*

Several factors influenced the effectiveness of PPSP implementation across districts, either enabling or constraining progress towards SMS outcomes.

- Institutional and Leadership Factors: Strong leadership commitment, effective Pokja PKP functioning, and continuity of technical staff were critical enablers in districts such as Gresik and Sidoarjo. Regular Pokja meetings, integrated planning, and the establishment of BLUDs supported better performance. In contrast, frequent staff turnover, weak institutional mandates, and poor coordination among sectoral agencies undermined progress in districts like South Konawe and Konawe Island. A development partner of national level noted that Pokja sanitation working groups are active only in districts (either with strong political leadership or supported by the development partners), while in others, they are "token platforms" that lack regular coordination or accountability.
- Financial Constraints and Incentives: Districts/cities with predictable financing through DAK, local revenue streams, and donor support demonstrated stronger sanitation system development. In low-capacity areas, sanitation investments were often deprioritized, and SSKs remained largely aspirational due to lack of dedicated budget lines.
- Monitoring and Adaptive Management: Limited real-time use of monitoring platforms such as NAWASIS reduced the ability to adjust strategies based on emerging needs. Monitoring often remained focused on output reporting rather than adaptive, results-oriented management. In KIIs, one participant stated, "current sanitation monitoring framework primarily tracks infrastructure development, rather than measuring the quality and sustainability of services. The lack of real-time data on FSM and sanitation service chain effectiveness limits the ability to optimize resource allocation and adjust implementation strategies."

- Socio-Cultural and Geographic Barriers: Misperceptions about septic tanks being self-sustaining continue to undermine public demand for routine desludging services. A commonly held belief is that well-constructed tanks allow waste to infiltrate the ground indefinitely, eliminating the need for emptying. These misconceptions are reinforced by IEC campaigns that focus predominantly on achieving open defecation-free (ODF) status, with limited attention to post-ODF service requirements such as safe containment and desludging. An international development partner further noted that informal desludging operators often dispose of waste unsafely, exacerbated by weak enforcement and limited public understanding of FSM best practices. In remote locations such as Bawean Island and Wawonii, these behavioural barriers are compounded by logistical challenges, limited-service availability, and high operational costs. Together, these factors constrain progress in FSM uptake, behaviour change, and the long-term maintenance of sanitation infrastructure.
- Technical Capacity Gaps: While stronger districts/cities applied sanitation risk assessments and digital tools effectively, many lower-capacity areas struggled with technical planning, operationalization, and monitoring. Lack of access to facilitators and weak technical support structures limited programme outcomes in remote and under-resourced areas.

9.5 Positive Unintended Results and Unintended Challenges

> *E10 What exactly are the unintended results of PPSP programme at national and subnational level?*

The PPSP programme produced a range of unintended results, some of which strengthened sanitation outcomes, while others introduced new challenges.

9.5.1 Positive Unintended Results

PPSP's structured planning tools and milestone frameworks catalysed broader institutional reforms beyond sanitation. Local governments adapted SSK templates and diagnostic tools for sectors such as housing, drainage, and solid waste management. At the national level, PPSP helped mainstream sanitation into broader development frameworks, including the RPJMN and the Safely Managed Sanitation Roadmap 2030. Local digital innovations, such as Sidoarjo's LESTARI application and Kendari's sanitation dashboard, also emerged as indirect benefits.

9.5.2 Negative Unintended Results

In many districts/cities, superficial compliance with planning milestones developed. SSKs were updated without corresponding budget allocations, leading to planning fatigue. Where multiple donor programmes operated, fragmentation and duplication of sanitation activities were reported. Inclusion and equity objectives were under-realized; sanitation facilities often lacked gender-sensitive and disability-inclusive designs, and meaningful participation by women and vulnerable or disadvantaged groups was limited. Private sector engagement remained minimal, leaving service gaps particularly in peri-urban and coastal areas.

Box 9.5 Case Study of Wastewater Knowledge and Diarrhoeal Risk in Poasia Village, Abeli District-Kendari City

Kendari City, situated on the southeastern coast of Southeast Sulawesi, continues to face significant public health challenges, particularly in coastal areas such as Poasia Village (Abeli District). Despite progress under national programmes like PPSP, high rates of diarrhoeal disease among young children remain a concern. Health surveillance from the local health centre recorded 275 cases in 2019 and 192 between January and September 2022, despite near-universal access to household latrines. A 2022 field study, supported by observations from the local evaluator, found that inadequate greywater and wastewater management, not latrine coverage, was the main contributor to disease. Many households discharged greywater into open drains or directly into Kendari Bay, creating stagnant, blocked channels that became breeding grounds for pathogens. Community awareness was limited while latrine cleanliness was prioritised, the health risks of unsafe greywater disposal were poorly understood. The study established a clear correlation between non-compliant wastewater systems and higher incidence of disease, particularly in households with neglected or misused drainage infrastructure. This case illustrates that infrastructure alone is insufficient to deliver health gains. Behaviour change, improved community understanding, and attention to the entire sanitation service chain, including safe greywater disposal, are critical to the success of sanitation programmes in environmentally vulnerable settings like Kendari.

Reference: Nurna Ningsih, Theolyn Pongsapan, Wa Ode Khofifah Endarwati, Sartia Rahman, Khalfia, & Ramadhan Tosepu. (2023). Sanitation and Diarrheal Diseases in the Coastal Areas of the Abeli District in Kendari City. International Conference on Advance & Scientific Innovation (ICASI), KnE Life Sciences, pp. 281–288. https://doi.org/10.18502/kss.v8i9.13339

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10. EFFICIENCY

Overall Assessment
The PPSP programme demonstrated moderate efficiency in achieving its intended results. Resources were mobilized systematically across national, provincial, and district levels, supported by structured planning tools, technical assistance, and decentralized budgeting mechanisms. Human and technical resource utilization was efficient in stronger provinces such as East Java, but inconsistent in lower-capacity districts due to staff turnover, limited facilitation, and weak institutional memory. Financial disbursement delays and rigid planning formats further constrained timely implementation. Coordination structures such as Pokja PKP and provincial facilitators enabled more efficient use of capacities in well-performing districts. However, fragmented engagement, limited authority at subnational levels, and parallel reporting obligations among ministries created inefficiencies in weaker regions. While planning-stage duplication was largely avoided through harmonized tools and stakeholder mapping, fragmented implementation reintroduced overlaps in several districts. The programme's efficiency was strongest where technical tools, leadership, and cross-sectoral collaboration were sustained beyond the planning phase. In less-resourced areas, weak coordination, underutilized monitoring platforms, and absence of enforceable mandates constrained delivery and reduced resource effectiveness.

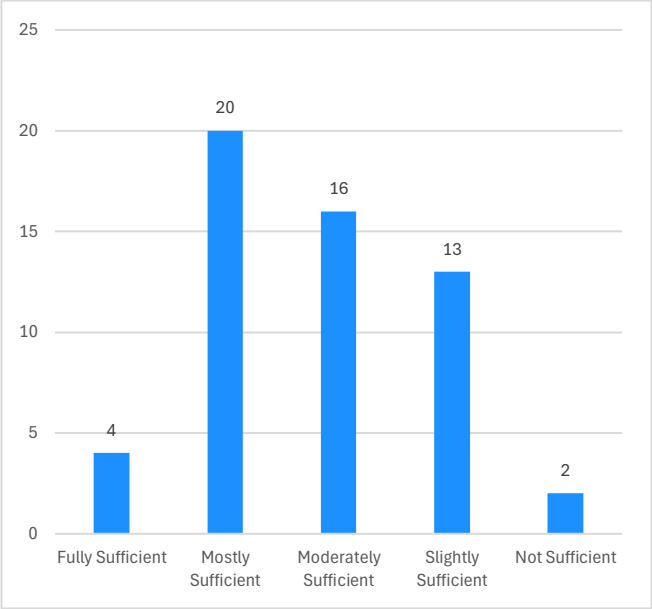
10.1 Resource Utilization (Financial, Human, Technical)

> *E11 To what extent is the PPSP programming approach efficient in achievement of desired results in terms of resource utilization (human, technical, financial) and timely delivery? Have there been any significant delays in programme implementation and achievement of results, and if so, why?*

The efficiency of the PPSP programming approach varied significantly across regions and resource categories. While the programme succeeded in mobilising human, financial, and technical resources at scale, the effective utilisation of these resources and timely delivery of results were uneven and heavily contingent on subnational capacity, leadership, and coordination mechanisms.

Human Resources were mobilised more effectively in stronger districts and cities, particularly in East Java, where stable Pokja PKP structures, continuity in staffing, and access to trained provincial facilitators enabled efficient planning and delivery. Conversely, in less capacitated provinces such as Southeast Sulawesi, frequent turnover of Pokja members, lack of technical expertise, and weak cross-sectoral coordination severely constrained efficiency. Perception survey results (Figure 08) showed that 56 per cent of respondents (31 out of 55) viewed their technical staffing as insufficient, either moderately (29 per cent or 16 participants), slightly (24 per cent or 13 participants) or not sufficient (3 per cent or 2 participants). This is confirming widespread human resource gaps.

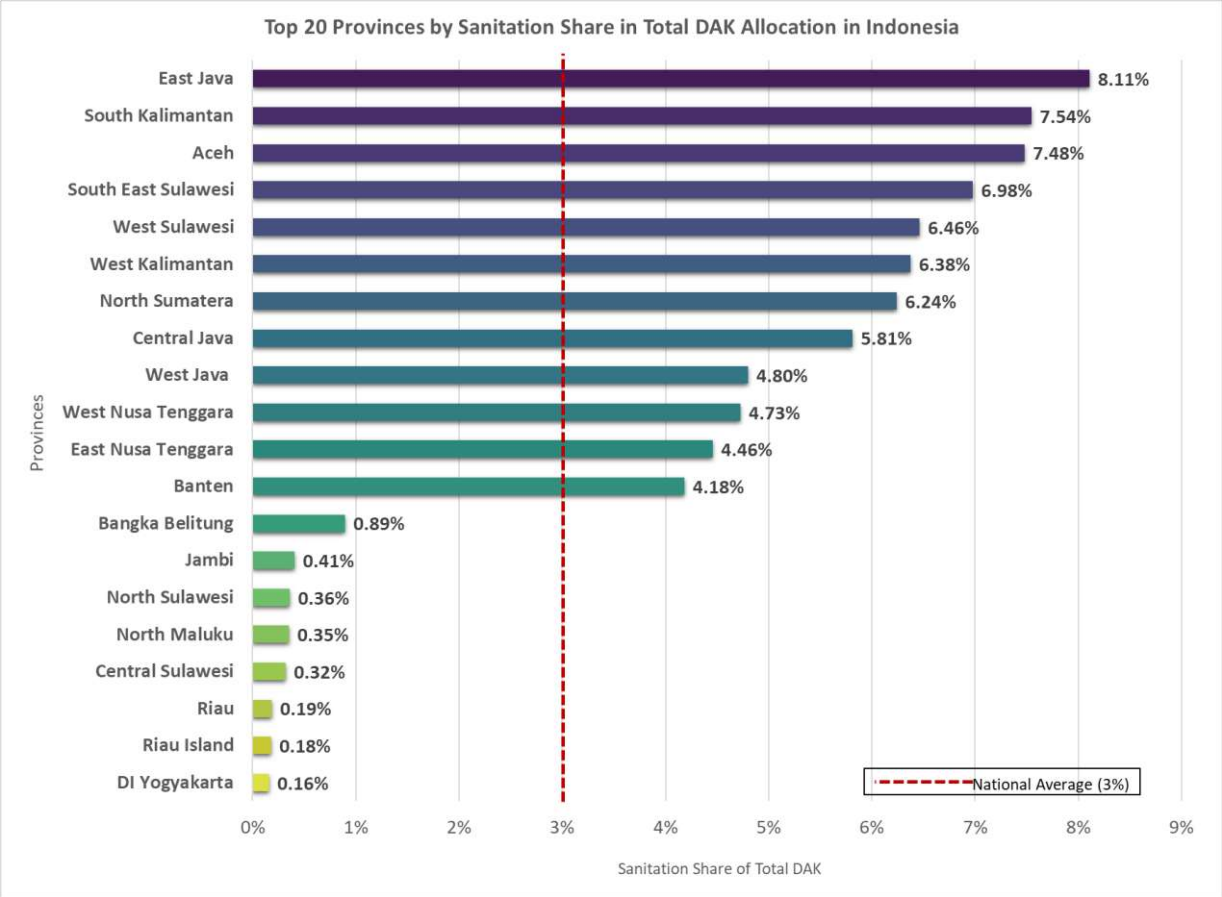
Figure 8: Availability of Human Resources- Numbers



Financial Resources were sourced from multiple channels, including district (APBD), provincial (APBD Provinsi), central transfers such as *Dana Alokasi Khusus* (DAK), and donor contributions. However, efficiency was undermined by disjointed planning, poor integration of SSKs into budgeting frameworks, and procurement-related delays. Between 2016 and 2021, an average underspending rate of 15 per cent was reported by the Directorate for Sanitation due to subnational readiness gaps and institutional bottlenecks.

The distribution and utilisation of DAK allocations also reflected sharp inter-provincial disparities. As illustrated in the figure 09, only a small number of provinces exceeded the national average of 3 per cent in sanitation share of DAK allocations for year 2024 (data received from Ministry of Finance). The East Java (8.1 per cent), South Kalimantan (7.5 per cent), and Aceh (7.5 per cent) led in prioritisation and absorptive capacity, while others such as Riau Island and DI Yogyakarta remained well below 1 per cent. Overall provincial level DAK allocations and sanitation share is provided in Annex 14.

Figure 9: Top 20 Provinces by Sanitation Share in Total DAK Allocations in Indonesia



This data reinforces qualitative findings from field consultations. Provinces with higher shares often demonstrated proactive planning, political commitment, and stronger Pokja PKP functionality. In contrast, provinces with low shares struggled with technical eligibility, delayed proposal submissions, or limited alignment of SSKs with funding instruments. The marked disparity in DAK share confirms that financial efficiency under PPSP was not only a function of fund availability, but also of institutional readiness and political prioritisation. Moreover, the continued lack of cost–benefit analysis and strategic investment positioning further constrained efficiency. Most local governments did not assess sanitation investments in terms of long-term returns or co-benefits (e.g., stunting reduction, climate resilience), impeding their ability to mobilise broader infrastructure or health budgets for sanitation.

Box 10.1: Subnational Leadership and Sanitation Financing in East Java

In 2024, the East Java provincial government allocated Rp299.58 billion to sanitation, just 0.22% of its Rp134.96 trillion APBD. While this reflects a relatively low prioritisation, the province has leveraged these resources effectively to strengthen sanitation outcomes. Investments supported the construction of communal wastewater treatment plants (IPALs), septic tank installations, and system rehabilitation. East Java achieved 100% Open Defecation Free (ODF) status across all villages and sub-districts by November 2024.

District-level leadership further enhanced impact. Bojonegoro allocated Rp36 billion for 1,766 sanitation units targeting high-stunting areas; Tulungagung committed Rp11 billion for 1,000 household latrines; Ngawi invested Rp10 billion in 1,163 sanitation units; and Malang planned 10 new communal IPALs and 8 household latrines in 2024. These examples demonstrate that strong subnational leadership, strategic alignment with health goals, and local commitment can translate modest budget allocations into impactful results. However, sanitation remains

underprioritized in fiscal terms, underscoring the need for increased and more effective investments in future phases.

Technical Resources provided under PPSP included 13 national training modules, a facilitation guide, and planning tools such as the SSK Guidelines and EHRA. While these resources were conceptually sound, their effective use varied based on local capacity. Findings from the perception survey reinforced this pattern. While 36 out of 55 respondents (66 per cent) assessed the technical guidelines as fully or mostly adequate, yet implementation fidelity was lower in remote and fragile geographies. The uniformity of technical support, without flexibility for local adaptation, limited its efficiency, especially in flood-prone, coastal, or island districts.

Timely Delivery was moderately achieved during upstream planning phases. SSKs were typically developed on schedule. However, downstream implementation experienced frequent delays. These were attributed to complex procurement protocols, late APBD disbursements, weak departmental coordination, and an absence of contingency planning. The COVID-19 pandemic between 2020 and 2022 further exacerbated delays, although districts like Sidoarjo and Kendari piloted adaptive, digital modalities. Such innovations, however, were not scaled nationally.

The PPSP established a robust framework for resource mobilisation and structured planning, the efficiency of resource utilisation and timely delivery was compromised by systemic institutional weaknesses, financial underutilisation, and limited adaptability of technical instruments. Future programme phases must focus on differentiated technical support, fiscal absorption enhancement, and agile delivery systems to optimise results across diverse subnational contexts.

10.2 Coordination Challenges and Overlapping in Sanitation Service Delivery

> *E12 To what extent did PPSP stakeholders efficiently coordinate and use resources and capacities to achieve results?*

10.2.1 Institutional Coordination and Use of Stakeholder Capacities

The efficiency of coordination and resource use among PPSP stakeholders varied substantially across administrative levels and geographical contexts. While the programme established a multi-tiered institutional framework included in the Pokja PKP structure, the degree of operational efficiency depended heavily on local leadership, clarity of mandates, and the quality of cross-sectoral collaboration.

At the district level, more capable areas such as Gresik and Sidoarjo in East Java demonstrated efficient coordination. Regular Pokja meetings, well-defined roles, and strong leadership from Bappeda and sectoral agencies enabled joint budgeting, timely access to DAK funding, and aligned implementation of sanitation services. Development partner activities in these districts were well-integrated, reinforcing local government plans and enhancing capacity development.

By contrast, in weaker districts such as Konawe Island and Kendari (Southeast Sulawesi), coordination was ad hoc and heavily reliant on individual champions rather than institutionalised processes. Irregular meetings, weak engagement of technical departments, and unclear inter-agency roles limited the effective use of human and financial resources. Sectoral silos persisted, often resulting in duplicated planning or fragmented execution of sanitation projects.

At the provincial level, coordination was largely administrative in nature. While provinces were expected to play a facilitative and technical coaching role, most limited their engagement to monitoring and report consolidation. Institutional mapping confirmed that provinces lacked both the mandate and dedicated personnel to provide consistent technical support to districts, diminishing their ability to guide adaptive implementation or resolve bottlenecks.

At the national level, the division of roles between BAPPENAS, MoPW, MoHA, and MoH was clear in principle but inconsistently operationalised. The National Pokja PKP provided policy oversight and guidance but had limited capacity to support real-time problem-solving or harmonise resources across ministries. This constrained transaction efficiency and undermined coherence in delivery, particularly where vertically managed sectoral programmes bypassed local planning mechanisms.

The use of monitoring platforms such as NAWASIS was highly uneven. In districts like Sidoarjo, where NAWASIS data was integrated into Pokja routines, it contributed to transparent tracking of investments and avoidance of overlaps. However, in most other areas, the system was underutilised due to irregular updates and lack of institutional ownership, limiting its effectiveness as a coordination tool.

In summary, PPSP's institutional architecture enabled efficient coordination and use of resources in districts with strong Pokja functionality, proactive leadership, and integrated partner support. However, coordination efficiency was undermined in many areas by limited provincial facilitation, fragmented national support, and weak data systems. Future programming should reinforce institutional mandates, promote cross-sector accountability, and strengthen digital platforms to optimise multi-stakeholder coordination.

Box 10.2: Faith-Based Resource Coordination for Sanitation – The Role of ZIS in West Nusa Tenggara and Central Java

A notable example of community-driven resource coordination outside the formal PPSP framework was piloted in West Nusa Tenggara and Central Java, where zakat, infaq, and sadaqah (ZIS) funds were strategically mobilised to support sanitation improvements in low-income communities. This initiative was enabled through partnerships between local governments, religious leaders, zakat management institutions (BAZNAS and LAZIS), and NGOs. Through targeted advocacy and joint planning, sanitation was redefined as a religious and public health priority, aligned with Islamic principles of cleanliness (taharah) and human dignity. As a result, ZIS contributions were channelled into financing household toilets, communal sanitation facilities, and hygiene promotion activities. The initiative also strengthened the institutional capacity of local zakat bodies to plan, monitor, and transparently report on WASH projects, enhancing accountability and donor confidence.

This model demonstrates the potential of faith-based financing to complement public and donor resources particularly in areas where formal budget allocations are limited. It highlights the importance of cultural alignment, local leadership, and community engagement in bridging sanitation financing gaps and expanding equitable access to safely managed services.

Reference: BAPPENAS and UNICEF (2022). Collaboration for Recovery and Resilience Through Better WASH Access for All: A Compendium of WASH Best Practices in Indonesia.

10.3 Stakeholder Coordination and Avoidance of Duplication

> *E13 To what extent did the PPSP coordination and collaboration structure avoid duplication among the key stakeholders?*

10.3.1 Effectiveness of Coordination in Minimising Duplication

The PPSP coordination structure was moderately effective in avoiding duplication during the planning phase but less successful during implementation, particularly in districts with weaker institutional capacity. The programme's design included harmonised guidelines, clearly defined roles across sectoral agencies, and joint planning mechanisms through Pokja PKP working groups. These structures helped align stakeholder actions at the outset and supported integration of sanitation into broader development planning.

In districts such as Gresik and Sidoarjo, Pokja PKP platforms functioned as coordination hubs where sectoral agencies, NGOs, and development partners aligned strategies, prioritised investments, and avoided overlapping interventions. Tools such as the SSK Guidelines, stakeholder mapping instruments, and NAWASIS monitoring helped maintain visibility and coherence across initiatives during the planning stages.

However, as implementation progressed, duplication re-emerged in areas where Pokja groups lacked formal mandates or active facilitation. In South Konawe, separate departments managed different parts of the sanitation chain independently, solid waste by Dinas Lingkungan Hidup and faecal sludge infrastructure by Dinas PUPR, leading to parallel investments with limited synergy. Similarly, in Konawe Island, multiple NGOs were reported to have implemented sanitation infrastructure in the same localities without coordination, resulting in redundancies and fragmented accountability.

These overlaps were often exacerbated by the absence of legal mandates (e.g. Perkada) for Pokja PKP to review and coordinate externally funded programmes. Sectoral programmes funded through vertical national channels retained separate reporting lines, reinforcing siloed delivery. Monitoring tools such as NAWASIS and stakeholder maps, although introduced, were inconsistently updated and not institutionalised as routine instruments. In districts like Sidoarjo, where NAWASIS was used effectively, duplication was minimised, but such practices remained the exception.

The consequences of duplication were visible in focus group discussions, which highlighted community confusion and distrust when multiple agencies or NGOs delivered uncoordinated sanitation messages or infrastructure. Only 43 per cent of survey respondents (23 out of 55) perceived reporting mechanisms to be frequent and transparent, while the remaining 57 per cent (32 out of 55 respondents) rated them as moderate to poor underpinning systemic weaknesses in cross-actor accountability and oversight.

In conclusion, PPSP's initial coordination mechanisms contributed to coherence during planning but lacked the enforcement mechanisms and data systems required to prevent fragmentation during implementation. Strengthening Pokja mandates, formalising project vetting processes, and institutionalising real-time investment tracking are essential to reduce duplication and enhance efficiency in future programming phases.

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11. SUSTAINABILITY

Overall Assessment

The PPSP programme contributed to long-term sustainability by integrating sanitation into national and local planning processes, supporting the formation of Pokja PKP groups, and introducing local regulations in better-performing districts. Behavioural change was evident in urban communities, supported by STBM approaches and school-based hygiene education. Promising models for PPPs and microfinance were also piloted. Despite these gains, sustainability remains uneven. Many Pokja structures lack legal mandates or budget authority. Local regulations are inconsistently enforced, and integration into financing systems is limited. Operation and maintenance systems remain weak in many areas, with inadequate planning, budgeting, and oversight for routine service delivery. Behaviour change remains fragile in poorer areas, and inclusion gaps persist for women, persons with disabilities, and vulnerable or disadvantaged groups. To sustain results, future efforts must prioritize institutional formalization, local financing strategies, and continuous behaviour change communication (BCC). Strengthening regulatory enforcement and inclusive planning will be key to ensuring that PPSP outcomes endure beyond the programme cycle.

11.1 Institutional Capacity for Long-Term Sanitation Management

> *E14 What are the major factors which influence the achievement or non-achievement of sustainability?*

11.1.1 Institutional Foundation for Sustainability

Sustainability outcomes under PPSP were shaped by a complex interplay of institutional, financial, regulatory, and social factors. The programme made strategic gains by integrating sanitation into national and subnational development planning, formalising Pokja PKP structures, and supporting community behaviour change. However, uneven performance across districts revealed persistent fragilities linked to institutional continuity, financing systems, regulatory enforcement, and inclusive planning.

At the institutional level, sustainability was strongest in districts where Pokja PKP groups were legally mandated, resourced, and embedded within planning and budgeting systems. The inclusion of SSKs in RPJMDs and recognition of sanitation in the RPJMN 2020–2024 established sanitation as a legitimate governance priority. Cities like Kendari leveraged mechanisms such as the Adipura Award to sustain political commitment, while performance reviews in Bandar Lampung, conducted under the WASH SDG Programme, helped institutionalise accountability through structured improvement plans. However, many Pokjas, particularly in remote districts such as Konawe Island and Wakatobi remained informal and became inactive due to leadership changes, staff turnover, or lack of legal authority.

Box 11.1: Institutionalising Operator Accountability in Bandar Lampung

As part of the WASH SDG Programme, SNV supported a structured performance review of the public wastewater operator in Bandar Lampung to enhance service quality and institutional sustainability. The review assessed financial planning, service delivery, technical operations, and staffing. It identified major gaps, including limited technical capacity, weak budgeting, and inadequate staff development factors that contributed to a city-wide sanitation coverage of just 3 per cent at the time.

The process, formally endorsed by the City Secretary, applied the national Manual of Operations (MoP), providing a consistent framework to benchmark operator performance. The findings led to a city-approved improvement plan focused on business planning, resource mobilisation, and operational upgrades. This initiative defines how periodic, standards-based assessments, backed by political leadership can build accountability, align local performance with national service targets, and support the institutional continuity needed to sustain sanitation outcomes.

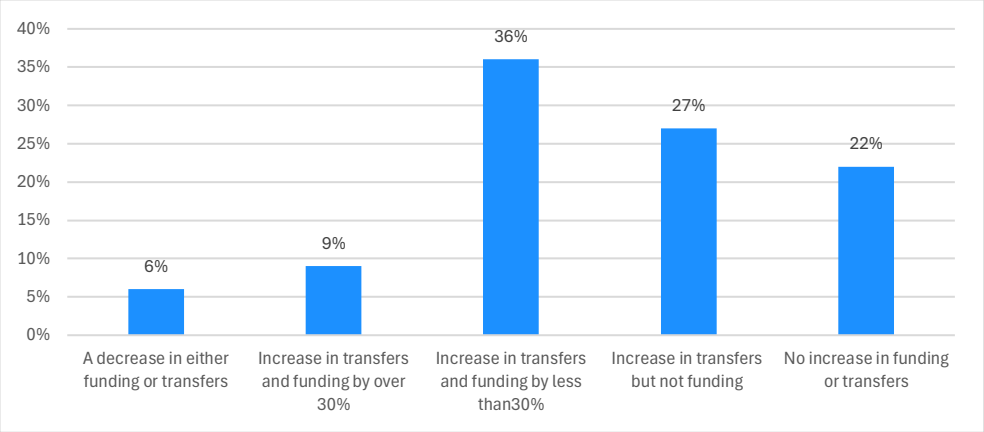
Source: SNV (2024). Operator performance reviews: Strengthening professional and accountable sanitation services.

11.1.2 Financing and Resource Mobilization

Financial sustainability was constrained by structural gaps in resource mobilisation and fiscal planning. Despite improved planning through SSKs, most sanitation budgets remained below 3 per cent of total district allocations and were not integrated into multi-year frameworks. Reliance on DAK and donor funding persisted, and few districts developed cost-recovery models. In urban areas like Kendari and Gresik, regulatory frameworks enabled LLTT services and desludging fee collection, offering modest but replicable models. In KIIs, a national financial organization stressed that there is no structured national financing plan or incentive mechanism to support local governments in progressing from basic to SMS.

The emerging role of PT SMI Indonesia's special mission vehicle for infrastructure financing presents a promising opportunity to diversify sanitation financing through climate-linked municipal loans and sanitation-based conditional transfers. However, technical support will be required to assess local readiness and integrate sanitation into broader infrastructure portfolios. Perception survey findings corroborated these fiscal limitations, with only 45 per cent of stakeholders (25 out of 55 respondents) reported an increase in fundings (Figure 10), 27 percent mentioned some increase in transfer with no increase in funding and remaining no increase in transfer and funding.

Figure 10: Availability Government Funding for PPSP Implementation



Box 11.2: PT SMI – Expanding Domestic Sanitation Financing

PT *Sarana Multi Infrastruktur* (PT SMI), a Ministry of Finance entity, is exploring sanitation-focused financing through municipal loans, green bonds, and conditional cash transfers. Though at an early stage, its mandate to support infrastructure development offers a strategic opportunity to scale sanitation investments. Unlocking this potential will require technical support to assess local readiness and align sanitation within broader infrastructure plans.

11.1.3 Policy and Regulatory Frameworks

Regulatory enforcement and inclusion mechanisms were also weak. While national guidelines and tools like NAWASIS provided a monitoring framework, district-level regulations (Perda/Perkada) were often absent, and enforcement mechanisms were underdeveloped. Even where by-laws existed, leadership turnover and political inertia constrained their implementation. Community ownership was observed in urban areas like Gresik and Batu, where NGO partnerships, school-based hygiene programmes, and local champions sustained behaviour change. However, in rural and remote areas, open defecation persisted, infrastructure was underutilised, and follow-up was inconsistent. FGDs highlighted limited participation of women in planning and widespread inaccessibility of public sanitation infrastructure for persons with disabilities. Disaggregated data on equity outcomes was largely absent from systems like NAWASIS. Finally, the added value of PPSP in strengthening planning and institutional coordination was evident, but its integration with parallel initiatives such as SANIMAS, PAMSIMAS, and donor-led FSM pilots remained limited. These efforts often operated outside the SSK framework and were not consistently reflected in Pokja decision-making or NAWASIS reporting, weakening strategic alignment and limiting sustainability.

11.2 Community Ownership and Behavioural Change Sustainability

> *E15 To what extent has PPSP programme, through its interventions, led to a lasting change to children, women, and communities, that can be sustained overtime?*

11.2.1 Inclusion, Equity and Behaviour Change

The PPSP programme contributed to important shifts in community attitudes and practices around sanitation, especially in urban and peri-urban areas. Through structured tools such as the SSKs, community mobilisation strategies like Kelompok Pemanfaat dan Pemelihara (KPP), and behaviour change messaging drawn from the STBM approach, sanitation gradually got recognized as a basic need rather than a luxury. Field visits to districts such as Kendari, Gresik, and Batu confirmed a visible increase in latrine construction and household-level sanitation investments, often triggered by Pokja-led campaigns, NGO partnerships, and school-based hygiene education.

In East Java, the Education Department reported positive behavioural outcomes from integrating handwashing and hygiene messaging into school curricula. This supported generational change by reinforcing daily sanitation habits among children. Community-led initiatives, including waste banks (largely for solid waste management) and sanitation committees, also fostered greater ownership for hygiene practices, particularly where backed by local government and NGOs.

However, behaviour change outcomes remained fragile in rural and remote areas. In districts like South Konawe and Konawe Island, open defecation persisted, and latrines were often underutilised. Many households viewed sanitation infrastructure as unaffordable or non-essential, particularly in the absence of follow-up or community-based incentives. Weak public awareness of faecal sludge management (FSM) was a key barrier. KIIs and FGDs at the district and community levels revealed widespread misconceptions such as the belief that septic tanks never require desludging leading to environmental risks from unsafe disposal practices.

PPSP interventions delivered modest but meaningful gains in equity, particularly for women and girls in urban and peri-urban settings. Improved access to household and communal toilets enhanced privacy, comfort, and safety, especially at night, as confirmed through FGDs in Southeast Sulawesi. However, the programme fell short of institutionalising gender-responsive planning. Most Pokja PKP structures lacked formal mechanisms to incorporate women's voices in decision-making. Infrastructure designs rarely included gender-sensitive features such as menstrual hygiene management (MHM) components or separate sanitation facilities for women and girls.

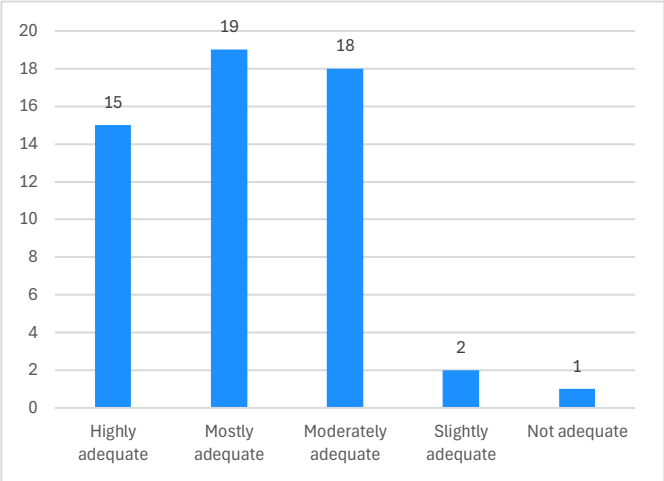
Encouraging examples from East Java where development partners supported women's involvement in Pokja activities demonstrated the potential for inclusive approaches. However, these efforts remained isolated and were not scaled across other districts. NGO stakeholders, including Plan International, noted that while physical access to sanitation had improved for women, structural barriers to meaningful participation persisted.

Inclusion of persons with disabilities was consistently weak across PPSP-supported areas. Field assessments and document reviews confirmed the widespread absence of universal design features in public sanitation facilities. Local planners lacked technical guidance on accessibility, and key monitoring platforms, including NAWASIS, did not collect disaggregated data on sanitation access for persons with disabilities. This limited both the visibility of equity gaps and the programme's ability to target and monitor outcomes for vulnerable populations.

11.2.2 Sustainability of Sanitation Service Delivery and Private Engagement

Stakeholders reported mixed views on the long-term sustainability of sanitation services under PPSP. According to the perception survey, 63 per cent of respondents (34 out of 55) rated the programme as highly (28 per cent or 15 participants) or mostly adequate (35 percent or 19 participants) in supporting sustainability, while 37 per cent considered it only moderately (32 per cent or 18 participants), weakly (4 per cent or 2 participants) or not adequate (1 per cent or 1 participant) (Figure 11). Areas of concern included insufficient operational financing, weak enforcement of FSM regulations, frequent staff turnover, and limited institutional continuity.

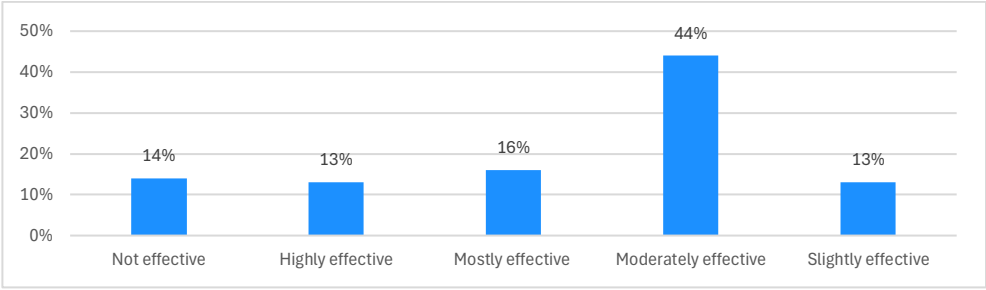
Figure 11: Sustainability of Sanitation Services (Numbers: n 55)



The PPSP programme made incremental progress in strengthening sustainable sanitation financing at the community level, particularly in better-resourced urban districts. In cities such as Sidoarjo, Kendari, and Blitar, local governments piloted public-private partnerships (PPPs) to outsource desludging services, supported by local regulations and aligned with SSK priorities. These arrangements introduced modest cost-recovery models and improved service consistency. However, such models remained largely urban-centric and were not replicated across less-capacitated districts.

Stakeholder interviews at national and sub national levels highlighted a broader structural challenge: while incentives existed for achieving ODF status, there were no equivalent financial or policy mechanisms to support the transition towards safely managed sanitation (SMS). As a result, local governments often completed ODF certification but lacked the resources or incentives to invest in FSM systems or service continuity.

Figure 12 Innovative Financing and Sustainability through Private Partnerships – (%)



Findings from the perception survey reinforced this picture. Only 29 per cent of respondents rated private sector engagement as highly (13 per cent) or mostly (16 per cent) effective (Figure 12). While a further 44 per cent found it moderately effective, nearly one-quarter reported it as only slightly (13 per cent) or not effective (14 per cent) citing weak legal frameworks, unclear tariff structures, and lack of risk-sharing mechanisms as major constraints.

Pilot initiatives under PPSP demonstrated that market-based approaches can improve sanitation access for low-income communities. The PASAR programme in East and Central Java linked

entrepreneurs with microfinance and business support, while a national organisation micro-loan schemes in Yogyakarta enabled households to construct toilets through affordable, community-backed financing.

Box 11.3 Market-Based Sanitation Programme (PASAR)
The literature review identified the implementation of the Market-Based Sanitation Programme (PASAR) supported by USAID in East Java, Central Java, and West Java provinces. Through collaboration between local governments, microfinance institutions, and non-governmental organizations, the programme accelerated access to safe sanitation by supporting sanitation entrepreneurs with business development training, technical assistance, and access to microfinance services. A key challenge encountered was the limited entrepreneurial skills among local actors and low initial demand for sanitation products. However, through tailored capacity building and market facilitation, the programme successfully stimulated demand and expanded private sector involvement, particularly in low-income peri-urban areas. PASAR demonstrates that structured market-based approaches can bridge supply-demand gaps and promote inclusive sanitation businesses.

Source: BAPPENAS and UNICEF. (2022). Collaboration for Recovery and Resilience Through Better WASH Access for All: A Compendium of WASH Best Practices in Indonesia. Jakarta

Box 11.4 Affordable Domestic WASH Facilities through Microfinance
This model links local governments, microfinance institutions, Water.org, and NGOs to provide affordable loans for household sanitation improvements, particularly toilet construction and desludging services. Its primary objective was to address affordability barriers faced by low-income households. By offering sanitation-specific microloans, the initiative enabled families to install or upgrade toilets without upfront capital. Challenges included limited financial literacy and initial hesitation from lenders concerned about repayment risks. These were addressed through community mobilisation, awareness campaigns, and loan guarantee schemes. Water.org, a global leader in WASH microfinance, played a key role in structuring loan terms and building capacity among borrowers and microfinance providers. The programme demonstrated that local financing innovations can effectively expand sanitation access for disadvantaged communities and advance inclusive progress in WASH.

Source: BAPPENAS and UNICEF. (2022). Collaboration for Recovery and Resilience Through Better WASH Access for All: A Compendium of WASH Best Practices in Indonesia. Jakarta

11.3 Challenges in Policy and Regulatory Support for Long-Term Impact

> *E16 To what extent have the coordination structures, plans, programs, and policies at the national and sub-national level changed to sustain the results of PPSP Programme? [For example, what arrangement have the subnational government partners made (such as ordinances, resolutions, memo circulars at relevant levels) to sustain the results of the PPSP programming initiatives?*

11.3.1 National-Level Institutionalization

The PPSP programme successfully positioned sanitation within Indonesia's national policy architecture. Sanitation targets were embedded in the RPJMN 2020–2024, with strategic support

from BAPPENAS, MoPW, MoH, and MoHA. National guidelines, policy notes, and technical tools including the NAWASIS platform provided a framework for planning and monitoring. Cross-ministerial structures, such as the National Pokja AMPL, contributed to strategic coherence, though interviews revealed ongoing challenges in harmonizing budgets, reporting mechanisms, and programming across ministries. NAWASIS, though widely acknowledged, remains underutilized for real-time performance management and cross-sectoral alignment. To sustain the programme's results, greater integration across infrastructure, health, and local governance domains will be needed.

11.3.2 Subnational-Level Changes

At the subnational level, progress has been uneven. In stronger districts such as Gresik, Sidoarjo, Kendari, and Batu, Pokja Sanitasi groups evolved into formalized Pokja PKP structures, supported by mayoral decrees or local ordinances (Perkada). These groups were integrated into district planning and budgeting systems, enhancing multisectoral coordination and accountability. For example, Kendari issued a mayoral decree mandating Pokja PKP coordination roles, while Gresik enacted Regulation No. 82/2022 to establish mandatory desludging schedules and sanitation user fees. In contrast, many weaker and remote districts, including Konawe Island and Wakatobi, have not yet institutionalized sanitation coordination effectively. Pokja structures often remained informal, reliant on individual champions, and vulnerable to disruption following leadership turnover or budget reallocation. Local regulatory progress also varied. While several urban districts enacted sanitation-related by-laws defining service standards, FSM obligations, and private sector engagement protocols, these frameworks were absent or under-enforced in many others. In South Konawe, sanitation regulations remained in draft for years due to political inertia and competing development priorities. Without legal mandates and enforcement systems, implementation remained discretionary and fragmented.

11.3.3 Planning Integration and Financing Linkages

In better-performing districts, sanitation targets have been mainstreamed into key development instruments such as district RPJMDs, annual RKPDs, and sectoral investment plans. Some have linked sanitation to broader outcomes in school WASH, health, and environmental protection, creating opportunities for joint budgeting and cross-sectoral impact. However, field consultations confirmed that in many other areas, sanitation continues to be treated as a project-based intervention rather than an integrated part of sustainable development. Planning efforts are often siloed, and sanitation is not always included in long-term expenditure frameworks, reducing the potential for sustainable investment and delivery.

PPSP also introduced initial models for innovative financing. Cities like Kendari and Gresik mobilized private sector involvement in desludging and FSM plant operations, generating modest revenues and improving cost recovery. Yet private sector engagement remains constrained. Nationally, only 29 per cent of perception survey respondents viewed it as highly or mostly effective. In rural areas, enabling legal frameworks, performance-based incentives, and risk-sharing arrangements are largely absent, limiting private sector participation. The PPSP programme catalysed important institutional and policy shifts. National alignment, the establishment of Pokja PKP groups, and the enactment of local regulations represent significant steps towards sustainable sanitation governance. However, these gains remain fragile where local coordination is informal, legal mandates are lacking, and planning is not linked to budgetary commitments. To sustain results, future efforts must prioritize the formalization of Pokja roles, regulatory enforcement, cross-sector integration, and financing strategies that support long-term service delivery.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12. CROSS-CUTTING ISSUES

Overall Assessment

The PPSP programme incorporated important cross-cutting themes, including human rights-based approaches, gender and social inclusion, and climate resilience. It introduced inclusive planning frameworks, risk-based targeting through EHRA, and community-based service models, helping address inequalities in access. However, practical application was uneven, with persistent gaps in reaching vulnerable or disadvantaged populations, embedding gender-responsive design, and addressing the needs of persons with disabilities. Climate resilience was recognized in national policy but inadequately integrated at subnational levels. Behavioural change gains were achieved, particularly in urban settings, but sustainability remained fragile without ongoing support. Innovative financing mechanisms and private sector engagement showed early promise but require scaling. Lessons from international best practices, including India, Senegal, Egypt, South Korea, Brazil, and Nepal, offer practical models for Indonesia to adopt structured performance monitoring, decentralized rural sanitation systems, and behaviour-driven programming. Future programming must deepen inclusion, resilience, and locally driven service models to ensure equitable and sustainable sanitation outcomes.

12.1 Human Rights-Based Approach to WASH

> *E17 What type of approaches and interventions from the PPSP programme have yielded results in improving access to safely managed sanitation (SMS) in disadvantaged, vulnerable and less reached areas/groups?*

12.1.1 Inclusive Planning and Spatial Targeting

The PPSP programme adopted several rights-based approaches aimed at improving equitable access to sanitation, most notably through inclusive planning requirements embedded within the SSK framework. National guidance, reinforced by BAPPENAS and the MoHA, directed districts to identify and prioritize underserved communities such as informal settlements, coastal zones, and remote rural areas within their sanitation strategies.

The EHRA tool supported risk-based spatial targeting by enabling local governments to map sanitation risks and vulnerable populations. This led to the inclusion of riverbank and flood-prone communities in sanitation plans in areas such as Kendari and Konawe Selatan, and the channelling of investments toward kampung communities in Gresik. However, these tools were not consistently applied. Field findings and interviews revealed that in many cases, EHRA findings were not validated with communities, and affordability barriers or social exclusion dynamics were not adequately captured. Stakeholder perspectives revealed that inclusion challenges remain integrated across multiple stages of the PPSP programme lifecycle. A majority (71 per cent) of respondents indicated that gaps in inclusion were not isolated to a single phase but instead spanned several or all processes either consistently across the entire programme cycle (44 per cent), or across advocacy, planning, and implementation (27 per cent).

12.1.2 Community-Based and Pro-Poor Models

PPSP piloted community-managed sanitation service models, particularly through the mobilization of Kelompok Swadaya Masyarakat (KSMs) and Kelompok Pemanfaat dan Pemelihara (KPPs). These initiatives provided small-scale desludging services and maintained communal infrastructure in peri-urban areas such as Gresik, Batu, and Kendari. In some districts, free desludging was offered to low-income households, reflecting a strong rights-based commitment to equity in access. However, most of these initiatives remained outside formal district sanitation systems. KPPs frequently struggled with limited resources, lack of technical training, and unclear maintenance responsibilities. In rural districts like Konawe Island, the absence of government integration and sustained support rendered these models unsustainable beyond project timelines.

12.1.3 Limitations and Strategic Gaps

Despite strategic intent, several systemic barriers undermined PPSP's ability to consistently reach disadvantaged groups. These included insecure land tenure, the absence of pro-poor subsidies, limited engagement with indigenous communities, and the lack of integrated financing mechanisms for low-income households. Findings from Funding Gap Analysis were not consistently translated into targeted investments, limiting their potential to correct inequalities. Batu City's experience, explained in coherence section earlier, underpins the need for pro-poor investments, stronger community mobilisation, and regulation of tourism-related sanitation practices to address persistent service gaps and ensure inclusive, sustainable sanitation.

Box 12.1: Behaviour Change Campaigns (BCC) for Safely Managed Sanitation (2018–2023)
Since 2018, UNICEF Indonesia has supported a series of BCC initiatives to address cultural taboos, misinformation, and behavioural gaps related to safely managed sanitation. The *Tinju Tinja* campaign, launched in 2018–2019, marked a bold departure from conventional messaging. Using humour, satire, and emotionally resonant visuals, the campaign brought public attention to FSM as often-ignored part of the sanitation chain. It helped break social silence around 'beyond-the-toilet' issues and laid the groundwork for subsequent BCC programming. Building this momentum, in 2023, UNICEF introduced a new phased BCC campaign targeting urban households, especially mothers, to promote desludging behaviour and FSM awareness. The campaign was structured around three stages:

1. Awareness: Raising understanding of the risks of unsafe sanitation and the need for sealed, regularly desludged septic tanks.
2. Engagement: Motivating households through accessible, relatable messages tied to child health and household well-being.
3. Action: Encouraging regular desludging (every 3 years) and proper disposal practices.

The campaign employed digital platforms, printed materials, and community outreach and was aligned with broader child rights, health, and equity outcomes. Early evidence from pilot areas indicated improved knowledge and intent to act, though wider scale-up and integration into local BCC strategies remains a priority.

Source: UNICEF Indonesia (2019, 2023*). Tinju Tinja* Campaign Materials and Creative Brief on Safely Managed Sanitation.

12.2 Gender and Social Inclusion (Impact on Women, Girls, and Vulnerable or Disadvantaged Groups)

> *E18 To what extent is gender a significant factor? Has attention been given to the needs of children affected by disability?*

12.2.1 Strategic Commitments to Gender and Inclusion

PPSP technical guidelines and facilitation manuals underlined the importance of gender equality and inclusive sanitation access. National ministries, including BAPPENAS and the MoHA, confirmed during interviews that gender-sensitive sanitation such as separate facilities in schools and private household latrines for women was recognized as a critical dimension of SMS.

Positive results were observed in some districts. FGDs in Kendari and Gresik confirmed that access to private sanitation contributed to women's sense of dignity, safety, and convenience. School-based WASH campaigns also led to the provision of separate sanitation blocks for boys and girls in some locations, improving hygiene practices and supporting girls' continued school attendance during menstruation.

12.2.2 Weak Institutionalization of Inclusive Design and Decision-Making

Despite clear strategic intent, gender and disability considerations were not consistently institutionalized in district-level planning, budgeting, or infrastructure design. As noted earlier in the Sustainability section, women's participation in Pokja PKP structures was minimal, with little influence over technical decisions or resource allocations. Designs rarely incorporated MHM features, and sanitation infrastructure was often standardized without attention to privacy or safety needs.

Similarly, inclusion of children and persons with disabilities remained weak. Field observations in East Java and Southeast Sulawesi found that communal sanitation facilities lacked basic accessibility features such as ramps, railings, or adequate stall dimensions. Local planners lacked training in inclusive design standards, and national systems like NAWASIS did not track disaggregated access data limiting both visibility and accountability for inclusive service delivery. These gaps mirror findings in earlier sections on sustainable infrastructure and inclusive monitoring practices.

12.2.3 Stakeholder Perceptions and Participation Gaps

Perception survey results supported field findings. A majority of respondents (71 per cent) viewed inclusion challenges as spanning all programme phases advocacy, planning, and implementation suggesting that gender and disability issues were acknowledged but not operationalized. NGOs including Plan International and World Vision Indonesia noted the absence of practical accountability mechanisms and highlighted the need for clearer inclusion standards and training for district officials.

Participation data from KIIs and FGDs further illustrated this gap. Of the 192 participants consulted across both provinces, only 40 per cent were women. While some held senior roles in Bappeda or health departments, representation in sanitation planning, engineering, and infrastructure design remained male-dominated. As a result, sanitation priorities were often shaped without adequately addressing the perspectives and lived realities of women and vulnerable or disadvantaged groups.

In summary, while gender and disability inclusion were referenced in PPSP strategy and guidance documents, translation into practice remained limited. Gains in safety, privacy, and school hygiene were important but isolated. Addressing these gaps requires institutionalizing gender-responsive and disability-inclusive planning through formal roles in Pokja PKP structures, infrastructure standards, monitoring systems, and local budgeting. Future phases must prioritize structured representation, inclusive design capacity, and performance accountability to ensure no one is left behind in sanitation service delivery.

12.3 Climate Resilience in Sanitation Interventions

> *E19 Has climate resilience been adequately incorporated into the PPSP programme?*

Climate resilience was recognized within the PPSP policy frameworks as an important consideration for sustainable sanitation infrastructure. However, in practice, systematic incorporation of climate resilience into planning, infrastructure design, and implementation was limited across most districts.

Box 12.2: Strengthening Climate Resilience in the WASH Sector
The Government of Indonesia with UNICEF support has developed a strategic framework to enhance climate resilience in the WASH sector, recognising increasing risks from droughts, floods, and sea-level rise. The framework outlines four priority areas: (i) risk-informed WASH planning, (ii) climate-resilient infrastructure design, (iii) integration of climate data into decision-making, and (iv) institutional capacity strengthening at all levels. Key tools promoted include vulnerability assessments, adaptive design standards, and nature-based solutions. Embedding

this framework into PPSP's next phase will be essential to safeguarding long-term sanitation outcomes in a changing climate.

Source: Government of Indonesia & UNICEF (2022). Framework for Strengthening Climate Resilience in the WASH Sector.

12.3.1 Policy Commitments to Climate Resilience

At the strategic level, national policies such as the Safely Managed Sanitation Roadmap 2030 and the SDG 6 Roadmap highlighted the need for climate-adaptive sanitation services. Interviews with officials from the MoPW confirmed that climate resilience was discussed at high-level planning forums associated with the PPSP framework. The EHRA tool, used during the preparation of SSKs, included elements that could identify environmental vulnerabilities such as flood-prone areas and water contamination risks. In theory, this should have guided the design of sanitation systems that could withstand climatic shocks.

Box 12.3: Climate Vulnerability Assessments and Action Plans (CVAAP)

Implemented in 14 districts of West Java with support from BAPPENAS and USAID, the CVAAP initiative strengthened the resilience of sanitation and water systems through local adaptation planning and climate-informed infrastructure. A key intervention involved the use of infiltration ponds to support groundwater recharge and reduce flood risks near sanitation facilities—enhancing sustainability and protecting infrastructure from runoff. The programme advanced participatory vulnerability mapping, capacity-building, and integration of climate risk into district development plans. Despite initial challenges—including limited political buy-in and technical constraints—the initiative demonstrated that localised, structured adaptation strategies can safeguard sanitation investments from climate shocks. CVAAP offers a scalable model for embedding resilience within sanitation planning across climate-vulnerable regions of Indonesia.

Source: BAPPENAS and UNICEF. (2022). Collaboration for Recovery and Resilience Through Better WASH Access for All: A Compendium of WASH Best Practices in Indonesia. Jakarta

12.3.2 Limited Local-Level Implementation

Despite increasing policy emphasis on climate resilience in Indonesia, its operational integration into PPSP remained limited and uneven. Field evidence confirmed that only a subset of provinces specifically those receiving support from development partners such as UNICEF, including Aceh, Central Java, East Java, and West Nusa Tenggara (NTB) benefited from targeted technical inputs and learning modules on climate adaptation. In most other regions, climate-related planning tools, risk assessments, and design considerations were not embedded in the sanitation planning process. In districts such as Kendari and Gresik, sanitation infrastructure including communal septic tanks and drainage systems was frequently situated in flood-prone areas without adequate protection or adaptation measures. The PPSP strategic leadership informed that initial homework of developing guidelines of climate risk assessment has been prepared and are being integrated into the technical guidelines.

A stakeholder from international organization elaborated that PPSP strategies have not integrated climate resilience adequately, especially in flood-prone areas where septic tank overflows are common, but no adaptive guidance exists.

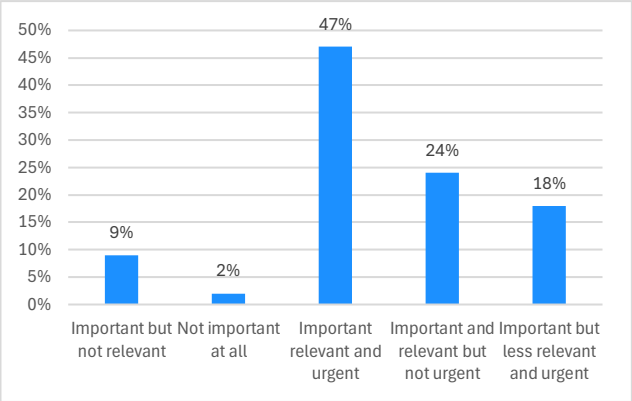
Local officials acknowledged that land availability and cost efficiency were prioritized over climate-related site selection. None of the SSKs reviewed as part of the evaluation included formal climate risk assessments (except for EHRA) or outlined contingency plans for flooding, sea-level rise, or extreme weather. Development partners such as Plan International and World Vision Indonesia also confirmed that climate adaptation was rarely addressed in sanitation project design or

implementation. International stakeholders noted that PPSP lacked adaptive guidelines for areas vulnerable to recurring floods and septic overflow risks. Contributing factors included limited subnational technical capacity, absence of national guidance on climate-resilient sanitation design and constrained fiscal space. As a result, climate resilience cannot yet be considered a mainstreamed or integral feature of PPSP implementation.

12.3.3 Stakeholder Perceptions of Climate Resilience Integration

Perception survey results indicate that 47 per cent of respondents viewed the integration of climate change into sanitation planning as important, relevant, and urgent. However, over half expressed varying reservations i.e., 24 per cent saw it as important and relevant, but not urgent, 18 per cent as important, but less relevant and urgent, and smaller proportions considered it less relevant (9 per cent) or not important (2 per cent) (Figure13). These findings suggest that while the value of climate resilience is broadly recognised, it is not yet prioritised consistently across stakeholders.

Figure 13 Integration of Climate Change in PPSP (%)



Challenges cited include low subnational awareness, limited technical guidance, and restricted access to climate financing. Although some donor-supported pilots such as flood-resilient latrines and constructed wetlands offer relevant models, these have yet to be scaled or embedded in district planning processes under PPSP.

A key lesson from the BCC initiatives in Bandar Lampung, Metro, and Tasikmalaya that community engagement and sustained demand creation are fundamental to achieving SMS. The formation of citywide BCC task forces has contributed to increased awareness and local ownership of sanitation improvements. However, a lack of structured and evidence-based strategies has sometimes resulted in inconsistent messaging and weak multi-stakeholder mobilization, limiting the impact of BCC efforts. Moreover, many activities have focused on short-term outputs rather than ensuring lasting behavioural change. It is evident that BCC strategies need to be systematic, well-targeted, and backed by strong political leadership to ensure long-term adoption of safe sanitation practices (SNV, 2024).

In conclusion, while the PPSP programme recognized the importance of climate resilience at the policy level, practical integration into sanitation planning, infrastructure design, and service delivery remained limited. This disconnect poses significant risks to the long-term sustainability of sanitation investments, particularly in flood-prone and environmentally vulnerable districts. Strengthening climate resilience within PPSP requires the mainstreaming of formal risk assessments into SSKs, updating technical guidelines to mandate resilient infrastructure designs, and building local government capacity to plan, finance, and implement climate-adaptive sanitation solutions.

12.4 International Learnings for Scaling up Safe Sanitation in Indonesia

> *E20Are there concrete lessons that can be replicated for improving access to SMS in an equitable manner targeting the most disadvantaged or vulnerable children?*

To inform the next phase of Indonesia's PPSP and accelerate equitable access to SMS, this evaluation draws from international experience across Asia, Africa, and Latin America. Summaries of these best practices are provided in Annex 12 of this report. The following lessons, grouped thematically, highlight emerging models, systems, and mechanisms relevant for strengthening subnational delivery, regulatory accountability, and long-term sustainability.

12.4.1 Performance-Based Monitoring and Accountability Systems

India's Swachh Survekshan provides a strong example of using performance benchmarking to transform urban sanitation governance as shared in above box. The city performance improved significantly year-on-year, with more than a 100 percent increase in ODF++ and Water+ certified cities between 2018 and 2023, reflecting not only infrastructure development but also verified service delivery along the full sanitation chain. Similarly, Zambia's NWASCO embedded CWIS metrics into its national utility benchmarking framework, enabling regulators to monitor non-sewered sanitation performance systematically. These experiences show that transparent, digital, and reward-linked performance monitoring can be adapted to Indonesia's provincial platforms (e.g. NAWASIS) to track SMS service levels beyond infrastructure coverage alone.

12.4.2 Public–Private Partnerships and Delegated FSM Models

Senegal's ONAS adopted contracts to deliver desludging and treatment services through private operators, complemented by user call centres and reuse of treated sludge in agriculture. In Kampala, Uganda, a scheduled desludging model combined GPS-monitored trucks and mobile-based service requests, resulting in a significant increase in daily sludge collection and a reduction in illegal dumping. Bangladesh institutionalized FSM nationally through its 2017 Institutional and Regulatory Framework and piloted CWIS models in secondary cities, increasing safe service coverage in low-income areas by over 30%. These cases illustrate how delegated service models, backed by clear mandates and municipal capacity, can expand safe sanitation delivery in Indonesia's underserved cities.

12.4.3 Innovation, Financing, and Infrastructure Efficiency

São Paulo, Brazil, implemented an audit-based optimization programme that improved treatment efficiency at existing wastewater plants, avoiding costly capital expansion. Egypt's New Cairo Wastewater Treatment Plant, delivered via a 20-year DBFOT contract, attracted private investment and introduced performance-based oversight structures. These models suggest that Indonesia's large urban areas could benefit from technical audits and PPPs not just for infrastructure development but also for operational upgrades, asset optimization, and service sustainability.

12.4.4 Institutional Integration and Behavioural Change

South Korea's sanitation transformation was underpinned by decades of policy continuity, ICT-led wastewater monitoring, and public campaigns (e.g. "No Leftovers Day") aimed at food waste and hygiene behaviour. With over 90% sewerage coverage and 95% of food waste recycled by 2019, Korea illustrates how sustained political commitment, digital systems, and civic engagement can institutionalize sanitation norms. Indonesia's future roadmap could adapt similar mechanisms

particularly at the village and school levels to build a culture of sustainable hygiene and waste management.

12.4.5 Rural Sanitation Monitoring and Post-ODF Sustainability

Nepal's Total Sanitation Programme advanced rural sanitation monitoring through the use of community sanitation scorecards, mobile data collection, and district-level performance benchmarking. These tools enabled local governments to track toilet usage, hygiene practices, and emptying needs post-ODF. In Zambia, CWIS approaches were extended to high-density rural settlements, demonstrating that non-networked service planning can be decentralized without compromising quality. These models can strengthen Indonesia's Desa Sehat initiative by equipping local actors with monitoring systems tailored to the rural sanitation service chain.

In summary, to accelerate progress toward SMS under PPSP, Indonesia should (i) develop a national benchmarking system modelled on India's and Zambia's performance-based tools; (ii) empower subnational governments to regulate, contract, and monitor delegated FSM services; (iii) embed service delivery reforms into PPP frameworks; (iv) incorporate reuse, circular economy, and energy recovery into planning norms; (v) institutionalize behaviour change campaigns at scale; and (vi) adopt decentralized monitoring tools in rural areas to sustain post-ODF outcomes. These strategies must be aligned with the Safely Managed Sanitation Roadmap 2030 and SDG 6.2 priorities. The review of international experiences shows that scalable and inclusive sanitation requires more than infrastructure, it depends on strong institutions, digital systems, cross-sector partnerships, and active citizen engagement. Indonesia's PPSP has a strong planning foundation. With renewed focus on performance, regulation, innovation, and rural integration, it is well positioned to deliver SMS for all by 2030.

Box 12.4: India's Swachh Survekshan – A Model for Performance-Based Sanitation Governance

India's sanitation reform offers valuable lessons for decentralized implementation and performance-based accountability. Under the Swachh Bharat Mission, national policy leadership is combined with subnational delivery responsibilities, creating a vertically aligned governance structure involving national ministries, state governments, and local authorities.

Introduced in 2016, Swachh Survekshan has become the world's largest urban sanitation survey, assessing over 4,400 cities by 2024. It uses a digital, field-validated, and citizen-feedback-based scoring system, evaluating cities across ten thematic domains, including solid waste management, faecal sludge treatment, sanitation access, institutional capacity, and service sustainability. The framework incentivizes improvements through public recognition while penalizing inaccurate reporting, reinforcing transparency and accountability. Swachh Survekshan has contributed to substantial sanitation gains, with all urban areas declared ODF by 2019, and over 950 cities achieving ODF++ or Water+ status by 2024. Municipalities institutionalized scheduled desludging services, expanded private sector engagement, and strengthened digital and participatory governance mechanisms, resulting in sustained improvements in sanitation outcomes.

For Indonesia's PPSP and Safe Sanitation Roadmap 2030, Swachh Survekshan provides a practical model for strengthening subnational performance through structured monitoring, digital platforms, and incentive-driven accountability. It highlights the importance of combining policy innovation, citizen engagement, and consistent field validation to accelerate progress towards SMS services at scale.

https://sbmurban.org/storage/app/media/pdf/New%20Swachh%20Survekshan%20Toolkit.pdf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13. CONCLUSION AND LEARNING

13.1 Conclusions

The PPSP programme has made substantial contributions to advancing sanitation sector development in Indonesia, particularly through strategic planning, institutional strengthening, and stakeholder mobilization. However, as the programme matures, critical challenges have emerged that must be addressed to ensure sustainable impact. The evaluation identified sector fragmentation, overlapping mandates, and operational gaps, particularly at the subnational level, which could undermine future progress if not strategically resolved. The following conclusions are structured in alignment with the OECD-DAC evaluation criteria, clustered under six core components of PPSP interventions.

13.1.1 Relevance

Advocacy, Education, and Technical Assistance: PPSP's advocacy and technical assistance components successfully elevated sanitation as a strategic priority within national and local government agendas. Stakeholder engagement, public information campaigns, and technical facilitation enhanced political commitment and encouraged the integration of sanitation objectives into district RPJMDs. However, these achievements remain vulnerable to political cycles and leadership turnover at subnational levels. Moreover, while technical assistance was robust during initial planning phases, it was reduced gradually during implementation and operationalization. To ensure relevance over time, future programming must institutionalize advocacy and technical

support within permanent governance structures, ensuring continuity irrespective of political shifts. Advocacy should also emphasize technical priorities, particularly the importance of managing the entire sanitation service chain, from containment through to safe reuse or disposal.

13.1.2 Coherence

Institutional and Regulatory Development: The establishment of Pokja Sanitasi at provincial and district/city levels significantly strengthened multi-sectoral coordination and planning. Similarly, AKKOPSI are critical for advocacy and necessary facilitation to ensure the formation and implementation of institutional and regulatory frameworks. However, these structures often remain informal, lack statutory authority, and are susceptible to leadership changes and funding constraints. Institutional mapping highlighted the dispersion of sanitation governance among multiple ministries and agencies, contributing to accountability and regulatory gaps. Moving forward, the sanitation coordination mechanisms must be formally integrated within local government hierarchies, with clearly designated roles responsible for regulatory compliance, budget management, staffing, and reporting. Institutional strengthening must also explicitly encompass oversight of the full sanitation service chain, including FSM, which has been insufficiently addressed in current regulatory frameworks.

13.1.3 Effectiveness

Preparation of Strategic Sanitation Development Strategies (SSKs): The preparation of SSKs represents a significant achievement, embedding systematic sanitation planning processes within local government systems. SSKs provided structured frameworks for assessing sanitation gaps, prioritizing investments, and planning interventions. Nevertheless, many SSKs did not fully address the sanitation service chain, particularly in relation to FSM. Few included comprehensive faecal flow diagrams or operational strategies covering containment, emptying, transport, treatment, and final disposal or reuse. Consequently, non-sewered sanitation systems, critical for the majority of the population, were often overlooked. Future SSKs must integrate full sanitation service chain analysis, with an emphasis on non-networked solutions essential for achieving SMS targets.

Implementation and Service Delivery: Implementation under PPSP delivered measurable improvements in basic sanitation access and open defecation reduction. Nevertheless, the expansion of SMS services remains limited and uneven, with rural and peri-urban populations particularly underserved. Service delivery efforts have prioritized sewered infrastructure, with insufficient development of non-sewered solutions, which are critical to inclusive sanitation coverage. Private sector engagement in desludging and treatment services has been piloted but not systematically scaled due to regulatory, market, and operational barriers. To sustain and extend gains, the programme must decisively pivot towards inclusive, affordable, climate-resilient service delivery models, addressing the entire sanitation chain, and supported by private sector participation under clear regulatory frameworks.

13.1.4 Efficiency

Programme Memoranda and Investment Planning: Programme Memoranda have improved alignment between sanitation planning and budgeting processes, enhancing the visibility of sanitation investment needs within local development agendas. However, investment plans often concentrated on infrastructure construction (e.g., wastewater treatment plants), with limited focus on operational systems, service delivery mechanisms, and behaviour change components. Funding for essential service chain functions, such as desludging services and treatment plant operations, was generally absent. To achieve sustainable and scalable outcomes, future investment planning must adopt a full-system approach, ensuring that capital investments are complemented by operational and service management funding across the sanitation chain.

Monitoring, Evaluation, and Coaching: Monitoring and evaluation systems, notably NAWASIS, strengthened sector transparency and improved data centralization during planning phases. However, monitoring of service chain performance—particularly around faecal sludge flows, treatment effectiveness, and service outcomes—remains weak. Data collection has often focused on outputs (e.g., number of toilets built) rather than service quality and sustainability outcomes (e.g., safe waste disposal rates). Coaching structures provided useful support during planning but diminished during implementation phases, limiting adaptive management. Future monitoring systems must systematically cover the full sanitation service chain, using standardized indicators, real-time data, and regular coaching cycles to support performance improvement and regulatory compliance.

13.1.5 Sustainability and Cross Cutting Issues

Systematic Shifts for Future Sustainability and Integration: The evaluation identifies five systemic themes that are critical to the programme's future:

a) Institutional Embedding and Role Clarification: Effective sanitation governance requires formal integration of sanitation functions within local government structures, with designated responsibilities for compliance, staffing, budgeting, service management, and reporting across the sanitation chain;

b) Transition from Planning to Full-Scale Service Delivery: Strategic plans must now translate into operational, equitable, and climate-resilient sanitation services, systematically managing both sewered and non-sewered systems, including faecal sludge;

c) Financial Sustainability and Market Development: Local fiscal ownership must be strengthened, and diversified financing models developed, supported by an enabling environment for private sector participation, particularly in desludging and treatment service markets;

d) Systematic Mainstreaming of Cross-Cutting Issues: Gender equality, disability inclusion, equity, and climate resilience must be embedded throughout planning, financing, implementation, and monitoring to ensure sustainable and universal sanitation outcomes; and

e) Full-Service Chain Monitoring and Adaptive Management: Monitoring frameworks must be upgraded to comprehensively track performance across the entire sanitation chain, informing real-time program adjustments and regulatory enforcement.

13.2 Lessons learnt

The evaluation of the PPSP programme provides valuable insights into the systemic factors that influenced the effectiveness, efficiency, and sustainability of sanitation sector improvements in Indonesia. Drawing from a rigorous analysis of programme implementation, this section distils eight key lessons that should inform future sanitation programming both within Indonesia and in similar decentralized governance contexts.

13.2.1 Institutional Embedding is Critical for the Durability of Coordination Mechanisms

While the establishment of Pokja Sanitasi structures at national, provincial, and district levels was instrumental in enhancing coordination, their continued effectiveness remains threatened by informal status, funding uncertainties, and leadership turnover. Without statutory mandates and sustainable financing, coordination structures risk losing influence over time. Future programming must ensure that sanitation governance mechanisms are formally embedded within local

government organizational hierarchies, complete with assigned responsibilities for regulatory compliance, staffing, budgeting, and reporting functions.

13.2.2 A Full Sanitation Service Chain Perspective Must Guide Programme Design and Implementation

Strategic planning efforts under PPSP succeeded in identifying sanitation needs but often failed to encompass the full sanitation service chain, particularly FSM. SSKs and investment plans disproportionately focused on sewerage expansion, overlooking the majority reliance on non-sewered sanitation solutions. Future sanitation programming must explicitly adopt a whole-chain perspective covering containment, emptying, transport, treatment, and safe disposal or reuse to achieve SMS outcomes in line with SDG 6.2 targets.

13.2.3 Political Commitment Alone is Insufficient Without Strengthened Technical and Operational Capacity

The mobilization of political will through advocacy efforts, such as creation of AKKOPSI, was a notable achievement; however, political commitment did not consistently translate into effective sanitation service delivery as evident with slow progress. This disconnect was largely due to limited technical expertise, weak institutional capacity, and insufficient operational frameworks at subnational levels. It is imperative that political engagement strategies be coupled with robust technical assistance, institutional strengthening, and operational support systems to deliver tangible and sustainable sanitation improvements.

13.2.4 Monitoring and Evaluation Systems Must Extend Beyond Outputs to Capture Service Quality Outcomes

The NAWASIS platform enhanced sector transparency and standardized reporting during planning phases. However, monitoring remained heavily output-oriented, focusing on the number of facilities built rather than service performance indicators such as the percentage of faecal sludge safely managed or treatment plant operational effectiveness. Future monitoring systems must be designed to track the entire sanitation service chain's performance, using real-time data and outcome-focused indicators to inform adaptive management and regulatory compliance enforcement.

13.2.5 Financial Sustainability Requires Strengthened Local Fiscal Capacities and Private Sector Engagement

Although investment planning processes improved the visibility of sanitation financing needs, local governments largely remained dependent on central transfers and external donor support. Furthermore, efforts to engage the private sector in service provision, particularly in FSM, were limited and fragmented. Financial sustainability will depend upon strengthening local fiscal capacity, building cost-recovery mechanisms, and creating regulatory environments that incentivize private sector participation in delivering sanitation services across the entire chain.

13.2.6 Cross-Sectoral and Multi-Level Institutional Alignment is Essential for Effective Service Delivery

Institutional fragmentation between ministries and between national and subnational levels significantly impeded coordinated sanitation service delivery. Weak coordination, unclear accountability structures, and limited provincial facilitation roles weakened programme effectiveness. Future sanitation programming must prioritize institutional alignment through clear role definitions, harmonized planning and budgeting frameworks, and strengthened provincial and district capacities to bridge national directives with local action.

13.2.7 Systematic Mainstreaming of Cross-Cutting Issues Enhances Programme Sustainability and Inclusiveness

Although gender, disability inclusion, equity, and climate resilience considerations were referenced in programme frameworks, operational integration into sanitation planning, financing, and implementation was inconsistent. The needs of vulnerable populations were often inadequately addressed in facility designs and service models. To promote sustainable and inclusive sanitation outcomes, cross-cutting issues must be systematically embedded throughout the full programme cycle, supported by dedicated budgets, performance indicators, and accountability mechanisms.

13.2.8 Adaptive Learning and Flexible Programme Design are Essential to Navigate Contextual Challenges

The dynamic governance, environmental, and socio-economic contexts within which PPSP operated required a degree of adaptability that was not consistently built into programme design. Rigid planning processes and underdeveloped feedback loops limited the programme's ability to respond effectively to unforeseen challenges such as the COVID-19 pandemic or evolving decentralization dynamics. Future sanitation programmes must incorporate flexible design elements, including adaptive planning frameworks, scenario-based budgeting, and iterative learning mechanisms to ensure responsiveness and resilience.

The PPSP programme experience stresses that sustainable sanitation transformation cannot rely solely on strong initial planning or political commitment. It requires systemic and sustained attention to institutional strengthening, service chain operationalization, financial resilience, cross-sectoral alignment, outcome-driven monitoring, and the integration of equity and climate considerations. These lessons provide a critical foundation for the design of more resilient, inclusive, and effective sanitation initiatives in Indonesia and comparable contexts worldwide.

13.3 PPSP (2025–2029): From Planning to Performance-Driven Sanitation Governance

13.3.1 Setting the Scene: Lessons from a 15-Year Journey

The formative evaluation of PPSP (2009–2024) provides critical insights to inform the design and implementation of its next phase. Over the past 15 years, PPSP has supported more than 480 cities and districts in preparing SSKs, laying a foundation for decentralized sanitation planning with a need for improvement. Many districts still face fragmented institutional roles, weak monitoring systems, limited budget integration, and inadequate service chain coverage especially in climate-vulnerable and remote areas. Though Pokja PKP structures exist across most regions, many remain informal, underfunded, and weakly coordinated. The evaluation highlights the need to shift PPSP from a facilitation-heavy, planning-oriented model to a nationally stewarded and performance-based programme. This next phase must focus on results like strengthening institutional ownership, linking planning to budgeting, and embedding sanitation in local service delivery frameworks. For 2025–2029, the evaluation team suggest a phased, adaptive approach that prioritizes institutional readiness before introducing formal legal mandates. It creates space for learning, localization, and gradual system strengthening.

Furthermore, the evaluation highlights a critical opportunity to strengthen the role of provinces in sanitation governance. Under Law No. 23/2014, provincial governments are mandated—and in some cases equipped to develop and manage regional sanitation systems that span across districts. These systems are inherently more complex, requiring dedicated technical assistance,

facilitation, and intergovernmental coordination. The next phase of PPSP should therefore incorporate tailored capacity development and investment planning support to enable provinces to fulfil this mandate. Leveraging provincial-level sanitation governance is essential to addressing regional inequities and achieving scalable, safely managed sanitation outcomes.

Phased Transition Strategy

Phase I (2025–2026): Capacity-Led Transition and Learning

This phase will focus on establishing solid foundations. MoHA, as subnational custodian, will lead programme mobilization at subnational level, and capacity development. Instead of strengthening the mandates immediately, this period will be used to test and refine roles and systems.

- MoHA will issue strategic guidance on the reorientation of PPSP, while BAPPENAS will continue to coordinate, support with technical tools and oversight.
- Provincial Pokjas will be formalized and equipped to serve as facilitation and coaching hubs.
- Support provinces/ sub national governments to fulfil their role under Law No. 23/2014, which mandates them to manage regional sanitation systems along tailored technical assistance in building provincial-level readiness.
- Updated SSK guidelines will be introduced, covering the entire sanitation service chain—from containment to treatment and reuse—while incorporating climate resilience, inclusion, and investment planning.
- Pilot models will be launched in selected provinces to test strengthened facilitation, performance review, and service delivery approaches.

Phase II (2027–2028): Policy Integration and Regulatory Alignment

By the second phase, local governments will be better prepared for institutionalization. This period will focus on formalizing the systems introduced earlier.

- Districts will be supported to legalize Pokja PKP structures through regional regulations and integrate sanitation into district RPJMDs and APBDs.
- BAPPENAS will launch a National Sanitation Performance Indicators to monitor outcomes such as service coverage, equity, functionality, and resilience linked to DAK and fiscal incentives.
- Local governments will be supported to explore diverse financing options, including microfinance, sanitation bonds, and municipal loans.

Phase III (2029 onwards): Consolidation and Scaling

The final phase will focus on embedding reforms into formal regulations and expanding successful models.

- MoHA will issue a Ministerial Regulation redefining roles, responsibilities, and compliance mechanisms across all tiers of government.
- The Sanitation Performance Indicators will guide annual sector reviews, identify gaps, and reward high-performing districts.
- Service delivery will be institutionalized through licensed UPTD/BLUD operators, expansion of PDAM's business model to also provide sanitation services, guided by national technical and service standards.

Table 7: Key Functions with Lead and Support Roles, Scope and Justification 2025-2029 Phase

Key Function	Lead	Support	Scope	Why This Setup?
Advocacy & Technical Support	MoHA	BAPPENAS, AKKOPSI, Provincial Trainers	Provide guidance, mobilize Pokjas, and train local actors	MoHA has the mandate to engage all local governments and can align national policies with local action.
Institutional Development	MoHA	MoPW, MoH, MoEF, AKKOPSI	Legalize Pokjas; guide regional regulations; embed sanitation in planning and budgets	Pokjas lack legal and financial stability; MoHA can formalize and embed them in existing local systems.
SSK Integration	MoHA	BAPPENAS, Provincial Pokjas	Ensure SSKs are climate-smart, practical, and linked to APBD	Hundreds of SSKs exist, but most are not funded. MoHA can bridge plans with budgets.
Investment Planning	MoHA	MoPW, Bappeda, Provincial Pokjas	Align investments with SIPD; ensure readiness for DAK and other financing	Budgeted plans are key to implementation. MoHA's role ensures integration and resource mobilization.
Service Delivery Oversight	MoHA	MoPW, MoH, UPTDs, Dinas PU/Health, KPPs	License and support operators; supervise local delivery	MoHA can enforce service delivery standards and hold operators accountable.
Monitoring & Performance	BAPPENAS	MoHA, Provincial Pokjas, Development Partners	Develop Sanitation scorecard; strengthen NAWASIS; lead sector reviews	BAPPENAS can lead strategic monitoring and performance-based decision-making.

MoHA's proximity to local government enables it to lead institutional change, supervise performance, and ensure sanitation is embedded in governance. BAPPENAS will continue to steer strategic planning and performance reviews. MoPW and MoH will provide technical guidance and ensure public health and infrastructure integrity.

Key Enablers for a Stronger PPSP

To translate the roadmap into action, six key enablers must be prioritized:

- Use incentives/rewards, and results-based funding to drive local action, drawing on models like Swachh Survekshan.
- Make gender, disability, and climate factors part of infrastructure design, monitoring, and budget allocations.
- Promote blended finance, micro-loans, sanitation performance-based loan, municipal bonds, and climate-linked municipal loans to expand funding beyond public budgets.

- Formalize and fund KPPs through Dana Desa and foster private operator participation through clear licensing and oversight.
- Upgrade NAWASIS into a real-time service chain monitoring and performance management tool, accessible at all levels.
- Provide structured support to provinces for regional sanitation systems, including planning, financing, and inter-district coordination.

Conclusion: A Moment of Opportunity

PPSP's next phase offers a chance to reposition sanitation as a core public service, not merely a planning exercise. With MoHA at the helm, BAPPENAS ensuring strategic oversight, and technical ministries providing sustained support, Indonesia can build a robust, decentralized sanitation governance system. By investing in leadership, linking performance to financing, and embedding resilience and equity into delivery systems, PPSP can lead Indonesia closer to its goal of universal, safely managed sanitation by 2030.

14. RECOMMENDATIONS

The recommendations presented in this formative evaluation are grounded in the extensive findings, conclusions, and lessons derived throughout the evaluation process. Preliminary recommendations were initially shared and deliberated during a virtual consultation with the Project Evaluation Reference Group and BAPPENAS on 24 April 2025. These were further refined following substantive inputs received during a technical discussion with UNICEF Indonesia's senior management on 28 April 2025. Subsequently, the recommendations were presented to the evaluation reference group and key stakeholders at a validation workshop held on 7 May 2025. The workshop convened 170 participants from government institutions at the national and subnational level and other key stakeholders.

The finalized recommendations are set out in the table below. They aim to inform and strengthen the strategic and operational direction of PPSP's next phase, while also serving as a reference for similar interventions across other subnational and regional contexts where UNICEF is engaged. Each recommendation is designed to support the development of inclusive, accountable, and climate-resilient sanitation systems that are embedded in institutional frameworks and aligned with national development priorities.

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
1) Strengthen National Ministries Roles for PPSP Implementation at Sub-national Level This includes: - Position MoHA as the formal custodian for subnational sanitation implementation through a phased transition (2025–2028) starting with pilot provinces - Assign MoHA responsibility for provincial and district/city Pokjas rolling out for cross-sector coordination, and RPJMD and APBD alignment, supported by MoPW and MoH for technical inputs and BAPPENAS for strategic oversight. - Institutionalise MoHA's custodial role through a regulatory instrument informed by pilot outcomes, stakeholder consultations, and decentralisation mandates from 2029 onwards.	High	MoHA (Lead) BAPPENAS (Oversight) MoPW, MoH, MoEF (Support) Timeframe: 2025–2029	Relevance Sections 7.2.1 and 7.2.2 Provincial actors often lack clear frameworks, dedicated resources, or operational tools to coordinate cross-district initiatives Coherence Section 8.1.2: Fragmented mandates across key ministries. Efficiency Section 10.3.1: Challenges in consistent program coordination and synchronization amongst different ministries.

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
- Engage MoEF to support environmental regulation, sludge standards, and climate adaptation in sanitation policy.			
2) Establish Provincial Technical Hubs to Support District/City Implementation This includes: - Create dedicated provincial hubs to provide on-demand technical assistance, SSK mentoring, Pokja coaching, and monitoring support. - Staff hubs with engineers, planning officers, and STBM specialists; and co-locate within provincial Dinas or Bappeda. - Introduce performance-based incentives for districts tied to milestones such as FSM expansion, ODF sustainability, and NAWASIS compliance. - Institutionalise inter-district benchmarking and performance reviews through quarterly league tables and provincial learning platforms. - Monitor hub effectiveness annually using functionality checklists, district feedback surveys, and NAWASIS-linked indicators.	High	MoHA (Coordination) Provincial Governments (Implementation) BAPPENAS, MoPW and MoH (Support) Timeframe: 2025–2027	Relevance Section 7.2.1: Limited guidance or structured approaches for technical support at the provincial level Coherence Section: 8.1.3.1: Provincial oversight mostly administrative lacking technical support Efficiency Section 10.1.1: Provincial-level facilitation, critical to PPSP's institutional model, was limited Sustainability Section 11.1.1: Institutional instability at the subnational level.
3) Institutionalize and Strengthen Pokja PKP Structures at Subnational Levels This includes: - Enhance and strengthen the Pokja PKP through making necessary amendments in local regulations or head-of-region decrees, defining their authority over SSK	High	MoHA (Lead) MoPW (Co-lead) District and Provincial Governments (Implementation)	Relevance Section 7.3.4: Key constraints for Pokja success include weak institutional anchoring, etc. Coherence Section 8.1.2: 8,1.3 and 8.2.3. Inconsistent functionality and informality of Pokja along. Lack of dedicated budget and limited legal

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
development, inter-sector coordination, and monitoring the services. - Integrate Pokja within local institutions (e.g., Bappeda), with formal reporting lines and integration into district RPJMD and APBD processes. Malang District shows stronger results with Bappeda-hosted Pokjas. - Secure APBD budget lines for Pokja operations, including meetings, partner coordination, and field monitoring. Sidoarjo and Bojonegoro show how dedicated budgets lead to active Pokjas. - Develop national guidelines and a tiered Pokja assessment tool outlining minimum standards for structure, meeting frequency, documentation, and NAWASIS compliance. - Link Pokja performance to incentives such as technical assistance, innovation pilots, and formal recognition, reinforced through AKKOPSI-led peer learning platforms.		BAPPENAS (Oversight) Timeframe: 2025–2026	mandate. Low influence on local sanitation planning. Effectiveness Section 9.1.4.& 9.2.1: Limited resources and irregular convening of the meeting. Efficiency Section 10.1.1 and 10.3.1: Frequent turnover of Pokja members, limited technical capacities and operational support. Sustainability Section 10.2.1 & 10.2.2: Lack of stable financing and weak formal mechanism resulted poor gender responsive and inclusion strategies.
4) Revise and Strengthen SSK Guidelines to Ensure Comprehensive, Inclusive, and Climate-Resilient Sanitation Planning This includes: - Revise the national District/City Sanitation Strategy (SSK) guidelines to fully reflect the sanitation service chain from safe containment and emptying to transport, treatment, and reuse or safe disposal aligned with SDG 6.2 and safely managed sanitation standards. - The updated guidelines should explicitly incorporate the principles of Citywide Inclusive Sanitation (CWIS) by promoting inclusive, citywide service coverage across	High	MoPW (Lead) BAPPENAS (Co-Lead) MoH, MoEF, MoHA, (Support) Timeframe: 2025–2027	Relevance Section 7.1 and 7.2: SSKs lack comprehensive scope, inclusiveness, and climate considerations. Not aligned with local government planning cycles. Coherence Section 8.1.1: Budget allocations are made on project cycles rather with sanitation plans. Section 8.2.3: Local community-based sanitation initiatives are not integrated into SSK. Effectiveness

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
both onsite and offsite systems. Also ensure that equity, financial sustainability, and faecal flow diagrams are addressed as core planning parameters. - Institutionalise climate risk and GEDSI (gender equality, disability and social inclusion) assessments within the SSK development process and integrating in Environment Health Risk Assessment (EHRA) guidelines and procedures. This includes the use of tools such as PERIKSA, participatory risk mapping, and universal design audits, particularly in high-risk or vulnerable districts. Encourage the adoption of climate-resilient infrastructure and nature-based solutions. - Make costing templates, infrastructure prioritisation tools, and DAK-readiness checklists more adaptable to diverse local contexts, enabling the SSK to function as a robust and fundable planning document. Align the timing of SSK preparation with district RPJMD and APBD cycles, under the leadership of Bappeda with active support from Pokja PKP.			Section 9.2.3 and 9.4.2: SSK did not address climate risks, largely remained aspirational and many lacked dedicated funding. Sustainability Section 11.1.2 Many SSK lack quality to meet DAK eligibility and readiness. Cross Cutting Issues Section 12.3.2: lack of formal climate risk assessment and sanitation service chain.
5) Strengthen Local Sanitation Financing Strategies to Diversify Funding Sources to Support SSK Implementation This includes: - Mandate for the districts to prepare financing strategies based on fiscal characteristics by combining own-source revenue generation, APBD, DAK, climate-related funds and non-government financing sources, linked to updated SSKs.	High	MoHA, MoF, BAPPENAS (Lead) District Governments (Implementation) Timeframe: 2025–2027	Effectiveness Section 9.2.3 and 9.4.2: SSK largely remained aspirational due to lack of dedicated funding and non-readiness for DAK. Efficiency Section 10.1.2: Weak financial planning and APBD allocation. Lack of cost-benefit analysis of sanitation undermines the visibility of sanitation.

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
- Promote diversified models including revolving funds, microfinance, and performance-based grants. - Provide national toolkits and training for Pokja and Bappeda on costing, DAK alignment, and financial planning. Embed sanitation investment priorities in district RPJMD documents to ensure sustainability. - Track financial performance through NAWASIS using indicators such as absorption rates and financing gaps. - Leverage alternative and faith-based financing channels such as Zakat, Infaq, Sadaqah, and Waqf (ZISWAF) to support pro-poor sanitation investments, especially in underserved and rural areas. In addition, provide technical assistance to PT SMI for sanitation financing products.			Sustainability Section 11.1.2: lack of formal mechanism for cost recovery and co-financing. Lessons Learnt local governments largely remained dependent on central transfers and external donor support.
6) Strengthen Sanitation Market by Establishing Strategic Partnerships with Private Sector for Financing, Innovation and Sustainability This includes: - Establish a conducive policy and regulatory environment to promote private sector engagement across both sewered and non-sewered sanitation systems. National and local governments should develop enabling frameworks, including licensing, quality standards, and investment incentives, to attract private actors into faecal sludge management (FSM), treatment plant operations, sanitation logistics, and sanitation-related product markets. - Conduct mapping of potential partnerships with private sector at subnational level to inform new business	High	MoHA, MoPW (Lead) District Governments, NGOs, Private Sector (Implementation) Timeframe: 2025–2028	Relevance Section 7.3.1: Private sector and CSO engagement are recognised as essential but lacks enabling frameworks and structured support. Coherence Section 8.2.3: Fragmented collaboration between service providers, NGOs, and local governments weakens integrated service delivery. Efficiency Section 10.1.2: Community-based actors (KPPs) and private operators are underutilised, reducing delivery efficiency and sustainability. Sustainability

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
models for promoting service bundling along the sanitation service chain to enhance the business case and attractiveness of sanitation. - Establish structured partnerships with private FSM operators and sanitation service providers through clear contractual models and performance-based agreements. - Support the growth of local sanitation enterprises with training, licensing support, and access to microfinance or revolving funds. - Monitor partnership effectiveness using scorecards, service standards, and user feedback mechanisms integrated with NAWASIS.			Section 10.2.2: Absence of formal support, performance monitoring, and investment tools undermines the long-term viability of community and private-led services. Crosscutting Section 11.2: Limited engagement of civil society reduces responsiveness to equity, accountability, and citizen voice in sanitation services.
7) Upgrade NAWASIS into a Comprehensive Sanitation Performance Monitoring Platform This includes: - Update NAWASIS with mechanisms to monitor and report the entire sanitation service chain, including FSM, treatment, and safe disposal. - Integrate disaggregated indicators (e.g., gender, disability, and rural–urban disparities) aligned with SDG 6.2. - Enable real-time dashboards, benchmarking, and public scorecards to enhance transparency and local accountability. Also integrate user feedback mechanisms and satisfaction surveys into NAWASIS to capture service quality, affordability, and equity dimensions of sanitation service delivery.	High	BAPPENAS (Lead) MoHA, MoPW, MoH (Support) Provincial and District Governments (Implementation) Timeframe: 2025–2027	Effectiveness Section 9.1: NAWASIS underutilised, mainly infrastructure reporting, and not effectively supporting planning. Real-time tracking and service chain monitoring limited. Efficiency Section 10.2: Weak subnational capacity for data entry, validation, and analysis. Poor feedback mechanisms. Sustainability Section 10.3.1: NAWASIS is not yet used as tool for adaptive management or long-term decision-making. Equity and Inclusion Section 11.2: NAWASIS lacks disaggregated data and not assess service quality, affordability, or equity with user feedback.

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
- Align NAWASIS metrics with DAK readiness, district RPJMD targets, and Sanitation Scorecard frameworks for consistency. - Train Pokja and Bappeda staff on data entry, validation, and performance analysis to support evidence-based decision-making.			
8) Institutionalise Sanitation Scorecards for Subnational Accountability, Benchmarking, and Incentives This includes: - Introduce national sanitation scorecards that capture subnational-level progress on SSK implementation, FSM and offsite systems coverage, ODF status, inclusion, and financing. - Use scorecards to inform multi-stakeholder provincial reviews and adjust district RPJMD/APBD priorities accordingly. - Align scorecard indicators with NAWASIS, Sanitation Scorecard, and DAK criteria for harmonised monitoring and resource allocation. - Link scorecard results to structured incentives such as performance-based grants, technical assistance, and eligibility for innovation pilots and recognition schemes. - Assign BAPPENAS and MoHA joint oversight roles for data verification, inter-district benchmarking, and dissemination of national performance rankings.	High	MoHA, BAPPENAS (Lead) Provincial Governments (Implementation) Timeframe: 2025–2027	Effectiveness Sections 9.1: Lack of structured performance reviews and benchmarking across districts. Limited use of monitoring data to inform planning and resource allocation. Efficiency Section 10.1: Weak integration of performance results into decision-making processes. No formal links to incentives or planning cycles. Learning and Adaptation Section 10.2.1: Absence of feedback loops and cross-district learning to support continuous improvement. Equity and Inclusion Section 11.2: Scorecards do not track disaggregated indicators or incentivise inclusive service delivery.
9) Institutionalise Behaviour Change, Cost Recovery and Social Mobilisation for Sustainable Sanitation Service Delivery and Standards Compliance	High	MoH and MoPW (Lead)	Effectiveness Sections 9.1.2 and 9.2.1: Behaviour change interventions are limited to initial ODF

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
This includes: - Integrate post-ODF STBM follow-up activities into annual district planning and budgeting processes for sanitation/ SSKs. - Allocate APBD and DAK resources for hygiene promotion, mobilisation campaigns, and participatory follow-up along with key focus on user fee and cost recovery. - Build the capacities of the MoPW and MoHA at national level and local governments, Pokjas members, facilitators, and frontline workers at sub national level in long-term behaviour change strategies and participatory communication methods. - Develop national guidance and tools to support lifecycle-based STBM and FSM implementation, beyond initial triggering. - Integrate behaviour change messaging in schools, health services, and community platforms to reinforce sustained impact and cost recovery. - Engage NGOs and civil society organisations in behaviour change, community mobilisation, and social accountability. - Ensure regulation and sanitation standards compliance by homeowners and real estate developers for new housing development projects.		MoHA, BAPPENAS, MoEF, MoEdu (Support) District Governments (Implementation) Timeframe: 2025–2027	triggering with little follow-up. Weak community engagement affects service usage and sustainability. Efficiency Section 10.1.2: Behaviour change efforts are fragmented, underfunded, and disconnected from financial sustainability mechanisms like user fees. Coherence Section 8.2.2: Lack of integration between health, education, and sanitation systems reduces the reach and impact of mobilisation efforts. Sustainability Section 10.2.1: Without institutionalised mobilisation and recovery mechanisms, long-term service use and behaviour maintenance are at risk. Crosscutting Section 11.2: Absence of tailored messaging and inclusion limits behaviour change outcomes for vulnerable groups.
10) Promote Inclusive Sanitation Through Inclusive/Universal Design and Gender Responsive Infrastructure This includes:	Medium	MoPW, MoH (Lead) MoHA, BAPPENAS (Support)	Relevance Section 7.2.1: Inclusion of women, persons with disabilities, and vulnerable or disadvantaged

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
- Ensure the compliances of approved regulations No 14/2017 and 42/2020 for inclusive/ universal design standards for all sanitation facilities, including accessibility for PWDs, elderly, and caregivers. - Integrate gender equality, disability and social inclusion (GEDSI) criteria into SSKs, NAWASIS indicators, and DAK funding eligibility. - Monitor and publicly report inclusion performance through NAWASIS and provincial review mechanisms. - Provide training for Pokja, planners, and engineers on inclusive planning and design practices. - Prioritise investments serving vulnerable groups and conduct periodic infrastructure audits for accessibility.		District and Provincial Governments (Implementation) Timeframe: 2025–2027	groups is not systematically addressed in planning and infrastructure design. Effectiveness Section 9.2.1: Sanitation programmes do not consistently prioritise universal access, and few local plans integrate inclusive design. Equity and Inclusion Section 11.2: Lack of disaggregated indicators and weak integration of GESI criteria in SSKs and NAWASIS.
11) Strengthen UPTD, BLUD and Other Government Led Sanitation Operator's (Including PDAM/PDPAL) Capacity for Operational Sustainability and Service Quality This includes: - Formalise UPTDs as local sanitation service units/entities and transform capable ones into BLUDs with financial autonomy. - MoPW with BAPPENAS and MoHA initiate the pilot projects with scaling up for integrated water and sanitation utilities in selected cities (PDAM/ PDPAL + sanitation). - Provide structured capacity building in business planning, budgeting, cost recovery, and customer service.	Medium	MoHA, MoPW (Lead) MoF, BAPPENAS (Support) District Governments (Implementation) Timeframe: 2025–2028	Relevance Section 7.3.3: UPTDs/BLUDs lack formal recognition and institutional support, limiting their capacity to deliver sustainable services. Coherence Section 8.2.3: UPTDs operate in isolation with limited alignment to local plans or broader sector goals. Effectiveness Sections 9.2.1 and 9.2.3: Weak technical, managerial, and financial systems hinder service quality; post-construction support is often absent. Efficiency

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
- Offer performance-based grants and DAK incentives for UPTDs meeting service quality and financial management benchmarks. - Integrate UPTD service and financial performance into NAWASIS using indicators such as desludging volumes, tariff structures, and operating costs. - Ensure structured post-construction support for community-managed systems to KPPs, including lifecycle costing, technical audits, and ongoing mentorship by local governments.			Section 10.1.2: Gaps in cost recovery, business planning, and budgeting reduce operational efficiency and funding access. Sustainability Section 10.2.2: Lack of formalised support, lifecycle planning, and performance-based financing undermines service continuity. Crosscutting Section 11.2: Community-managed systems often lack inclusive service standards and mechanisms for monitoring equity in service delivery.
12) Promote Digital Tools and Innovation Ecosystems to Improve Sanitation Services This includes: - Invest in ICT solutions including mobile FSM scheduling, geo-tagged desludging, digital payments, and real-time NAWASIS dashboards. - Establish innovation labs or pilot zones to test new sanitation technologies, digital tools, and behaviour change platforms. - Develop sandbox regulations and technical guidance to scale successful innovations in public-private-community contexts. - Partner with universities, tech start-ups, and NGOs to promote co-creation, adaptive solutions, and digital capacity-building.	Medium	BAPPENAS, MoPW (Lead) MoH, MoHA (Support) Private Sector, Development Partners (Implementation) Timeframe: 2025–2029	Relevance Section 7.3.4: Digital tools are underutilised in sanitation planning and service delivery; innovation is not systematically supported. Effectiveness Sections 9.2.2 and 9.2.3: Limited testing and scaling of ICT solutions and behavioural tools reduce programme responsiveness and user engagement. Efficiency Section 10.1.3: Lack of digital integration weakens real-time monitoring, cost tracking, and service coordination. Sustainability Section 10.2.2: Absence of enabling frameworks and digital partnerships constrains long-term innovation and system resilience.

Recommendations	Priority	Responsible & Timeframe	Report Section and Evaluation Findings
13) Institutionalise Annual National and Provincial Sanitation Reviews Linked to Joint Corrective Actions This includes: - Institutionalize annual national and provincial sanitation performance reviews to assess progress, bottlenecks, and implementation quality across districts. The review agenda should be built on results of NAWASIS, sanitation scorecards, etc. - Convene multi-stakeholder forums bringing together Pokja PKP, Dinas, civil society, private sector, and elected political leaders (e.g., mayors, regents, DPRD) with AKKOPSI engaged as a co-host or facilitator to promote cross-sectoral ownership, strengthen inter-district learning, and build sustained political commitment. - Ensure review outcomes feed directly into district RPJMD/APBD planning cycles through formalised corrective action plans, with follow-up supported by provincial technical hubs.	Medium	MoHA, BAPPENAS (Lead) Provincial Governments (Facilitators) District Governments, AKKOPSI, Civil Society Representatives Timeframe: 2025–2027	Relevance Section 7.3.4: No structured provincial review mechanism to guide learning and planning. Effectiveness Sections 9.1.4 and 9.2.1: Monitoring data is not systematically used to drive corrective actions. Efficiency Section 10.1.1: Weak feedback loops limit adaptive planning and resource use. Coherence Section 8.2.3: Fragmented coordination across levels; lack of shared performance review processes. Sustainability Section 10.2.2: Absence of review mechanisms hinders long-term adaptation and institutionalisation. Crosscutting Section 11.2: Review processes do not incorporate equity, inclusion, or stakeholder voices (e.g. AKKOPSI, CSOs, DPRD).

15. ANNEXES

Annex 1-A: Evaluation Criteria, Objectives, Questions and Refinements

Evaluation Criterion	Evaluation Questions as per ToRs	Edits and Suggestions agreed during inception phase
Relevance The extent to which the PPSP programme is suited to the needs, priorities, and policies of the subnational government and other stakeholders to accelerate access to safely managed sanitation (SMS), and will continue to do so, if circumstances change.	- To what extent has the PPSP programme been, and is still, aligned in supporting national priorities and relevant given the country context, the existing sanitation challenges, and the ambitious SMS targets set out in national development plans? - To what extent are the current objectives, strategies/approaches, implementation modalities of the PPSP program still valid and respond to the current priorities and policies of the relevant subnational government stakeholders, as well as the needs of the beneficiaries in different communities and geographical areas (e.g., urban, rural, etc.)? - To what extent are the PPSP's strategies/approaches appropriate for achieving the desired results? - Are the activities and outputs of the PPSP programme consistent with the overall goal and the attainment of its objectives, and intended impacts/effects including impact on environment, public health, etc.?	- This includes National policies as well as plans. What about sub-national plans. - Ambiguity in defining "validity". In operational terms (e.g., relevance to local priorities, feasibility). Provide measurable indicators for "responsive." - Public health is reduction of water borne diseases but how environmental impacts are quantified by the programme.
Coherence Compatibility of PPSP programme with other policies, programmes, and interventions in the country, implementation areas, as well as fit to the overall SMS programming structure. How well does the intervention package fit to support the overall goal of achieving SMS in	- To what extent the PPSP programming is consistent with related activities and interventions delivered by the relevant government partners (e.g., MoPW, MoH and other key stakeholders? - To what extent is the PPSP programming activities at the local level coherent with the local plans, policies, interventions, and systems? This includes complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value.	- What about the contributions of NGOs and development partners. - How to define and address about regional disparities and coordination challenges between Local Government, Provinces and PPSP.

Evaluation Criterion	Evaluation Questions as per ToRs	Edits and Suggestions agreed during inception phase
Indonesia by the designated time?		
Effectiveness The extent to which PPSP programme achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.	- To what extent were the desired results of the PPSP programme achieved / are likely to be achieved? - To what extent and which implementation strategies and approaches of the PPSP mainly contributed to achievement of national SMS program results? - What were the major factors influencing the achievement or non-achievement of PPSP's desired results in supporting subnational government (including strategies, partnerships, coordination between Ministries, etc.)? - What exactly are the unintended results of PPSP programme at national and subnational level?	- Would have been useful if results were categorized like access, institutional capacities, behaviours, etc. - Factors? Defined like financial, institutional or cultural?
Efficiency The extent to which the PPSP programme's resources (human, expertise, financial and materials) were sufficient and efficiently used to produce achieved results (outcomes, and outputs) in a timely way.	- To what extent is the PPSP programming approach efficient in achievement of desired results in terms of resource utilization (human, technical, financial) and timely delivery? Have there been any significant delays in programme implementation and achievement of results, and if so, why? - To what extent did PPSP stakeholders efficiently coordinate and use resources and capacities to achieve results? - To what extent did the PPSP coordination and collaboration structure avoid duplication among the key stakeholders?	- Specify the period for efficiency evaluation. Data is not available for all three phases. We shall cover 2019–2024. Include examples of resource utilization. - Meaning of duplication i.e. parallel initiatives or repeated interventions for DRR and climate.
Sustainability The extent to which the PPSP programme approach succeeded in creating opportunities for good practices and interventions to be adopted and scaled up?	- What are the major factors which influence the achievement or non-achievement of sustainability? - To what extent has PPSP programme, through its interventions, led to a lasting change to children, women, and communities, that can be sustained overtime? - To what extent have the coordination structures, plans, programmes, and policies at the national and sub-national level changed to sustain the	- Broad scope without specific indicators for "lasting changes." - Define sustainability measures (e.g., financial allocations, policy revisions).

Evaluation Criterion	Evaluation Questions as per ToRs	Edits and Suggestions agreed during inception phase
	results of PPSP Programme? [For example, what arrangements the subnational government partners have made (such as ordinances, resolutions, memo circulars at relevant levels) to sustain the results of the PPSP programming initiatives?	
Additional criteria for consideration: Equity, gender equality, human rights, and climate resilience - Measures the extent to which vulnerable or disadvantaged populations as well as girls and women benefit from the PPSP programme results.	- What type of approaches and interventions from PPSP programme that have yielded results in improving access to SMS in disadvantaged, vulnerable and less reached areas/groups? - To what extent is gender a significant factor? Has attention been given to the needs of children affected by disability? - Has climate resilience been adequately incorporated into the PPSP programme? - Are there concrete lessons that can be replicated for improving access to SMS in an equitable manner targeting the most disadvantaged or vulnerable children?	- Specify metrics for "improved access" (e.g., percentage increases in SMS use among disadvantaged groups).

Annex 1-B: Evaluation Matrix

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
Relevance: The extent to which the PPSP programme is suited to the needs, priorities, and policies of the subnational government and other stakeholders to accelerate access to safely managed sanitation (SMS) and will continue to do so if circumstances change.				
To what extent has the PPSP programme been, and is still, aligned in supporting national priorities and relevant given	- Which specific national policies (e.g., RPJMN) and SMS targets align with PPSP's objectives? - Does the PPSP address sanitation	Desk Review: Collect and analyse national development plans (e.g., RPJMN, RPJPN) and relevant SMS policies to identify alignment with PPSP objectives. Cross-check alignment with SDG 6 indicators. Stakeholder Analysis: Identify key actors (e.g., policymakers, subnational governments) to assess	Desk review, KIIs with national and subnational policymakers, FGDs with stakeholders.	Evidence of alignment with RPJMN, SMS, and SDG targets; documented stakeholder satisfaction; proportion of programme activities contributing to national goals.

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
the country context, the existing sanitation challenges, and the ambitious SMS targets set out in national development plans?	challenges across urban and rural areas? - How does PPSP contribute to achieving the SDG 6 targets? - Are stakeholders satisfied with the programme's relevance to national and local priorities?	their roles and contributions to aligning PPSP with priorities. Stakeholder Feedback: Engage key stakeholders through structured interviews and focus groups to gather perceptions of PPSP's responsiveness to their needs. Comparative Analysis: Compare strategies and approaches adopted in different geographical areas (e.g., urban, rural) to assess appropriateness and scalability. Review of Programme Reports: Analyse monitoring and progress reports to identify evidence of effectiveness. Programme Monitoring Analysis: Evaluate data on programme activities and outputs, focusing on their contribution to sanitation access and environmental/public health objectives. Field Observations: Validate reported outputs by directly assessing on-ground implementation and facilities. Stakeholders Insights: Gather qualitative insights from programme managers and beneficiaries regarding the alignment and effectiveness of activities.		
To what extent are the current objectives, strategies/approaches, implementation	- Are objectives still relevant considering evolving socio-economic and		FGDs, perception surveys KIIs with local leaders.	Documented alignment of objectives with socio-economic changes; stakeholder satisfaction ratings; evidence of

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
modalities of the PPSP program still valid and respond to the current priorities and policies of the relevant subnational government stakeholders, as well as the needs of the beneficiaries in different communities and geographical areas (e.g., urban, rural, etc.)?	environmental conditions? - How do stakeholders perceive the responsiveness of PPSP strategies to their needs?			targeted interventions for vulnerable communities.
To what extent are the PPSP's strategies/approaches appropriate for achieving the desired results?	- Is the technical assistance provided context-specific (e.g., province vs district/city, high vs low fiscal capacity, etc)? - Have the chosen approaches been effective in delivering SMS improvements? - Are alternative strategies being		FGDs with implementation teams, desk review, field observations.	Documented evidence of strategy success; adaptability to different contexts; proportion of SMS targets achieved using current strategies.

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
	considered to address emerging challenges?			
Are the activities and outputs of the PPSP programme consistent with the overall goal and the attainment of its objectives, and intended impacts/effects including impact on environment, public health, etc.?	- Which activities directly contribute to the programme's overall goals? - How do programme outputs align with public health and environmental objectives? - Are there unintended outcomes (positive or negative) from the programme's implementation?		Desk review, KIIs with programme managers, FGDs with beneficiaries, field observations.	Alignment of activities with objectives; evidence of public health improvements (e.g., reduced waterborne diseases); documented environmental benefits.
Coherence: Compatibility of PPSP programme with other policies, programmes, and interventions in the country, implementation areas, as well as fit to the overall SMS programming structure. How well does the intervention package fit to support the overall goal of achieving SMS in Indonesia by the designated time?				
To what extent is the PPSP programming consistent with related activities and interventions delivered by the relevant government partners (e.g., MoPWH, MoH, and	- How well does PPSP align with activities and interventions of government stakeholders? - Are there overlaps or gaps in responsibilities between line	Stakeholder Mapping: Identify roles and responsibilities of national stakeholders (e.g., Ministries, agencies) and their alignment with PPSP. Policy and Programme Analysis: Review government plans and initiatives to identify overlaps or synergies with PPSP interventions. Collaboration Assessment: Assess mechanisms for coordination (e.g., joint plans, committees).	Desk review of government policies and programme documents; KIIs with stakeholders (Ministries, key partners); FGDs	Documented instances of coordination (e.g., joint plans); stakeholder perception of alignment and complementarity; absence of duplication in activities.

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
other key stakeholders including national and sub national levels)?	ministries and key partners? - What mechanisms exist for coordination and collaboration among stakeholders? - How do stakeholders perceive the programme's complementarity and value addition?	Local Policy Review: Analyse district-level plans and policies for sanitation and compare them with PPSP activities. Stakeholder Engagement: Engage local governments and community representatives to assess integration and coherence. Gap Analysis: Identify gaps in alignment, harmonization, or coordination.	with stakeholders.	
To what extent are the PPSP programming activities at the local level coherent with the local plans, policies, interventions, and systems? This includes complementarity, harmonization, and coordination with others, and the extent to which the intervention is adding value.	- How well are PPSP activities aligned with district-level sanitation plans? - Are PPSP activities integrated into existing local systems? - Are there synergies between PPSP and local stakeholders' interventions? - What gaps exist in harmonization, and how can they be addressed?		Desk review of local plans and programme documents; KIIs with local government officials; FGDs with community leaders and implementers.	Documented alignment of PPSP activities with district plans; evidence of integration into local systems (e.g., funding, operational responsibility); stakeholder satisfaction with complementarity and harmonization.

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
	- To what extent does PPSP add value to local systems?			
Effectiveness: The extent to which PPSP programme achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.				
To what extent were the desired results of the PPSP programme achieved / are likely to be achieved?	- What are the specific targets set of PPSP? - Is there any correlation between achievement of PPSP targets with improvement of sanitation access in the particular region? - Are there disparities in achieving results across different regions or populations?	Programme Monitoring Review: Assess progress reports to compare planned vs. actual results. Stakeholder Analysis: Engage beneficiaries and officials to understand perceived progress. Comparative Strategy Review: Analyse the performance of different strategies in achieving SMS targets. Case Studies: Identify regions where specific strategies yielded significant results and document best practices. Barrier Analysis: Identify institutional, financial, and cultural challenges affecting progress. Partnership Mapping: Examine relationships and coordination between national and subnational actors. Impact Analysis: Assess secondary effects of PPSP interventions beyond intended results. Perception Survey: Gather local government insights on PPSP and its effectiveness	Desk review of monitoring reports; KIIs with programme managers; FGDs with beneficiaries.	Documented progress toward SMS targets (e.g., % increase in access); evidence of reduced disparities in access across populations or regions.
To what extent and which implementation strategies and approaches of the	- Which type of technical assistance provided (e.g., development of policies and		Desk review of programme documents; KIIs with implementation	Documented evidence of strategy contributions to SMS results; list of best practices and lessons

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
PPSP mainly contributed to achievement of national SMS program results?	strategies, financial consolidation, coordination strengthening, etc) have shown the highest impact? - How were these strategies tailored to different geographical or socio-economic contexts? - Are there any lessons learned from the implementation approaches?		teams; field observations.	learned by region or approach.
What were the major factors influencing the achievement or non-achievement of PPSP's desired results in supporting subnational government (including strategies, partnerships, coordination	- What were the primary enablers of success (e.g., funding, partnerships)? - What barriers (e.g., institutional, cultural, financial) hindered progress?		KIIs with stakeholders (Ministries, subnational officials); FGDs with implementation teams.	Categorized list of enablers and barriers; documented evidence of inter-Ministry and stakeholder collaboration.

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
between Ministries, etc.)?				
What exactly are the unintended results of PPSP programme at national and subnational level?	- What positive unintended outcomes (e.g., strengthened partnerships, spillover benefits) have emerged? - Are there negative unintended consequences (e.g., resource misallocation, social inequities)? - How do stakeholders perceive these unintended results?		Desk review of programme evaluations; FGDs with stakeholders; KIIs with beneficiaries.	List of unintended positive and negative results; stakeholder perceptions of their impact.
Efficiency: The extent to which the PPSP programme's resources (human, expertise, financial and materials) were sufficient and efficiently used to produce achieved results (outcomes, and outputs) in a timely way.				
1. To what extent is the PPSP programming approach efficient in achievement of desired results in terms of resource utilization (human, technical, financial) and timely delivery? Have there been	- How effectively were resources allocated to programme priorities? - Were human, technical, and financial resources sufficient to meet programme demands?	Resource Allocation Analysis: Review budget and resource allocation documents to assess alignment with programme priorities. Timeliness Assessment: Analyse implementation timelines against planned schedules to identify delays and their root causes. Stakeholder Insights: Engage stakeholders to gather perceptions of resource adequacy and efficiency.	Desk review of financial reports, work plans, and monitoring data; KIIs with programme managers; FGDs with stakeholders.	Proportion of planned activities delivered on time; stakeholder satisfaction with resource adequacy; cost-effectiveness metrics (e.g., outputs per unit cost).

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
any significant delays in programme implementation and achievement of results, and if so, why?	- Were the planned activities delivered on time? - What were the reasons for any delays, and how were they managed?	Coordination Mechanism Review: Assess effectiveness of joint resource planning, sharing, and utilization. Stakeholder Engagement: Gather feedback on collaboration and resource-sharing practices. Capacity Assessment: Evaluate the capacity of key stakeholders in implementing activities. Role Mapping: Identify roles and responsibilities of key stakeholders to detect overlaps. Programme Review: Assess coordination structures and mechanisms for resolving duplication issues. Stakeholder Feedback: Engage stakeholders to validate role clarity and collaboration.		
To what extent did PPSP stakeholders efficiently coordinate and use resources and capacities to achieve results?	- How well did stakeholders (e.g., government agencies, NGOs) coordinate in resource use? - Were resources and capacities optimally utilized across stakeholders? - How effective were mechanisms for collaboration and sharing of resources?		Desk review of programme coordination reports; KIIs with stakeholders (e.g., government officials, NGO representatives); FGDs with implementation teams.	Documented instances of shared resources (e.g., joint plans, shared budgets); stakeholder perception of effective collaboration; evidence of capacity enhancement among stakeholders.
To what extent did the PPSP	- Were there overlaps in roles and		Desk review of programme	Documented instances of overlap or redundancies;

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
coordination and collaboration structure avoid duplication among the key stakeholders?	responsibilities among stakeholders? - How effectively were redundancies identified and mitigated? - Were there mechanisms in place to avoid duplication of efforts?		structure and coordination documents; KIIs with programme managers and stakeholders; FGDs with local implementers.	mechanisms in place to mitigate duplication; stakeholder agreement on role clarity.
Sustainability: The extent to which the PPSP programme approach succeeded in creating opportunities for good practices and interventions to be adopted and scaled up?				
What are the major factors which influence the achievement or non-achievement of sustainability?	- What financial, institutional, or policy-related factors enable sustainability? - What challenges (e.g., capacity gaps, resource shortages) hinder sustainability? - How does stakeholder commitment impact sustainability?	Barrier and Enabler Analysis: Identify factors supporting or hindering sustainability through stakeholder interviews and document reviews. Stakeholder Engagement: Gather insights on resource allocation, institutional capacity, and leadership commitment. Impact Assessment: Evaluate long-term behavioural changes and infrastructure use in communities. Community Feedback: Collect qualitative insights from beneficiaries (children, women) on perceived programme benefits and sustainability. Policy and Institutional Review: Analyse policy changes and coordination frameworks at the national and subnational levels.	Desk review of programme documents and policies; KIIs with government and community stakeholders; FGDs with local implementers.	Categorized list of enablers and barriers; documented evidence of leadership and stakeholder commitment; availability of financial and institutional support.

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
		Stakeholder Engagement: Engage government partners to assess their commitments and actions to sustain outcomes.		
To what extent has PPSP programme, through its interventions, led to a lasting change to children, women, and communities, that can be sustained over time?	- How have sanitation behaviours (e.g., reduced open defecation) improved in communities? - What long-term benefits are perceived by women and children? - Are there examples of continued programme impact beyond direct interventions?		FGDs with beneficiaries and implementers; field observations; KIIs with local leaders.	Evidence of long-term behavioural changes (e.g., adoption of SMS practices); sustained use of infrastructure; beneficiary satisfaction with impacts.
To what extent have coordination structures, plans, programmes, and policies at the national and sub-national levels changed to sustain the results of PPSP Programme?	- What policy changes (e.g., ordinances, resolutions) have been made to sustain PPSP results? - How have coordination mechanisms (e.g., working groups, committees) evolved at the national and sub-national levels, including from		Desk review of government plans and policy documents; KIIs with government officials and subnational stakeholders.	Number of policy changes supporting sustainability (e.g., ordinances, resolutions); functional coordination mechanisms; funding allocations for sustainability.

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
	province to district/city level? - Are there specific subnational arrangements for sustaining outcomes?			
Equity, Gender, Climate Resilience, and Lessons Learned: Measures the extent to which vulnerable or disadvantaged populations as well as girls and women benefit from the PPSP programme results.				
What type of approaches and interventions from PPSP programme have yielded results in improving access to SMS in disadvantaged, vulnerable, and less reached areas/groups?	- Is there any approach within PPSP targeting specific groups / audiences? - Which strategies (e.g., community-led, infrastructure-focused) were most effective in reaching vulnerable or disadvantaged groups? - Were these interventions tailored to the specific needs of underserved communities?	Strategy and Approach Review: Analyse programme reports and evaluations to identify successful approaches for vulnerable or disadvantaged areas. Beneficiary Feedback: Collect insights from underserved groups on perceived improvements and challenges. Gender and Inclusion Analysis: Evaluate programme interventions for gender inclusivity and attention to disability. Stakeholder Insights: Gather perceptions on the extent to which gender and disability needs have been addressed effectively. Climate Resilience Assessment: Analyse programme documents and community practices for climate-resilient approaches. Field Observations: Assess infrastructure and local practices in climate-affected areas. Lesson Documentation: Collect and review lessons from programme evaluations, best practice reports, and stakeholder interviews. Comparative Analysis:	Desk review of programme documents; FGDs with beneficiaries; KIIs with community leaders.	Increased SMS access in vulnerable or disadvantaged areas (%); stakeholder and beneficiary satisfaction with targeted interventions.

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
		Compare strategies implemented in different contexts to identify replicable lessons.		
To what extent is gender a significant factor? Has attention been given to the needs of children affected by disability?	- How have gender considerations (e.g., inclusion of women in planning) been integrated into programme design and implementation? - What specific interventions addressed the needs of children with disabilities?		KIIs with programme managers and gender experts; FGDs with women, children with disabilities, and caregivers.	Evidence of gender-sensitive interventions (e.g., inclusion of women in planning); presence of disability-inclusive infrastructure.
Has climate resilience been adequately incorporated into the PPSP programme?	- How is climate resilience incorporated in the PPSP program? - How the local governments adopted climate resilience in their interventions. - How the climate resilience is being monitored and reported?		Desk review of programme and technical reports; field observations; KIIs with stakeholders in climate-vulnerable regions.	Adoption of climate-resilient technologies; documented community adaptations to climate challenges.
Are there concrete lessons that can be	- What best practices emerged from PPSP		Desk review of programme	Documented best practices with evidence of impact;

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
replicated for improving access to SMS in an equitable manner targeting the most disadvantaged or vulnerable children?	in addressing inequities? - How have successful approaches been documented and shared? - What barriers were encountered, and how were they overcome?		evaluations; KIIs with implementation teams; FGDs with stakeholders.	stakeholder awareness of successful approaches; replicable strategies.

Annex 2: Secondary Data Review Matrix

Criteria	Key Questions	Response/ Details
General Information	Title of document/data:	
	Source/Author:	
	Date of publication/data collection:	
	Type of document/data (e.g., report, policy, dataset):	
	Relevance to evaluation objectives (high/moderate/low):	
Content and Scope	Does the data address key evaluation themes (e.g., sanitation, community engagement, inclusivity)?	
	Are relevant indicators/metrics included (e.g., coverage, accessibility)?	
	Is data disaggregated (e.g., by gender, age, disability, location)?	
	Are there gaps or limitations in the data?	
	Does the data include historical or trend analysis?	
Credibility and Source	Is the source reputable (e.g., government, UNICEF, WHO, academic, NGO)?	
	Is the document peer-reviewed or validated?	
	Does it cite credible references?	
Data Quality	Are data collection methods clearly described?	
	Does the data include sufficient detail for analysis?	
	Are figures and statistics consistent?	
	Is there evidence of bias or conflict of interest?	
	Does the data meet ethical standards (e.g., privacy, consent)?	
Accessibility	Is the document/data readily accessible?	
	Are there restrictions on use or sharing?	
	Is it available in a language accessible to the team?	
Usability for Evaluation	Does the data align with evaluation questions?	
	Can the data be integrated with other sources?	
	Are additional analyses or steps needed?	
Summary of Findings	Key insights relevant to evaluation:	
	Gaps or missing information:	
	Overall usability for evaluation (high/moderate/low):	

Annex 3-A: Documents Reviewed

a) National Development Frameworks
   1) Government of Indonesia. National Medium-Term Development Plan (RPJMN) 2020–2024, 2020.
   2) Government of Indonesia. National Long-Term Development Plan (RPJPN) 2025–2045, 2020.

b) Sectoral Strategies and Roadmaps
   1) Ministry of National Development Planning/BAPPENAS. Roadmap of Sustainable Development Goals (SDGs) 2023–2030, 2023.
   2) Government of Indonesia. Indonesia Long-Term Strategy for Low Carbon and Climate Resilience (LTS-LCCR) 2050, 2021.
   3) BAPPENAS. Manual for Managing the Acceleration of Settlement Sanitation Development Programme (PPSP) 2020–2024, 2020.
   4) Government of Indonesia. Roadmap for PPSP 2015–2019.
   5) UNICEF Indonesia and BAPPENAS. Peta Jalan Sanitasi Aman 2030, 2024.

c) Operational Performance and Monitoring Reports
   1) Haskoning DHV Nederland B.V. Urban Sanitation Development Program-2: Final Report, 2020.
   2) Haskoning DHV Nederland B.V. Urban Sanitation Development Program-2: 2020 Annual Progress Report, 2020.
   3) Government of Indonesia. Target Pembangunan Sanitasi Nasional dan Sinkronisasi Target Pembangunan Sanitasi Daerah, April 2020.
   4) NAWASIS. Sanitation Information System (Monitoring Data).

d) Legal and Regulatory Frameworks
   1) Government of Indonesia. Law No. 17/2019 on Water Resources.
   2) Government of Indonesia. Law No. 32/2009 on Environmental Protection and Management.
   3) Government of Indonesia. Law No. 23/2014 on Regional Government.
   4) Government of Indonesia. Government Regulation (PP) No. 82/2001 on Water Quality and Pollution Control.
   5) Ministry of Public Works and Housing. Ministerial Regulation No. 4/2017 on Domestic Wastewater Management.
   6) Ministry of Environment and Forestry. PermenLHK No. P.68/2016 on Wastewater Quality Standards.

e) International Reference Documents
   1) UNICEF. Strategy for Water, Sanitation and Hygiene (WASH) 2016–2030, 2016.
   2) UNICEF Indonesia. Programme Strategy Note for the Government of Indonesia–UNICEF Country Programme of Cooperation 2021–2025, 2020.
   3) Government of Indonesia. Republic of Indonesia Country Overview: Sector Ministers Meeting, 2021.
   4) World Bank Group and Asian Development Bank (ADB). Climate Risk Country Profile: Indonesia, 2021.
   5) Leiserowitz, A., et al. Climate Change in the Indonesian Mind, 2023.

f) Technical and Monitoring Notes
   1) UNICEF. Field Notes FN/72/2021 on the WASH in Schools (WinS) Programme in Indonesia, 2021.

2) BAPPENAS. Metadata Indikator Lingkungan: Pilar Pembangunan, 2023.

Annex 3-B: References

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3) Badan Pusat Statistik (BPS) East Java. (2021). East Java Population Census 2020. Surabaya, Indonesia: BPS East Java.
4) Badan Pusat Statistik (BPS) South Sulawesi. (2021). South Sulawesi Population Census 2020. Makassar, Indonesia: BPS South Sulawesi.
5) BAPPENAS. (2015). Roadmap 2015–2019 for Program Percepatan Pembangunan Sanitasi Permukiman (PPSP). Jakarta, Indonesia: Bappenas.
6) BAPPENAS. (2021). Indonesia's Long-Term Strategy for Low Carbon and Climate Resilience 2050. Jakarta, Indonesia: BAPPENAS.
7) BAPPENAS. (2022). Sustainable Development Goals Roadmap 2023–2030. Jakarta, Indonesia: BAPPENAS.
8) BAPPENAS. (2023). Metadata Indikator Lingkungan: Pilar Pembangunan. Jakarta, Indonesia: Kedeputian Bidang Kemaritiman dan Sumber Daya Alam, BAPPENAS.
9) Climate Knowledge Portal. (2023). Indonesia Climate Profile. Washington, DC, USA: World Bank.
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34) UNICEF Indonesia. (2024). Peta Jalan Sanitasi Aman 2030: Menuju Akses Aman dan Layanan Sanitasi Berkelanjutan. Jakarta, Indonesia: UNICEF Indonesia and BAPPENAS.

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Annex 4: Checklist of Key Informant Interview (KII)

Common Questions for All Stakeholders

Relevance

1) How effectively does the PPSP programme address the sanitation needs and challenges of the communities you work with? Are there any specific areas where the programme has excelled or fallen short in meeting these needs? Does the programme align with national priorities, such as RPJMN or SDG 6?
2) To what extent do the programme's objectives and strategies reflect the evolving socio-economic and environmental context? Are there gaps in the programme's design that could better address emerging challenges?
3) How suitable are the programme's services for both urban and rural settings? What adjustments could improve the programme's responsiveness to the needs of different regions?

Effectiveness

1) What do you consider the most significant achievements of the PPSP programme? Could you provide examples of where these achievements have had a tangible impact on the community or specific groups?
2) What challenges have hindered the programme's ability to achieve its objectives? How have these challenges been addressed, and what additional measures could strengthen outcomes?
3) How has the programme contributed to improving access to safely managed sanitation (SMS) for vulnerable groups, such as women, children, and persons with disabilities? Are there notable gaps in addressing the needs of these groups?

Efficiency

1) How effectively have the programme's resources—financial, technical, and human—been utilized to deliver results? Are there areas where you feel resources could have been better allocated?
2) Have the programme's activities been delivered on time and within budget? If delays or cost overruns occurred, what were the causes, and how were they managed?
3) How well does the PPSP programme integrate with other local, regional, and national sanitation initiatives? Are there areas of overlap, duplication, or missed opportunities for synergy?

Sustainability

1) What steps have been taken to ensure that the benefits of the programme will continue after external support ends? Are there particular successes or weaknesses in sustaining the outcomes?
2) How engaged are local governments, community members, and other stakeholders in maintaining the programme's results? Are there examples of successful partnerships or challenges in fostering ownership?
3) Does the programme complement existing systems, policies, and interventions? Are there specific examples of where the programme has added value to existing efforts?

Equity and Inclusion

1) How effectively does the programme address the needs of vulnerable or disadvantaged groups, including women, children, and persons with disabilities? What barriers have been encountered in ensuring inclusivity, and how can they be overcome?
2) How well does the programme incorporate gender considerations into its planning and implementation? Are there specific strategies or interventions that have been particularly successful?

Climate Resilience

1) How does the programme address climate-related risks, such as flooding or droughts, in its sanitation interventions? Are there specific examples of infrastructure or practices introduced to enhance resilience?
2) What additional steps could be taken to improve the programme's ability to adapt to climate-related challenges? Are there lessons learned from past climate-related impacts on sanitation systems?

Specific Questions for Stakeholder Groups

National-Level Stakeholders (e.g., BAPPENAS, MPWH, MoH, MoHA)

1) How does the PPSP programme align with Indonesia's national sanitation strategy and broader development goals?
2) What challenges have emerged in coordinating efforts between national and subnational governments for the implementation of PPSP?
3) Are there examples of policy changes or new initiatives influenced by the programme?

Provincial and Local Authorities

1) How effectively does the PPSP programme address the unique sanitation challenges in your province or city?
2) What support does your office provide to facilitate the programme's success, and are there any gaps?
3) How well are SSK being included in district/city plan and being implemented, including district leader commitment and budget allocation to support the implementation of the strategy?
4) How well are PPSP activities integrated with your local sanitation plans and policies?

UNICEF Staff

1) How has UNICEF supported the design, implementation, and monitoring of the PPSP programme?
2) How well does the programme incorporate UNICEF's priorities for inclusivity, equity, and climate resilience?
3) How UNICEF contributed to creating an enabling environment for safely managed sanitation especially policy level support, sanitation marketing and sector coordination including private sector
4) What lessons from PPSP could inform future WASH programming at the national or global level?

NGOs and CSOs

1) How do NGOs and CSOs contribute to mobilizing communities and promoting inclusivity in the PPSP programme?
2) Are there challenges in engaging with vulnerable or disadvantaged groups, and how can these be addressed?
3) What opportunities exist for scaling successful community-led sanitation initiatives?

Private Sector Stakeholders

1) What is the role of the private sector in delivering and sustaining sanitation infrastructure and services under PPSP?
2) Are there successful examples of public-private partnerships (PPPs) in the programme?
3) What barriers limit greater private sector involvement, and how can they be mitigated?

Development Partners (e.g., World Bank, ADB)

1) How well does the PPSP programme align with global WASH priorities, such as SDG 6 and climate resilience goals?
2) What technical or financial support has been most impactful in advancing the programme's objectives?
3) What lessons from PPSP could inform sanitation programming in other countries or regions

Annex 5: Checklist for FGD with CBOs and Sanitation Working Groups

Common Questions for All FGDs

Relevance

1) How well does the sanitation programme address the key sanitation needs of your community? Can you share examples of challenges that have been resolved or persist?
2) How relevant are the programme's services for both urban and rural areas in your region? What differences do you notice in how the programme serves urban versus rural communities?
3) To what extent does the programme align with your community's priorities and government policies? How satisfied are you with the relevance of the programme's activities to local needs?

Effectiveness

1) What changes in sanitation and hygiene practices have you observed since the programme began? Can you describe specific examples of positive outcomes for your community or household?
2) How well have sanitation services improved for vulnerable groups, such as women, children, and persons with disabilities? Are there areas where the programme could have addressed their needs better?
3) Has the programme contributed to improving public health and the environment in your area? Have there been any reductions in sanitation-related illnesses or pollution?

Efficiency

1) How effectively do you think resources (money, time, and personnel) have been utilized in delivering sanitation services? Are there areas where resources could have been allocated more efficiently?
2) Have programme activities been delivered on time? If delays occurred, what were the reasons, and how did they impact your community?

Sustainability

1) What efforts have been made to ensure that sanitation improvements will last after the programme ends? How involved is your community in maintaining these improvements?
2) Are you confident that the programme's benefits will continue without external support? What additional measures are needed to ensure sustainability?

Equity and Inclusion

1) How well does the programme ensure equal access for women, children, and vulnerable or disadvantaged groups in your community? Are there barriers that prevent some groups from benefiting fully from the programme?
2) Do you think women, children, and persons with disabilities are adequately benefiting from the programme? What specific improvements would enhance inclusivity?

Climate Resilience

1) How has the programme helped your community adapt sanitation practices to climate-related challenges like floods or droughts? Are the facilities designed to withstand these challenges effectively?
2) What role does the community play in adapting sanitation systems to climate risks? Are there additional steps that could improve resilience to climate-related issues?

Specific Questions

Men (Community Members)

1) How have sanitation improvements affected your responsibilities within your household and community? Are these changes positive or negative, and why?
2) What challenges do you face in participating in the management or maintenance of sanitation facilities? What support would help you in fulfilling these responsibilities?

Women (Community Members)

1) How have sanitation facilities addressed your needs, including safety, privacy, and menstrual hygiene management? What additional features or services would improve these facilities for women?
2) How has access to improved sanitation influenced your family and community roles? Are there barriers preventing women from taking more active roles in sanitation decision-making?

Persons with Disabilities

1) How accessible are the sanitation facilities in your community, and what challenges do you face in using them? Are there specific features that could improve accessibility?
2) Were you consulted during the planning or implementation of these facilities? How could the process be improved to include the perspectives of persons with disabilities?

Annex 6: Perception Survey of Local Government

Perception Survey for Local Government Respondents

Participant Information

District/City/Province : _____

Position of respondent : _____

Total population : _____

% Sanitation Access (based on latest data) _____

a. Open defecation _____
b. Open defecation in a closed place _____
c. Unimproved sanitation _____
d. Limited sanitation _____
e. Basic sanitation _____
f. Safely Managed Sanitation _____

Section 1: Compatibility of Regional Programmes and Priorities

1. Alignment with Local Government Priorities
   To what extent has the PPSP Programme bridged the government's alignment of national sanitation policies with your local government's specific sanitation plans, priorities and challenges? Consider long-term and on-going goals.

Scale	Description	Frequencies	Percentage
5	Fully aligned—The PPSP programme is fully in line with all priorities and provides solutions to key sanitation challenges. Its objectives are highly aligned.	19	35
4	Mostly aligned – The PPSP programme bridges most local priorities, but it has some minor gaps in coverage or focus.	20	36
3	Moderately aligned – The PPSP programme bridges some of the priorities, but there are still major gaps in the achievement of the objectives and challenges.	14	25
2	Slightly aligned – The PPSP programme bridges very few priorities and does not address important local challenges.	1	2
1	Not aligned – PPSP programme does not successfully bridge to national objectives or fails to address challenges.	1	2

2. Programme Support in Sanitation Sector Development in the Region
   To what extent does the PPSP Programme through its technical assistance support sanitation development in your area?

Scale	Description	Frequencies	Percentage
5	Fully support - from advocacy, planning, implementation, monitoring and evaluation phase	36	65
4	Support only in advocacy, planning and implementation process	7	13
3	Support only in advocacy and planning process	5	9
2	Support only in the planning process	4	7

1	Support only in the advocacy process	3	6

3. Capacity building conducted by the PPSP Programme in overseeing the preparation and implementation of sanitation planning in the Region
To what extent has the centre's capacity building (training, workshops, workshops) been effective in improving the capacity and capability of your team in mentoring/implementation in your area?

Scale	Description	Frequencies	Percentage
5	Fully effective - Training is comprehensive, practical, and results in significant skill improvement.	16	29
4	Mostly effective - Training is useful but requires additional sessions for full impact.	23	42
3	Moderately effective - Basic skills acquired, but critical flaws remain.	11	20
2	Slightly effective - Minimal improvement seen due to inadequate or low-quality training.	1	2
1	Ineffective - Training was not provided or had no impact.	4	7

Section 2: Communication and Stakeholder Engagement

4. Programme Communication
To what extent were the objectives of the PPSP Programme clearly communicated to the Government in your area, including expected outcomes and desired milestones?

Scale	Description	Frequencies	Percentage
5	Very clear - Objectives, stages of implementation, outcomes, and achievements are well explained, realistic, and easy to understand.	21	38
4	Mostly clear - Objectives and stages of implementation are clear, but some details of expected outcomes require further explanation.	23	42
3	Moderately clear - General objectives and stages of implementation are shared, but outcomes and achievements are less detailed.	1	2
2	Slightly clear - Objectives are vaguely or unclear.	8	14
1	No clear - No clear objectives are presented.	2	4

5. Stakeholder Involvement in Programme Stages
To what extent are local stakeholders (e.g. religious institutions/leaders, NGOs, local councils, communities) involved in the planning, implementation, and monitoring of PPSP programme activities?

Scale	Description	Frequencies	Percentage
5	Fully engaged - Stakeholders are committed to supporting implementation at all stages of the Programme to achieve Programme success.	13	23

4	Mostly engaged - Stakeholders are only involved and contribute to the main stages of decision-making and planning	18	33
3	Moderately engaged - Stakeholders participate in discussions on a limited basis or only engage in discussions at specific situations/stages.	12	22
2	Slightly engaged - Stakeholders have received information about the Programme but have minimal involvement and contribution.	12	22
1	Not engagement - Stakeholders are unaware of and not involved in any stage of the Programme.	0	0

Section 3: Resource Availability in Programme Implementation

6. Availability of operational funds at the sub-national level to facilitate the PPSP Programme stages
   To what extent does your local government have operational funds available to achieve the outputs in the PPSP programme phases in your area?

Scale	Description	Frequencies	Percentage
5	Fully sufficient - funding sources for operational funds for PPSP programme implementation in the regions have been identified, allocated routinely (annually), and are sufficient to fund all PPSP programme implementation needs.	7	13
4	Mostly sufficient – funding sources for operational funds for the implementation of the PPSP Programme in the regions have been identified, allocated regularly (annually), but there are some PPSP Programme implementation needs that have not been adequately funded from existing funds.	15	27
3	Moderately sufficient – funding sources for operational funds for the implementation of the PPSP Programme in the regions have been identified, but have not been allocated routinely (annually), but there are most PPSP Programme implementation needs that have not been adequately funded from the existing funds.	21	38
2	Slightly sufficient – funding sources for operational funds for PPSP programme implementation in the regions have been identified, but have not been allocated regularly (annually)	10	18
1	Not sufficient – funding sources for operational funds for PPSP programme implementation in the regions have not been identified, and have not been allocated at all for PPSP programme implementation needs	2	4

7. Availability of Human Resources
Are the human resources available at the local level sufficient to oversee the entire PPSP Programme and achieve the expected outputs?

Scale	Description	Frequencies	Percentage
5	Fully sufficient - Both the number and capacity of human resources are adequate and available every year as expected.	4	7
4	Mostly sufficient - The number of human resources is adequate, and available every year, but capacity needs to be increased.	20	36
3	Moderately sufficient - The number of human resources is adequate, not available every year, and capacity needs to be increased.	16	29
2	Slightly sufficient - The number and capacity are inadequate, but available every year.	13	24
1	Not sufficient - The number and capacity are inadequate and not available every year.	2	4

8. Availability of Programme Guidelines
To what extent are the PPSP Programme guidelines (Programme management manual (MPM), guidelines, instruments, technical instructions, and training materials) relevant to your local government's sanitation needs and challenges?

Scale	Description	Frequencies	Percentage
5	Fully adequate - Comprehensive guidance, instruments, online materials and technical assistance are provided, resulting in a good plan.	17	31
4	Mostly adequate - Comprehensive guidance and instruments are provided, although there is limited technical assistance.	19	34
3	Moderately adequate - comprehensive guidelines and instruments are provided, although there is no technical assistance.	11	20
2	Slightly adequate - general guidelines are available but lack specific planning materials, leaving gaps in Programme development.	8	15
1	Inadequate - No assistance is provided in Programme planning.	0	0

Section 4: Service Delivery, Financing and Climate Resilience

9. Service Inclusiveness
How effective is the PPSP Programme in addressing issues related to sanitation service provision for all, including vulnerable or disadvantaged and rural communities?

Scale	Description	Frequencies	Percentage
5	Inclusion issues are integrated in all processes, from advocacy, planning, implementation to monitoring and evaluation.	24	44
4	Inclusion issues are integrated in advocacy, planning and implementation processes.	15	27
3	Inclusion issues are integrated in the advocacy and planning process	9	16
2	Inclusion issues are integrated in the planning process	6	11
1	Inclusion issues are integrated in the advocacy process	1	2

10. Sustainability of Service Delivery
    To what extent can the PPSP Programme promote the sustainability of sanitation service provision in your area?

Scale	Description	Frequencies	Percentage
5	Highly adequate - The PPSP programme promotes strong institutions, adequate financial plans, and sufficient capacity exists to ensure long-term service provision.	15	27
4	Mostly adequate - Efforts are made to promote sustainability, but improvements are needed in certain aspects (e.g. funding or capacity).	19	34
3	Moderately adequate - Efforts are made to promote sustainability, but improvements are needed in all aspects of sustainability.	18	33
2	Slightly adequate - Efforts to promote sustainability are only provided in the early stages of the PPSP Programme but are not sustained.	2	4
1	Inadequate - There are no measures to ensure services are sustainable.	1	2

11. Availability of Government funding for sanitation development as an impact of PPSP Programme implementation
    How much has the government funding allocation for the sanitation sector increased after implementing the PPSP Programme?

Scale	Description	Frequencies	Percentage
5	Increase in central government transfers and local government funding allocations by more than 30%	5	9
4	Increase in transfer funds from the central government but the allocation of local government funding increased by less than 30%	20	36
3	Increase in central government transfers but no increase in local government funding allocations	15	27
2	No increase in transfer funds or local government funding allocations	12	22

Scale	Description	Frequencies	Percentage
1	There was a decrease in either transfers or local government funding allocations	3	6

12. Innovative Financing and Sustainability through Private Sector Partnerships.
How effectively does the PPSP Programme utilize private sector partnerships for financing and cooperation in improving the sustainability of sanitation services

Scale	Description	Frequencies	Percentage
5	Highly effective- The programme has successfully established partnerships with private sector actors, resulting in innovative financing mechanisms (e.g. microfinance, PPPs) and significant contributions to the long-term sustainability of sanitation services.	7	13
4	Mostly effective- The programme has engaged the private sector with measurable results in terms of financing and sustainability, although there are still gaps in the effectiveness of partnerships.	9	16
3	Moderately effective - Some private sector engagement is evident, but its contribution to innovative financing and sustainability of services is limited.	24	44
2	Slightly effective- Minimal effort to engage the private sector, with negligible impact on financing or long-term sustainability of services.	7	13
1	Not effective - No significant engagement with private sector actors to support financing or sustainability of sanitation services.	8	14

13. Integration of Climate Resilience in PPSP Programme
To what extent is climate resilience integrated into sanitation planning (through SSK development/update and/or EHRA studies) in your area to strengthen climate resilient sanitation services (floods, storms, etc.)?

Scale	Description	Frequencies	Percentage
5	The substance of climate resilience is considered very important and very urgent to be integrated into sanitation planning in the region and is very relevant to be done based on the situation or condition of the region regarding the climate crisis experienced.	26	47
4	The substance of climate resilience is considered important and quite relevant to the regional conditions of the climate crisis experienced, but it is not considered urgent to be integrated immediately.	13	24
3	The substance of climate resilience is considered quite important, but it is considered less relevant and less urgent to be integrated into planning	10	18
2	The substance of climate resilience is considered slightly important, but it is not relevant to be integrated into	5	9

	regional planning because they do not feel they are experiencing a climate crisis.		
1	The substance of climate resilience is not important at all.	1	2

Section 5: Monitoring and Reporting (Including NAWASIS)

14. Knowledge management and use of information systems.
Are local governments aware of and utilizing the NAWASIS platform/website, including for monitoring and M&E of PPSP assistance/implementation?

Sr	Description	Frequencies	Percentage
5	Knows, is very familiar with using all menus available on the NAWASIS platform (accessing references, online training materials, webinars, information, and inputting data on the NAWASIS M&E menu), uses them consistently, and updates data on the NAWASIS M&E menu regularly.	4	7
4	Knowing, fairly familiar with using all menus available on the NAWASIS platform (accessing references, online training materials, webinars, information, and inputting data on the NAWASIS monev menu), but not yet consistent and routine in updating data on the NAWASIS monev menu.	23	42
3	Know NAWASIS and have accessed it, but do not understand how to use all the menus available on the NAWASIS platform (accessing references, online training materials, webinars, information, and inputting on the NAWASIS monev menu) so that they are not consistent and routine in updating data on the NAWASIS monev menu.	22	40
2	Only knows NAWASIS (heard information about NAWASIS) and has accessed it, but has never used it at all	6	11
1	Does not know NAWASIS and does not use it	0	0

15. Effectiveness of the NAWASIS Platform
To what extent is the NAWASIS platform effective in monitoring sanitation progress, identifying shortcomings, and ensuring accountability for the PPSP Programme?

Scale	Description	Frequencies	Percentage
5	Highly effective - NAWASIS provides regular updates that are accurate and detailed with actionable insights to improve the Programme.	11	20
4	Mostly effective - NAWASIS is updated regularly, but some reports lack detail or timeliness.	18	33
3	Moderately effective - NAWASIS is functional, but updates are inconsistent, limiting its usefulness.	12	22
2	Slightly effective - Limited updates or incomplete data reported on NAWASIS.	9	16

1	Ineffective - NAWASIS is not used, not updated, or not functional for monitoring progress.	5	9

16. Use of Data for Decision Making
To what extent is monitoring data, including reports from NAWASIS, used to improve planning, decision-making and implementation?

Scale	Description	Frequencies	Percentage
5	Highly effective - Monitoring data is examined regularly and used to make evidence-based decisions and improvements.	8	15
4	Mostly effective - Data is generally used to address challenges, but there are some delays in action.	17	31
3	Moderately effective - Data is collected and checked, but only occasionally influences decisions.	14	25
2	Slightly effective - Data is collected but rarely analysed or used to improve planning.	11	20
1	Not effective - Data is not examined or used for decision-making.	5	9

17. Transparency and Frequency of Reporting
To what extent is reporting on sanitation progress using NAWASIS or other monitoring systems transparent and frequent?

Scale	Description	Frequencies	Percentage
5	Highly transparent and frequent - Reports are shared regularly (monthly) and are accessible to all stakeholders.	9	17
4	Mostly transparent and frequent - Reports are shared frequently (quarterly) but may lack detail or accessibility.	15	27
3	Moderately transparent and occasional - Reports are shared occasionally, with significant gaps in transparency or accessibility.	20	36
2	Slightly transparent and infrequent - Reports are shared infrequently, with limited transparency.	6	11
1	Not transparent and never - Reports are not shared, and there are no systems in place to ensure accountability.	5	9

Annex 7: Site/Field Observation Checklist

Field Observation Checklist with a Scoring Sheet designed to evaluate various aspects of Sanitation Services in Indonesia. Each item is scored on a 3-point scale, with 3 = Fully Meets Criteria, 2 = Partially Meets Criteria, and 1 = Does Not Meet Criteria. The scoring sheet provides a quick, quantifiable assessment, helping evaluators identify strengths and areas needing improvement.

Observation Area	Criteria	Verification Method	Score (1 - 3)
1. Sanitation Facilities			
Condition and Cleanliness	Toilets/latrines are hygienic, well-maintained, and clean.	Direct observation of cleanliness and maintenance practices.	
	Facilities prevent human contact with excreta and environmental contamination.	Check for visible excreta near facilities and ensure proper containment.	
	No visible damage to structures, such as cracks or leaks.	Physical inspection of facility structure.	
Privacy and Security	Separate, private facilities for men and women.	Observe facility design, doors, and partitions.	
	Secure and lockable doors for privacy.	Check the functionality of locks on doors.	
Accessibility	Ramps, handrails, and widened pathways for persons with disabilities.	Inspect facilities for inclusive features and ease of access.	
	Facilities are easily accessible to all community members, including the elderly.	Observe physical barriers and accessibility ease.	
2. Inclusivity and Accessibility			
Inclusive Design	Facilities cater to vulnerable groups, including women, children, and persons with disabilities.	Verify features such as child-friendly designs and accessibility adjustments.	
Signage	Clear signage indicating separate facilities for men, women, and children.	Check for visible and appropriate signage.	
Menstrual Hygiene Management	Availability of menstrual hygiene products and disposal systems for women and girls.	Observe availability of products and proper disposal units.	
3. Functionality and Usability			
Operational Status	Toilets/latrines are fully operational and in regular use.	Test functionality and observe usage patterns.	
	Facilities are not shared between households (in alignment with SDG standards).	Confirm with community members and inspect facility arrangements.	
Maintenance Practices	Evidence of regular cleaning and repairs.	Check for cleaning tools and maintenance records.	

Observation Area	Criteria	Verification Method	Score (1 - 3)
	Availability of maintenance tools and materials on-site.	Inspect storage areas and confirm availability of maintenance resources.	
4. Climate Resilience			
Structural Adaptations	Facilities are raised or reinforced to withstand flooding and extreme weather conditions	Inspect facility design and location in relation to risk-prone areas.	
	Biogas Digestor or Anaerobic Baffle Reactor, etc systems for methane emission and water recycling.	Physical inspection of materials used.	
Location	Facilities are located away from flood-prone areas or high-risk zones.	Check facility placement on site.	
5. Community Engagement			
Ownership and Management	Community-led initiatives for facility maintenance and management are evident.	Confirm through discussions with water user committees or local leaders.	
	Active involvement of water user committees or sanitation groups in maintaining facilities.	Review records of meetings and maintenance activities.	
6. Hygiene and Behavioural Change			
Handwashing Facilities	Handwashing stations available near sanitation facilities.	Inspect stations and check for water and soap availability.	
	Presence of soap, ash, or other hygiene products.	Observe hygiene product availability.	
Hygiene Promotion	Posters or materials promoting hygiene practices displayed near facilities.	Look for educational materials near sanitation sites.	
	Evidence of community members practicing good hygiene, such as handwashing after use.	Observe community behaviour near facilities.	

Implementation Plan

- Site Selection: Field observations will cover facilities in Batu, Gresik, Sidoarjo, Kendari, South Konawe and Konawe Island.
- Observation Teams: Teams will include evaluators trained in WASH and community facilitators familiar with local dynamics.
- Data Recording:
    - Use digital or paper checklists for scoring.
    - Take photos (with consent) and detailed notes to document findings.
- Ethical Compliance: Ensure respect for cultural norms and obtain informed consent from communities before conducting observations.

Annex 8: Checklist for Case Studies

Key Areas	Description
1. Meeting Community Needs	Needs Alignment: How well do WASH interventions address community-specific needs, including those of vulnerable groups? Was community input considered in the planning and prioritization of WASH services? Accessibility and Inclusivity: Are WASH facilities accessible for all, including women, children, and people with disabilities? Do the facilities provide privacy and safety for women and girls? Local Adaptation: How well do interventions fit the local environmental and socio-political context?
2. Resilience	Climate Resilience: Are WASH facilities designed to withstand local climate challenges (e.g., floods, droughts)? Are community members trained to adapt WASH practices during extreme weather events? Adaptability: How adaptable are WASH services to changing climate conditions and community needs?
3. Sustainability	Community Ownership: To what extent have community members been trained to manage and maintain WASH facilities? Are there established community committees to oversee WASH services? Maintenance and Funding: Are financial mechanisms in place to support ongoing maintenance? Is there local or private sector involvement in sustaining WASH infrastructure? Exit Strategy: Is there a clear plan for communities to continue managing WASH services independently?
4. Impact	Health and Hygiene: What improvements in health and hygiene practices are observed since the programme began? Has there been a reduction in waterborne diseases or open defecation? Community Empowerment: How has the programme influenced community attitudes and roles, especially for women and youth, in WASH management? Economic and Environmental Impact: Has the programme reduced time spent on water collection or improved economic conditions? Are there positive environmental changes, such as reduced contamination of water sources? Equity: Has the programme ensured equitable access for all community members, especially vulnerable groups?
5. Community Feedback and Perceptions	Satisfaction and Benefits: How do community members perceive the benefits of the WASH interventions? Challenges and Suggestions: What challenges remain, and what improvements do community members suggest? Personal Stories: Gather testimonials or narratives illustrating the impact of the WASH programme on individuals and households.
6. Documentation and Visual Evidence	Photographs: Capture images of WASH facilities, climate-resilient features, and inclusive adaptations.

Key Areas	Description
	Contextual Documentation: Provide visual context of the surrounding environment to highlight the integration of WASH facilities with local climate challenges. Consent form for the picture shall be taken if this involves children, women and vulnerable groups.

Annex 9: Selection of Provinces, Sites and Recruitment

The PPSP project was implemented across all 34 provinces of Indonesia. Using 2023 data on safe access to sanitation services, provinces were ranked from the lowest to the highest coverage, ranging from North Maluku with just 1.63 percent safe access to Jakarta Capital Region at 23.1 percent safe access. For analytical purposes, the provinces were divided into five quintiles, each representing 20 percent of the provinces, ranked by their level of access to safe sanitation services. Each quintile has seven provinces except for last quintile that has six provinces. To ensure a comprehensive and balanced selection of provinces for evaluation, the first quintile (with the lowest coverage) and the fourth quintile (representing provinces with coverage closer to the national average of 10.2 percent) were chosen for further analysis. This approach captures both the most underserved areas and those performing near the national benchmark, allowing insights into varying levels of progress and challenges. From each of the two selected quintiles, provinces ranked third and six from overall seven provinces were further selected. This ensures a representation of average performers and those on the higher end of the spectrum within each quintile. This method of selection balances the evaluation by including provinces with different performance levels, avoiding a focus solely on outliers.

Selection from the First Quintile

From the first quintile, Sulawesi Tenggara, ranked third, was chosen for its 1.93 percent safe access to sanitation. Despite this low safe access rate, it has the highest proportion of proper sanitation coverage (80 percent) among all provinces, indicating significant potential for improvement in safe sanitation services. Additionally, Kalimantan Barat, ranked on sixth position within the first quintile of provinces, and was selected based on 3.38 percent safe access and 6.08 percent open defecation (6.08 percent) as second province if the sample is increased from two provinces to three provinces.

Selection from the Fourth Quintile

From the fourth quintile, Jawa Timur, ranked third, was selected with 10.44 percent safe access. This province is closer to the national average of 10.21 percent, making it a relevant representative of provinces performing near the benchmark.

Rationale for Selection

This careful selection process reflects a balanced approach, considering provinces from both ends of the spectrum—those with the lowest levels of safe access and those closer to the national average. Additionally, by choosing provinces ranked third and second last within each quintile, the selection avoids extreme outliers and ensures a focus on provinces with varying levels of progress and potential. This methodology provides a nuanced understanding of the programme's impact across diverse contexts, enabling targeted recommendations for improving sanitation access. By including Sulawesi Tenggara and Jawa Timur, while taking Kalimantan Barat as third province if the sample size is increased from two provinces to three provinces, the evaluation will capture a comprehensive range of experiences, challenges, and successes, contributing to more robust and actionable findings for future programme improvements. Then from each of these three provinces, the cities have been selected based on their performance and status of PPSP with a focus on one with low performing, one with high performing and one with average. This performance was based on the assessment of BAPPENAS.

#	Provinces	Safe Access	Propre Access	Shared Access	Unimproved	Open Defecation
1	North Maluku	1.63%	70.79%	8.22%	13.99%	5.37%
2	Papua	1.82%	35.80%	5.39%	32.70%	24.30%
3	Southeast Sulawesi	1.93%	79.99%	7.07%	6.67%	4.34%
4	West Sulawesi	2.31%	72.17%	6.25%	10.39%	8.88%
5	East Nusa Tenggara	2.50%	64.60%	8.58%	18.49%	5.84%
6	West Kalimantan	3.38%	72.76%	3.74%	14.03%	6.08%
7	Lampung	3.72%	77.10%	3.76%	13.78%	1.64%
8	Bengkulu	4.05%	72.87%	3.36%	14.60%	5.12%
9	Gorontalo	4.14%	63.07%	14.51%	8.85%	9.42%
10	Maluku	4.39%	67.72%	6.06%	11.42%	10.41%
11	South Sumatra	4.54%	70.96%	5.04%	14.08%	5.38%
12	West Papua	4.63%	64.38%	7.29%	20.32%	3.38%
13	North Kalimantan	5.84%	74.28%	4.10%	14.56%	1.22%
14	Bangka Belitung Islands	6.12%	84.68%	2.41%	4.94%	1.85%
15	West Nusa Tenggara	6.21%	68.20%	10.69%	6.40%	8.49%
16	North Sulawesi	6.22%	69.36%	10.33%	8.43%	5.67%
17	North Sumatra	7.14%	72.02%	5.03%	11.03%	4.78%
18	Central Sulawesi	7.16%	62.38%	6.26%	13.81%	10.40%
19	West Sumatra	8.57%	56.22%	6.18%	19.72%	9.31%
20	South Kalimantan	8.70%	68.95%	5.24%	15.18%	1.93%
21	East Kalimantan	9.14%	78.49%	3.58%	7.74%	1.06%
22	Jambi	9.59%	68.79%	4.65%	11.52%	5.45%
23	East Java	10.44%	66.06%	7.22%	10.99%	5.30%
24	West Java	10.49%	58.18%	6.22%	22.60%	2.52%
25	Central Java	10.83%	68.02%	6.35%	11.90%	2.90%
26	Central Kalimantan	11.16%	61.42%	3.73%	21.16%	2.53%
27	Riau Islands	12.16%	75.47%	3.48%	8.43%	0.46%
28	South Sulawesi	12.83%	74.68%	6.18%	4.05%	2.26%
20	Riau	14.64%	67.60%	2.34%	12.78%	2.64%
30	Banten	15.39%	67.43%	3.60%	8.64%	4.95%
31	Bali	15.42%	68.68%	11.59%	1.69%	2.61%
32	Yogyakarta Special Region	16.23%	66.03%	14.17%	2.99%	0.59%
33	Aceh	17.19%	57.06%	4.60%	12.15%	9.00%
34	Jakarta Special Capital Region	23.10%	61.05%	9.35%	6.36%	0.13%
Total		10.21%	65.83%	6.31%	13.44%	4.20%

Selected Locations and Recruitment Criterion.

Section1: List of provinces and cities with KIIs and FGDs

No	Province	Cities and Districts	Number of Days	Number of KII	Number of FGD
1	East Java	Batu	3	3	1-2
		Gresik	3	3	1-2
		Sidoarjo	3	3	1-2
		Surabaya (only for KII Province)	1	1	1-2
2	Southeast Sulawesi	Kendari	3	4	1-2
		South Konawe	3	3	1-2
		Konawe Island	3	3	1-2
3	West Kalimantan	Pontianak	4	3	1-2
		Ketapang	3	3	1-2
4	National	Jakarta	7	12	0
	TOTAL		33	32	6-9

* If West Kalimantan is visited then Sidoarjo and Konawe Island shall be dropped from first two provinces. Overall, six cities shall be visited for KIIs, site visits and FGDs.

Total Sample Size for Site Visits and Case Studies 2-3 case studies of selected communities

Selection Criteria	Key Consideration
Geographic Diversity	Select communities from both urban and rural areas from three provinces
Intervention Variability	Choose communities with varying levels of intervention complexity (e.g., different types of sanitation facilities, and hygiene promotion activities).
Performance Outcomes	Include communities with both high and low performance outcomes to identify best practices and areas needing improvement.

Annex 10: Ethical Review Approval Letter

Attachments:

- Updated Consent Forms.pdf
- Ethical Review Approval.pdf

HML IRB
RESEARCH & ETHICS

Ethical Review Approval

To	James Kimani
From	HML IRB
Subject	Study #2802
Date	01/31/2025

Dear James Kimani,

The protocol **Formative Evaluation of the Program Percepatan Pembangunan Sanitasi Permukiman (PPSP) in Indonesia (2009-2024), 2802** was assessed through a research ethics review by HML Institutional Review Board. This study's human subjects' protection protocols, as stated in the materials submitted, received research ethics review approval on 01/31/2025.

You may rely on this IRB for review and continuing ethical oversight of this study. You and your project staff remain responsible for ensuring compliance with HML IRB's determinations. Those responsibilities include, but are not limited to: 1) ensuring prompt reporting to HML IRB of proposed changes in this study's design, subject risks, informed consent, or other human protection protocols and providing copies of any revised materials; 2) conducting the research activity in accordance with the terms of the IRB approval until any proposed changes have been reviewed and approved by the IRB, except when necessary to mitigate hazards to subjects; 3) promptly reporting any unanticipated problems involving risks to subjects or others in the course of this study; and 4) notifying the IRB when your study is complete.

The approval of your study is valid through 01/30/2026, by which time you must submit a continuing review report either closing the study or requesting permission to continue for another year. Please submit your report by **01/23/2026** so that the IRB has time to review and approve your report prior to the expiration date. For instructions on how to manage an approved study refer to: How to Manage an Approved Study.

HML IRB is authorized by the U.S. Department of Health and Human Services, Office of Human Research Protections (IRB #00001211, IORG #0000850), and has DHHS Federal-Wide Assurance approval (FWA #00001102).

If you have any questions, please contact us at admin@hmlirb.com.

Sincerely,

Annex 11: Consent Forms

Consent Form for FGDs

*These will be translated into Indonesian language

NOTE FOR FACILITATOR

REMEMBER!
• CONFIDENTIALITY – 1) tell participants they are NOT being asked to share information about individual issues/cases; 2) try to find a quiet/private place to have the discussion
• INFORMED CONSENT – 1) explain the purpose of the activity; 2) participation is in group and voluntary
• SAFETY – if you feel any staff conducting this activity or participants may be at risk, do not proceed with the activity. When probing, no information linking to individual survivors should be asked.

• Conclusion: At the end of this discussion, thank the participants for their participation. Remind them to contact relevant agencies if they have any concerns.

Date: _____ Location of FGD: _____

Facilitator: _____ Note Taker: _____ Translator (if applicable):_____

Time FGD started: _____ Time FGD ended: _____

Translation used: Yes/ No

If yes, the translation was from _____ to _____

Sex of FGD participants: Female/ Male

Age of FGD participants: 18-19 years/ 20-30 years/ 30-40 years/ Over 40 years

List Other Key Demographics (caretakers, participants with physical or intellectual disabilities, etc.)

CONSENT FORM

Hello, my name is _____, and I am working as team member of Country-led Formative

Evaluation of Safely Managed Sanitation Assistance Program (PPSP) in Indonesia (2009-2024) supported by Government of Indonesia and UNICEF. We would very much appreciate your participation in this evaluation. Your participation involves a Focus Group Discussion about your experiences and learning about access to sanitation and hygiene services, including the resilience, maintenance and management of services in collaboration with different local Government agencies and local authorities, NGOs and private entities in your areas. This discussion would last for approximately 60 minutes or less. Please understand that your participation is voluntary, and you can choose to not to answer any question or not to participate at any time. You can also withdraw from the discussion at any time, without any consequences. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and find out what you really think and have experienced.

The information you provide will be strictly confidential and never connected to you. Other people will not know if you are in this study or what you have said. We will put information we learn from you together with information we learn from other people in the evaluation. No one will be able to tell what information came from you. Please do not share what is discussed here with anyone. When we tell other people about this evaluation, we will never use your name, and no one will ever know what answers you gave. Only a few researchers will have access to this information, and all information will be stored safely and destroyed under the care of the lead evaluator. The discussions will be recorded with your consent for record-keeping purposes but will be discarded

later. The information provided by you will not be misused in any form or way. Please be assured that the provided information (such as pictures, recordings etc.) will not be misused in any way and is only being collected for record keeping and evidence purposes. With your consent, your pictures might be used in the Evaluation Report. Your participation in this discussion will not involve any monetary or other form of compensation, and there will be no associated risks.

This evaluation is funded by UNICEF. This means that the team is being paid by the sponsor for doing the evaluation. The researchers do not, however, have a direct financial interest in the sponsor or in the final results of the evaluation. This evaluation process is being reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact:

1. Mr. Joseph Viandrito on +628133828963 or by mail joe.viandrito@gmail.com
2. Ms Ratih Widyaningsih +6282114178508 or by mail ratihwid2023@gmail.com

Before you say yes or no to being in this study, we will answer any questions you have.

I understand the purpose of this Focus Group Discussion. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost:

- If you consent to the recording of the Focus Group Discussion, please √ the box. ☐
- If you consent to sharing of the Focus Group Discussion to authorized partners, please √ the box. ☐
- If you consent to taking and using your pictures (for Evaluation Report) during the Focus Group Discussion, please √ the box. ☐

Signature:
Date:

CONSENT FORM
(To be signed by the parents/ guardians of the participants under the age of 18 years)

Hello, my name is _____, and I am working as team member of Country-led Formative

Evaluation of Safely Managed Sanitation Assistance Program (PPSP) in Indonesia (2009-2024) supported by Government of Indonesia and UNICEF. We would very much appreciate your participation in this evaluation. Your participation involves a Focus Group Discussion about your experiences and learning about access to sanitation and hygiene services, including the resilience, maintenance and management of services in collaboration with different local Government agencies and local authorities, NGOs and private entities in your areas. This discussion would last for approximately 60 minutes or less. We would like to obtain your consent for the participation of your child(s) in this discussion. Please understand that their participation is voluntary, and they can choose not to answer any question or not to participate at any time. They can also withdraw from the discussion at any time, without any consequences. Their decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. The information they provide will be strictly confidential. We will put information we learn from your child together with information we learn from other people in the evaluation. No one will be able to tell what information came from them. Please do not ask from them what was discussed in the discussion. When we tell other people about this evaluation, we will never use names, and no one will ever know what answers your child(s) gave. Only a few researchers will have access to this information, and all information will be stored safely and destroyed under the care of the lead evaluator. The discussions will be recorded with you and your child(s) consent for record-keeping purposes but will be discarded later. The information provided by your child will not be misused in any form or way. The information provided by you will not be misused in any form or way. Please be assured that the provided information (such as pictures, recordings etc.) will not be misused in any way and is only being collected for record keeping and evidence purposes. With your and your child's consent, their pictures might be used in the Evaluation Report. Your participation in this discussion will not involve any monetary or other form of compensation, and there will be no associated risks.

This evaluation is funded by UNICEF. This means that the team is being paid by the sponsor for doing the evaluation. The researchers do not, however, have a direct financial interest in the sponsor or in the final results of the evaluation. This evaluation process is being reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact:

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I understand the purpose of this Focus Group Discussion. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost:

- If you consent to the recording of the Focus Group Discussion, please √ the box. ☐
- If you consent to sharing of the Focus Group Discussion to authorized partners, please √ the box. ☐
- If you consent to taking and using pictures of your child (for Evaluation Report) during the Focus Group Discussion, please √ the box. ☐

Signature:
Date:

Please provide the initial of your child's name:

CONSENT FORM
(To be signed by participants under the age of 18 years)

Hello, my name is _____, and I am working as team member of Country-led Formative

Evaluation of Safely Managed Sanitation Assistance Program (PPSP) in Indonesia (2009-2024) supported by Government of Indonesia and UNICEF. We would very much appreciate your participation in this evaluation. Your participation involves a Focus Group Discussion about your experiences and learning about access to sanitation and hygiene services, including the resilience, maintenance and management of services in collaboration with different local Government agencies and local authorities, NGOs and private entities in your areas. This discussion would last for approximately 60 minutes or less Please understand that your participation is voluntary, and you can choose to not to answer any question or not to participate at any time. You can also withdraw from the discussion at any time, without any consequences. Your decision about whether to participate in this study or to answer any specific questions will in no way affect any services that you receive. If you do choose to participate, please answer the questions honestly and openly, so that we can understand your experience and find out what you really think and have experienced.

The information you provide will be strictly confidential and never connected to you. Other people will not know if you are in this study or what you have said. We will put information we learn from you together with information we learn from other people in the evaluation. No one will be able to tell what information came from you. When we tell other people about this evaluation, we will never use your name, and no one will ever know what answers you gave. Only a few researchers will have access to this information, and all information will be stored safely and destroyed under the care of the lead evaluator. The discussions will be recorded with your consent for record-keeping purposes but will be discarded later. The information provided by you will not be misused in any form or way. Please be assured that the provided information (such as pictures, recordings etc.) will not be misused in any way and is only being collected for record keeping and evidence purposes. With your consent, your pictures might be used in the Evaluation Report. Your participation in this discussion will not involve any monetary or other form of compensation, and there will be no associated risks. Please be assured that your parent/ guardian has also signed a consent form on your behalf. However, you can still refuse to participate in this study.

This evaluation is funded by UNICEF. This means that the team is being paid by the sponsor for doing the evaluation. The researchers do not, however, have a direct financial interest in the sponsor or in the final results of the evaluation. This evaluation process is being reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact:

1. Mr. Joseph Viandrito on +628133828963 or by mail joe.viandrito@gmail.com
2. Ms. Ratih Widyaningsih +6282114178508 or by mail ratihwid2023@gmail.com

Before you say yes or no to being in this study, we will answer any questions you have.

I understand the purpose of this Focus Group Discussion. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost:

- If you consent to the recording of the Focus Group Discussion, please √ the box.
- If you consent to sharing of the Focus Group Discussion to authorized partners, please √ the box. ☐

- If you consent to taking and using pictures of your child (for Evaluation Report) during the Focus Group Discussion, please √ the box. ☐

Signature:
Date:

CONTACT CARD
If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact:

Name: Mr. Joseph Viandrito
Organization: Local Consultant
Phone Number: 08133828963
Email joe.viandrito@gmail.com

Name: Ms. Ratih Widyaningsih
Organization: Local Consultant
Phone: 082114178508
Email: ratihwid2023@gmail.com

Consent Form Acknowledgment:
I, Mr. Joseph Viandrito/ Ms Ratih Widyaningsih, acknowledge that the information provided above is accurate and complete. I understand that this contact card will be used for official communication related to the evaluation project and will be kept confidential.

Evaluator's Signature: _____
Date:

Annex 12: Case Studies Best Practices

Case Study: India's Swachh Survekshan – A Model for Performance-Based Sanitation Governance

India's sanitation reform over the past decade provides valuable lessons for decentralized implementation and performance-based accountability in large federal contexts. The institutional framework is anchored in two national ministries: the Ministry of Jal Shakti, responsible for rural sanitation under the Swachh Bharat Mission – Gramin (SBM-G), and the Ministry of Housing and Urban Affairs (MoHUA), which oversees urban sanitation through the Swachh Bharat Mission – Urban (SBM-U). Implementation responsibilities are devolved to state governments, with local delivery led by Urban Local Bodies (ULBs) and Panchayati Raj Institutions (PRIs), establishing a vertically aligned governance system that combines national policy direction with subnational ownership.

Introduced in 2016, Swachh Survekshan has evolved into the world's largest urban sanitation survey, with over 4,400 cities participating in its 2024 edition. The initiative was designed as an annual performance-ranking framework that evaluates cities based on measurable outcomes and incentivizes improvements through public recognition and competitive benchmarking. The 2024 edition introduced a streamlined assessment toolkit with a 12,500-point scoring system, incorporating digital reporting, quarterly field validation, citizen feedback, and data verification protocols. Cities were evaluated across ten thematic domains, namely: visible cleanliness, solid waste management, faecal sludge and used water treatment, access to household and community sanitation, sanitation worker welfare, institutional capacity, behaviour change communication, citizen engagement, and service sustainability.

Swachh Survekshan's performance-based model rewards cities with Open Defecation Free (ODF++ and Water+) certifications for demonstrating safe and complete management of the sanitation chain, while penalizing inaccuracies in data reporting to reinforce transparency and accountability. As a result of this initiative, all urban areas in India were declared ODF by 2019, and by 2024, over 950 cities had achieved ODF++ or Water+ status. Municipalities have increasingly institutionalized scheduled desludging services, engaged private sector actors in sanitation delivery, and integrated digital tools and participatory governance mechanisms into urban management systems. These efforts have contributed to sustained improvements in sanitation outcomes, stronger community ownership, and enhanced trust in public service provision.

For Indonesia's PPSP and the emerging Safe Sanitation Roadmap 2030, India's Swachh Survekshan experience offers a practical model for strengthening subnational performance within a national accountability framework. It illustrates how digital platforms, structured monitoring, and outcome-based incentives can be used to guide city-level improvements, embed service equity, and align local action with national goals. The Indian case reinforces the importance of combining policy innovation with consistent field-level validation and citizen-centric engagement to accelerate progress towards safely managed sanitation at scale.

Reference: Swachh Bharat Mission – Urban Toolkit 2024, Ministry of Housing and Urban Affairs, Government of India.
https://sbmurban.org/storage/app/media/pdf/New%20Swachh%20Survekshan%20Toolkit.pdf

Case Study: Public–Private Partnership for Wastewater Reuse in New Cairo, Egypt

Faced with severe water scarcity, rapid urbanization, and limited public financing, the Government of Egypt (GoE) initiated its first wastewater public–private partnership (PPP) through the development of the New Cairo Wastewater Treatment Plant (WWTP). Structured as a 20-year design–build–finance–operate–transfer (DBFOT) contract, the project mobilized private investment

and expertise to treat 250,000 m^3/day of wastewater for reuse in agriculture, thereby reducing pressure on freshwater supplies and improving environmental health in the Nile River basin.

In the absence of a PPP legal framework at the time, the GoE collaborated with the IFC and PPIAF to establish a PPP Central Unit within the Ministry of Finance and develop new procurement and risk allocation mechanisms. The project demonstrated how effective governance, transparent bidding, and well-designed oversight structures could support private sector participation while enhancing public service delivery. Its success not only improved wastewater reuse and sludge valorization but also catalysed institutional reform and provided a replicable model for future sanitation PPPs. For Indonesia, this case illustrates how PPPs can be leveraged not only for infrastructure financing, but also to strengthen sector governance, promote innovation, and embed resource recovery within sanitation systems.

Source: World Bank (2018). Wastewater: From Waste to Resource – The Case of New Cairo, Egypt. https://openknowledge.worldbank.org/handle/10986/36383

Case Study: Audit-Led Optimization of Wastewater Treatment in São Paulo, Brazil

In São Paulo's Metropolitan Region, the state utility SABESP, in partnership with the World Bank and 2030 Water Resources Group, piloted an innovative audit-based optimization programme to enhance wastewater treatment performance across four major plants Barueri, ABC, Parque Novo Mundo, and São Miguel. Rather than investing in costly infrastructure expansion, SABESP adopted a process auditing methodology to identify operational bottlenecks and unlock hidden treatment capacity within existing facilities. The audits reviewed historical performance data, introduced real-time monitoring, and modelled plant behaviour under multiple flow and treatment scenarios, including projected loads for 2030.

This approach enabled SABESP to generate site-specific recommendations to reach higher levels of biochemical oxygen demand (BOD) removal up to 95% using the infrastructure already in place. The audits also calculated the savings from deferring capital investments, thereby supporting a more efficient and sustainable path to universal wastewater treatment. The initiative reflects circular economy principles by focusing on optimization, resource recovery, and extended asset life, while complying with São Paulo's stricter regulatory standards. For Indonesia, this model demonstrates how structured performance audits can guide strategic reinvestment, reduce costs, and enhance service delivery without immediate physical expansion.

Source: World Bank (2021). Water in Circular Economy and Resilience (WICER): The Case of São Paulo, Brazil. https://openknowledge.worldbank.org/handle/10986/36383

Case Study: Kampala, Uganda – Efficient FSM Transport through Scheduled Desludging and Digital Monitoring

In Kampala, Uganda, the Kampala Capital City Authority (KCCA) launched an innovative FSM transport model using scheduled desludging, supported by GIS mapping and digital tools. The system targeted densely populated, low-income settlements dependent on onsite sanitation. KCCA established a performance-based model with private operators, introducing an app-based booking system and GPS-tracked desludging trucks to ensure timely service and accountability. The average collection increased from under 400 m3/day to 1,000 m3/day within three years. Cost savings for households were achieved by bundling fees into utility payments and securing subsidies through donor support. KCCA's performance benchmarks tracked response time, emptying frequency, customer feedback, and volume transported. This integrated model significantly reduced illegal dumping and improved treatment plant inflows. Kampala's case is an exemplary model for FSM logistics and private sector contracting, offering insights for Indonesian cities seeking to regulate and professionalize sludge transport.

Reference: KCCA & GIZ. (2021). FSM in Kampala: Innovations in Service Delivery and Transport Regulation.

Case Study: Dakar, Senegal – Delegated FSM Transport and Circular Resource Recovery

The National Sanitation Office of Senegal (ONAS) has pioneered a circular economy model for faecal sludge management (FSM) in Dakar through delegated private-sector partnerships. Under affermage contracts, ONAS coordinates the sanitation value chain from customer engagement to transport, treatment, and reuse. A call centre-managed platform allows users to request desludging services, which are fulfilled by private operators using GPS-monitored trucks. The Cambérène facility processes 40,000 m3/day of wastewater and sludge, co-located to maximize energy and nutrient recovery. As of 2020, over 3,000 m3/day of tertiary-treated effluent were reused for urban agriculture, and biogas production met 28% of the facility's energy needs. Stabilized biosolids are sold to farmers, though market development is ongoing. The enabling legal framework under Senegal's Sanitation Code supports reuse and PPPs, and ONAS has been recognized as a regional leader, hosting benchmarking visits for over 15 countries. Dakar's case provides practical pathways for integrating performance monitoring, reuse, and financial sustainability into FSM.

Reference: World Bank. (2021). Water in Circular Economy and Resilience (WICER): The Case of Dakar, Senegal.

Case Study: Nepal – Rural Sanitation Benchmarking and Post-ODF Service Monitoring

Nepal's post-ODF efforts under its Total Sanitation Programme offer valuable insights into rural sanitation benchmarking. Following its declaration of over 99% national sanitation coverage by 2019, Nepal moved toward sustaining ODF outcomes by monitoring FSM access and safe sludge disposal. Led by the Department of Water Supply and Sanitation and supported by UN-Habitat and SNV, rural municipalities introduced sanitation scorecards that tracked latrine use, cleanliness, waste disposal, and frequency of desludging. Community-based operators were trained to provide desludging and transport services, with cost-sharing models introduced in Terai districts. Data collected through mobile applications enabled provincial governments to assess risks and prioritize investments. In selected districts, 90% of latrines had access to emptying services by 2021. Nepal's approach demonstrates how rural authorities can monitor and incentivize FSM in a decentralized, low-resource setting.

Reference: UN-Habitat. (2020). Sustaining ODF in Rural Nepal: Lessons from Sanitation Scorecard Pilots.

Case Study: Lusaka, Zambia – Utility-Led CWIS Benchmarking and Regulatory Oversight

Lusaka has emerged as a front-runner in applying CWIS principles through regulated utility engagement. The Lusaka Water Supply and Sanitation Company (LWSC), in partnership with WSUP and the regulator NWASCO, developed a monitoring framework to track sanitation service coverage, desludging rates, safe disposal, and customer satisfaction. FSM services were extended to informal settlements, reaching over 200,000 people, through regulated contracts with private pit emptiers. A central data dashboard allowed LWSC to monitor operator performance in near-real time, while NWASCO integrated CWIS indicators into its national benchmarking framework. Regulatory tools such as licensing, reporting templates, and performance inspections were used to enforce quality. Lusaka's experience demonstrates how utilities can lead inclusive sanitation, while embedding performance benchmarks into national oversight systems.

Reference: Water and Sanitation for the Urban Poor (WSUP) & NWASCO. (2022). CWIS in Practice: Lusaka's Approach to Regulating Onsite Sanitation.

Case Study: South Korea – National Sanitation Transformation through Policy Integration and Innovation

South Korea's transformation from low sanitation coverage in the 1960s to near-universal service by the 2010s demonstrates the power of integrated governance, innovation, and public accountability. Anchored in a coherent policy and legal framework including the Sewerage Act (1966), Environmental Preservation Act (1977), and Water Quality Preservation Act (1990) the government coordinated rapid expansion of wastewater infrastructure while embedding environmental standards across institutions. Service coverage grew from less than 2% in 1970 to over 90% by 2015, supported by the construction of hundreds of wastewater treatment facilities across urban centres. In parallel, South Korea adopted advanced treatment technologies and introduced digital tools for smart wastewater monitoring, enabling real-time performance management and resource optimization. A strong behavioural change component underpinned this transformation: the introduction of volume-based waste fee systems, RFID-enabled food waste tracking, and civic campaigns such as "No Leftovers Day" were pivotal in fostering a sense of public responsibility. By 2019, more than 95% of food waste was being recycled, and biogas recovery became standard practice in treatment plants. South Korea's success offers practical lessons for Indonesia's PPSP, particularly in demonstrating how central regulation, digital innovation, and strong public engagement can accelerate progress in both urban and rural sanitation. Importantly, it illustrates that sustained policy coherence paired with decentralized implementation and performance monitoring can bridge the infrastructure-service delivery gap and drive long-term sanitation resilience.

Refernces:

World Bank. (2015). Korea: A model for development of the water and sanitation sector. Retrieved from https://blogs.worldbank.org/en/water/korea-model-development-water-and-sanitation-sector

UNDP Seoul Policy Centre. (2016). A Case Study of Sewage & Wastewater Policy, Treatment Systems in Korea and How Experience Can Be Applied to Developing Countries. Retrieved from https://www.undp.org/policy-centre/seoul/publications/case-study-sewage-wastewater-policy-treatment-systems-korea-and-how-experience-can-be-applied-developing-countries

New Yorker. (2020). How South Korea Is Composting Its Way to Sustainability. Retrieved from https://www.newyorker.com/magazine/2020/03/09/how-south-korea-is-composting-its-way-to-sustainability

Case Study: Bangladesh – Advancing CWIS through Integrated Faecal Sludge Management

Bangladesh has progressively advanced its urban sanitation agenda by integrating Citywide Inclusive Sanitation (CWIS) principles and faecal sludge management (FSM) into policy and service delivery frameworks. Recognizing the limitations of conventional sewerage, particularly in fast-growing secondary cities, the Government of Bangladesh—with support from development partners such as SNV, the Bill & Melinda Gates Foundation, and WaterAid—initiated efforts to formalize FSM services from the early 2010s onward. A critical milestone was the formulation of the Institutional and Regulatory Framework (IRF) for FSM in 2017, which clarified institutional roles across national and local levels and enabled municipalities to regulate, contract, and monitor private sector desludging services (SNV, 2020). Under the Citywide Inclusive Sanitation Engagement (CWISE) programme (2018–2022), cities like Jhenaidah, Kushtia, and Khulna piloted inclusive FSM models, providing safe sanitation access to over one million residents. In these locations, FSM coverage in low-income communities improved by 30% through scheduled

emptying services, awareness campaigns, and digital tracking of desludging operations (SNV, 2022).

Simultaneously, the Government supported the development of faecal sludge treatment plants (FSTPs) in over 30 municipalities between 2015 and 2020, although operational sustainability remains a concern (Zaqout & Hueso, 2020). In Dhaka, a diagnostic study by the World Bank (2016) found that less than 2% of faecal sludge was safely managed despite high toilet coverage, prompting investments in end-to-end FSM planning and capacity development. Community mobilization and inclusive service models were central to these interventions, involving local operators, women's groups, and municipal health staff. The integration of FSM into municipal service plans, aligned with the National Sanitation Strategy (2014), marked a policy shift from infrastructure-focused investments to full-service chain management.

Bangladesh's approach offers vital lessons for Indonesia's PPSP. It demonstrates the importance of embedding FSM within citywide planning, empowering local governments with regulatory clarity, and ensuring inclusive service provision through data-driven monitoring. The use of scheduled desludging, mobile service tracking, and community partnerships represents a replicable model for scaling safely managed sanitation in peri-urban and underserved settlements across Indonesia.

References:

- SNV. (2020). Institutional and Regulatory Framework for FSM in Bangladesh. SNV Netherlands Development Organisation.
- SNV. (2022). Citywide Inclusive Sanitation Engagement (CWISE) Project Brief. Retrieved from https://www.snv.org
- World Bank. (2016). Fecal Sludge Management: Diagnostics for Service Delivery in Urban Areas – Case Study in Dhaka, Bangladesh. Washington, DC: World Bank.
- Zaqout, M., & Hueso, A. (2020). Providing municipal faecal sludge management services: Lessons from Bangladesh. Waterlines, 39(2–3), 166–179.

Annex 13: Institutional Mapping Across PPSP Interventions (2010-2024)

Phase	Lead Stakeholders	Supporting Actors	Identified Leadership Gaps
Advocacy, Capacity Building, and Technical Support	BAPPENAS provided national strategy, planning tools, and programme direction. MoHA issued circulars and coordinated provincial-level facilitation. Provincial Trainers delivered training to Pokja PKP.	MoH supported STBM promotion and hygiene behaviour change. AKKOPSI mobilized political commitment among mayors. Development Partners provided capacity-building materials and support.	BAPPENAS lacked legal authority to compel subnational adoption. MoHA's facilitation role varied across provinces. AKKOPSI's advocacy efforts were influential but not institutionalized or systematically financed.
Institutional and Regulatory Development	MoHA held the formal mandate to establish and guide Pokja PKP structures. District Heads and Bappeda led the formation and coordination of local Pokja.	MoPW and MoH contributed sectoral policy alignment. AKKOPSI and Provincial Pokja supported institutional facilitation.	Many Pokja PKP lacked legal basis and dedicated budgets. Institutional continuity was weak. AKKOPSI had no formal role in Pokja governance, and provincial facilitation was not always sustained.
Preparation of City/District Sanitation Strategies (SSKs)	District Pokja PKP and Bappeda led the drafting of SSKs. BAPPENAS developed SSK templates and digital tools (e.g. NAWASIS).	MoPW and MoH contributed technical inputs. Provincial Pokja reviewed and facilitated quality assurance. Development Partners provided TA for quality and process compliance.	SSKs were not consistently embedded in RPJMD or APBD. No central authority was tasked with ensuring budget linkage or mandatory use of SSKs. Tool versioning and data updates were inconsistently managed.
Investment Planning and Budgeting (Programme Memoranda)	Bappeda, Dinas PU, and Dinas Kesehatan developed Programme Memoranda (MP) and budget plans. MoPW set eligibility criteria for DAK infrastructure financing.	MoHA facilitated budget integration into RPJMD/APBD. Provincial Pokja supported costing and technical validation.	Programme Memoranda lacked formal enforcement. DAK eligibility criteria were not always synchronized with SSK priorities. Inter-agency coordination in budgeting remained limited.
Implementation and Service Delivery	Dinas PU, Dinas Kesehatan, DLH, and BLUD/UPTD executed	KPPs and Contractors delivered construction and operations.	Regulatory roles for service providers were poorly defined. MoHA's

Phase	Lead Stakeholders	Supporting Actors	Identified Leadership Gaps
	sanitation services and infrastructure management.	Community Groups participated in STBM and system usage.	enforcement of operator mandates was limited. Public–private partnerships (PPPs) and BLUD models were underutilized.
Monitoring, Evaluation, and Coaching	BAPPENAS managed the NAWASIS platform and national indicators. District and Provincial Pokja monitored SSK milestones and outputs.	AKKOPSI facilitated peer learning and performance exchange. Universities and TA providers supported coaching and reviews.	Monitoring was output-driven and did not adequately track service quality or equity. NAWASIS was underused for programme learning. AKKOPSI lacked formal funding or mandate for structured coaching.

Annex 14: Total DAK Allocation, Sanitation Share in DAK and Percentage of Sanitation

in DAK 2024 (in Dalam ribuan rupiah)

No	Provision	Total Sanitation in DAK Indonesian	Total DAK Indonesian	Sanitation Percentage of DAK
1	Bengkulu	-	1,089,235,188	0.00%
2	Jakarta Special Capital Region	-	-	0.00%
3	Central Kalimantan	-	1,293,764,942	0.00%
4	East Kalimantan	-	884,011,542	0.00%
5	Bali	-	495,233,657	0.00%
6	Papua	-	1,097,846,524	0.00%
7	Gorontalo	-	648,627,131	0.00%
8	West Papua	-	828,205,039	0.00%
9	North Kalimantan	-	382,981,918	0.00%
10	South Papua	-	677,194,425	0.00%
11	Central Papua	-	969,681,664	0.00%
12	Highland Papua	-	1,666,588,692	0.00%
13	Southwest Papua	-	752,838,193	0.00%
14	Maluku	252,662	1,182,519,683	0.02%
15	West Sumatra	371,700	1,126,548,928	0.03%
16	South Sumatra	1,050,000	1,430,073,771	0.07%
17	South Sulawesi	1,953,580	2,380,058,584	0.08%
18	Lampung	1,628,550	1,453,583,033	0.11%
19	Yogyakarta Special Region	882,000	552,657,507	0.16%
20	Riau Islands	1,155,503	648,360,942	0.18%
21	Riau	2,020,000	1,088,954,591	0.19%
22	Central Sulawesi	5,276,810	1,655,367,163	0.32%
23	North Maluku	4,388,999	1,246,408,968	0.35%
24	North Sulawesi	4,347,117	1,203,927,756	0.36%
25	Jambi	3,780,000	932,230,541	0.41%
26	Bangka Belitung Islands	4,414,125	493,766,275	0.89%
27	Banten	31,938,778	763,286,502	4.18%
28	East Nusa Tenggara	143,527,579	3,219,776,353	4.46%
29	West Nusa Tenggara	80,717,619	1,707,333,483	4.73%
30	West Java	168,815,619	3,516,944,781	4.80%
31	Central Java	226,582,048	3,897,341,102	5.81%
32	North Sumatra	214,953,226	3,445,406,017	6.24%
33	West Kalimantan	106,213,422	1,665,714,863	6.38%
34	West Sulawesi	41,164,429	637,132,311	6.46%

No	Provision	Total Sanitation in DAK Indonesian	Total DAK Indonesian	Sanitation Percentage of DAK
35	Southeast Sulawesi	110,103,908	1,578,005,757	6.98%
36	Aceh	158,165,680	2,114,833,977	7.48%
37	South Kalimantan	80,417,924	1,065,951,408	7.54%
38	East Java	299,578,722	3,694,931,680	8.11%

Annex 15: Terms of Reference

Country-led Formative Evaluation of Safely Managed Sanitation Assistance Program (PPSP) in Indonesia (2009-2024)

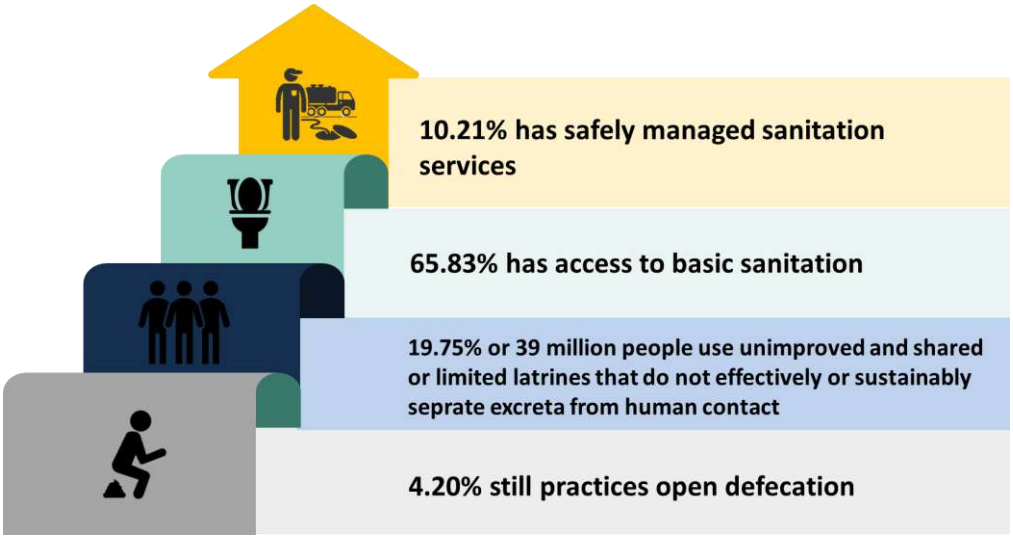
Short Title of Assignment
Country-led Formative Evaluation of Safely Managed Sanitation Assistance Program (PPSP) in Indonesia (2009-2024)

Background (Evaluation Context)
Indonesia is the largest archipelago nation in the world. With a population of 270.2 million (National Statistics Agency, 2020) from 360 ethnic groups, Indonesia is the fourth most populous country in the world. It stretches 5,150 km between the Australian and Asian continental mainland, divided the Pacific and Indian Oceans at the Equator. The country comprises of five main islands: Sumatra, Java, Kalimantan, Celebes and Papua. It has a total of 17,508 islands, among which 6,000 are inhabited. The population of Indonesia can be divided into two major groups: in the western region, most from the Malay ethnicity, while in the eastern region there are the Papuans originating from the Melanesian Islands.

Since the year 2000, Indonesia has made remarkable progress in accelerating access to basic water, sanitation, and hygiene (WASH) services to most of its population, spreading across different islands of the archipelago. Since 20001, Indonesia has succeeded in expanding access to improved water sources to about 110 million citizens and improved sanitation facilities to 148 million citizens. At the same time, Indonesia also managed to significantly reduce its open defecation rate from 30% in 2000 to 5.6 % in 2021 (National Statistics Agency, 2021). As of 2021, 90.7% of Indonesia's population have access to improved drinking water – a significant increase from 61.29% drinking water access in 2018. Similarly, 80.29 percent of the population has access to improved sanitation in 2021 (National Statistics Agency, 2021). Nevertheless, challenges and issues linked to water quality and sanitation-related diseases are still a concern. A recent survey (2021) by the Ministry of Health showed that Escherichia coli (E. coli) was found in 70% of the groundwater samples from the surveyed households, indicating that water pollution due to poor sanitation is a major issue of concern.

The Sustainable Development Goals (SDGs) inspires countries to improve the access and quality of sanitation services. It is no longer considered sufficient to only have access to adequate sanitation, countries now must introduce and increase access to safely managed sanitation, which offers better health and environmental protection for children and their families. Safely managed sanitation is an upward shift of the interventions focused in reducing open defecation (Figure 1).

Figure 1: Proportion of households accessing sanitation based on sanitation ladder



Source: National Statistics Agency, BPS, 2023 (analyzed by Bappenas)

The level of access to safely managed sanitation in Indonesia is still low – around 10% in 2023 – which is slight increase from 7% in 2022 (National Statistics Agency, 2022 & 2023). Several initiatives have been conducted by the government to increase access to safely managed sanitation, including improving fecal sludge management (FSM) and access to sewerage system (e.g., city-scale or decentralized wastewater treatment system, particularly for high densely urban areas). In the area of on-site sanitation, the government through the Ministry of Public Works and Housing has supported local governments in improving fecal sludge management by providing technical assistance to strengthen institutional capacity, development of guidelines and standards, conducting training and sharing knowledge, etc. In addition, the Ministry of Public Works and Housing has provided support to vulnerable households to acquire sealed septic tanks to contain domestic wastewater and reduce risk of pollution. On-site systems that are not properly sited, designed, installed, and maintained pose an unacceptable risk to public health.

Government of Indonesia (GoI) has set new target by committing to provide access to safely managed sanitation to 30% of Indonesians by 2030 and 70% by 2045. To achieve these targets, the GoI with technical support from UNICEF has developed a safely managed sanitation roadmap, which serves as a basis for the preparation of the next national development plans – National Medium-Term Development Planning (RPJMN) 2025-2029 and National Long-Term Development Planning (RPJPN) 2025-2045. The roadmap sets out the key policies, strategies, interventions, budget, priority programs and line ministries accountable for the implementation of the safely managed sanitation roadmap.

Object of Evaluation (PPSP Program – Program Percepatan Pembangunan Sanitation Permukiman)

To achieve the desirable outcome of universal coverage of safely managed sanitation access and services across the Indonesian archipelago, there is need for increased policy and programmatic efforts by stakeholders. To achieve the ambitious targets in the recently launched national sanitation roadmap, it is essential to strengthen the support to the sub-national governments. The national government's support to the subnational governments was initiated in 2009 and is primarily provided through four key ministries: National Development Planning Agency (Bappenas); Ministry of Home Affairs (MoHA); Ministry of Public Works and Housing (MPWH); and Ministry of Health (MoH). The "Program Percepatan Pembangunan Sanitasi Permukiman" (PPSP/Sanitation Settlement Development Acceleration Program) is the main platform through which the support is provided. In addition to provision of support for improving access to

sanitation services, the platform has been instrumental in fostering multi-stakeholder collaboration among stakeholders in the sector. The PPSP Program was developed with a primary purpose of creating and nurturing an enabling environment to support the acceleration of sanitation development, through advocacy, strategic planning, and inclusive implementation through engagement and involvement of various stakeholders. There are six core strategies that underpin PPSP's support at the subnational level. These include: (a) conducting campaigns, education, advocacy and technical assistance, (b) development of local institution and regulation capacity (c) preparing city sanitation strategy, (d) development of programme memorandum, (e) fostering implementation, and (f) monitoring, evaluation and coaching.

Since the inception of PPSP over 15 years ago, there have been three phases of programme implementation. The Government of Indonesia through Bappenas's Directorate of Housing and Settlement is keen to gather lessons and insights to inform the next phase of the programme implementation. It is also important that the fourth phase of PPSP takes into consideration the relevant development targets highlighted in the newly launched National Medium-Term Development Plan (RPJMN 2025-2029) and National Long Term Development Plan (RPJPN 2025-2045). To this end, Bappenas's Directorate of Housing and Settlement in partnership with UNICEF has commissioned an evaluation of PPSP to generate evidence on areas of improvement to better support the local governments in strengthening the access to safely managed sanitation services.

Purpose, Objectives, Audience, Expected Use

Purpose of Evaluation

This is a country-led formative evaluation that aims to assess PPSP's implementation and performance from 2009 to 2024 (with deeper analysis in the last five years (2019-2024)) to generate evidence on areas of improvement to better support the local governments in strengthening access to safely managed sanitation services. The evaluation will also generate lessons learned about what works and does not work to inform the design and implementation of the fourth phase of PPSP.

It is expected that the evaluation will inform the four key ministries involved in the implementation of PPSP programme on the key enhancements and adjustments needed to accelerate progress and achievement of the expected sectoral targets in the national development plans (e.g., RPJMN 2025-2029 and RPJPN 2025-2045).

Objectives of Evaluation

The objectives of the evaluation are to:

1. Develop a theory of change (ToC) to capture the causal pathways toward accelerating access to safely managed sanitation (SMS) in Indonesia through the PPSP's support to subnational governments. The ToC will be developed based on the review of existing literature and consultations and validation by key stakeholders. The ToC is expected to provide a theoretical framework of activities, outputs and outcomes that will form the basis for evaluating the overall PPSP programme's support for the acceleration of SMS activities in Indonesia.
2. Assess the relevance, coherence, effectiveness, efficiency, and sustainability of the PPSP program approaches and strategies in accelerating access to SMS.
3. Draw lessons learned, benchmarks, good practices and a set of forward-looking and actionable recommendations to inform the priorities, design, implementation and scale up of programming approaches, strategies and key interventions needed for accelerating the access to safely managed sanitation in Indonesia. This will include learning from other countries experiences. [Consider highlighting new innovative models/approaches that can be used to inform the design of PPSP support to subnational government to accelerate access to SMS in Indonesia]

The table below shows the primary and secondary audience of the evaluation and intended use of the findings.

AUDIENCE OF THE EVALUATION AND INTENDED USE	
Users of Evaluation	Intended Use of Evaluation
Primary	
Government Ministries and Agencies at the national level involved as Programme Management Unit (PMU) and Programme Implementation Units (PIUs) of PPSP program: • National Development Planning Agency (Bappenas) • Ministry of Public Works and Housing (MPWH) • Ministry of Health (MoH) • Ministry of Home Affairs (MoHA)	• Share insights about benchmark/lesson-learned/good practices of assistance program in other sectors as well as other regions. • Inform areas of improvements and refinements of the PPSP program in supporting the safely managed sanitation (SMS) programming in Indonesia and achievement of national targets by 2045. Specifically, in areas such as: ○ Planning/design and implementation of program structure. ○ Governance (roles/responsibilities, accountability, capacities, data management, monitoring, etc.). ○ Engagement and quality of services for the local governments taking part in the PPSP program. ○ Cross-cutting and future issues/ challenges faced by the local governments in achieving desired results in SMS in their respective regions, including gaps in resources and climate change. • Inform the efforts to improve the clarity of roles and responsibilities between the PMU and PIUs.
Sub-national Government	• Provide evidence on areas of improvement to strengthen the formulation, planning and implementation of policies, programmes, and strategies for sustainability/scaling up of SMS initiatives. • Provide learning opportunities in cross-cutting, current, and future challenges in building the ecosystem of sanitation sector.

AUDIENCE OF THE EVALUATION AND INTENDED USE	
Users of Evaluation	Intended Use of Evaluation
	• Provide learning and knowledge sharing opportunities among subnational governments and other key stakeholders such as development partners.
UNICEF Indonesia Country Office (ICO)	• Help refine the strategies and approaches to better support the Government in accelerating SMS. • Better approaches in advocating for SMS at both national and sub-national level. • Inform linkages with other programs for synergistic impact on child rights
Secondary	
UNICEF East Asia and Pacific Regional Office	• Contribution to strategic thinking around approaches to SMS programming in the region • Provide learning and insights on the design and implementation strategies and approaches to SMS programming in Indonesia, and countries with similar socio-economic situation as Indonesia • Inform the Regional Office's planning and areas of support to Indonesia Country Office's strategies and approaches to SMS programming activities
Other UN Country Teams, key development partners and donors	• Inform funding decisions on areas that need support and improvement to better support results for pregnant women, mothers, and children • Provide objective evidence and learning for improving the design and implementation of SMS policies and programming initiatives in Indonesia
Civil Society Organizations/implementing partners	• Lessons learned will be used to inform the advocacy and implementation strategies of their SMS programmes
Rights holders and duty bearers	• Right holders: To better inform approaches and strategies to galvanize public awareness and action on SMS practices • Duty bearers: To better inform policies, strategies, approaches, and interventions to accelerate access to SMS

Scope of Evaluation
The scope of the evaluation will include the following three core areas.

Thematic scope: Thematically, the evaluation will examine implementation of the PPSP program (2009-2024), particularly on the technical assistance provided to local governments. The main focus will be on the upstream work aimed at creating an enabling environment (e.g., regulation, governance) and system strengthening (e.g., planning, budgeting, strategies development etc.). The evaluation will also focus on issues related to the impact of poor sanitation on environment and inclusive climate resilience.

Geographical scope: Geographically, the evaluation will cover the implementation activities of the SMS programme at both the national and sub-national. At the subnational level, the target will be at least four districts in two provinces (preferably East Java and South Sulawesi).

Chronological scope: The evaluation will focus on the PPSP's implementation period from 2009 to 2024. As the timeline covers the COVID-19 period, the evaluation will examine the implications of the pandemic on the SMS programming. Therefore, the evaluation will assess the extent to which the programming remained relevant and strategically positioned to address the changing reality and needs for communities, children and their families in Indonesia.

Evaluation Criteria and Questions

The evaluation will focus on the OECD-DAC criteria of relevance, coherence, effectiveness, efficiency, and sustainability. In addition to OECD/DAC evaluation criteria, the evaluation will prioritize gender, equity, and human rights as key criteria to be prioritized throughout the evaluative process. Evaluation questions have been prioritized and structured in line with these criteria.

Below are preliminary evaluation questions which will be finalized during the inception phase. They can be commented on and adjusted by the bidders in their technical proposal.

Relevance – *the extent to which the PPSP programme is suited to the needs, priorities, and policies of the subnational government and other stakeholders to accelerate access to safely managed sanitation (SMS) and will continue to do so if circumstances change.*

- To what extent has the PPSP programme been, and is still, aligned in supporting national priorities and relevant given the country context, the existing sanitation challenges, and the ambitious SMS targets set out in national development plans?
- To what extent are the current objectives, strategies/approaches, implementation modalities of the PPSP program still valid and respond to the current priorities and policies of the relevant subnational government stakeholders, as well as the needs of the beneficiaries in different communities and geographical areas (e.g., urban, rural, etc.)?
- To what extent are the PPSP's strategies/approaches appropriate for achieving the desired results?
- Are the activities and outputs of the PPSP programme consistent with the overall goal and the attainment of its objectives, and intended impacts/effects including impact on environment, public health, etc.?

Coherence – *compatibility of PPSP programme with other policies, programmes, and interventions in the country, implementation areas, as well as fit to the overall SMS programming structure. How well does the intervention package fit to support the overall goal of achieving SMS in Indonesia by the designated time?*

- To what extent the PPSP programming is consistent with related activities and interventions delivered by the relevant government partners (e.g., Ministry of Public Works, Housing, Ministry of Health and other key stakeholders?
- To what extent is the PPSP programming activities at the local level coherent with the local plans, policies, interventions, and systems? This includes complementarity, harmonization and co-ordination with others, and the extent to which the intervention is adding value.

Effectiveness – *the extent to which PPSP programme achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.*

- To what extent were the desired results of the PPSP programme achieved / are likely to be achieved?
- To what extent and which implementation strategies and approaches of the PPSP mainly contributed to achievement of national SMS program results?

- What were the major factors influencing the achievement or non-achievement of PPSP's desired results in supporting subnational government (including strategies, partnerships, coordination between Ministries, etc.)?
- What exactly are the unintended results of PPSP programme at national and subnational level?

Efficiency - *the extent to which the PPSP programme's resources (human, expertise, financial and materials) were sufficient and efficiently used to produce achieved results (outcomes, and outputs) in a timely way.*

- To what extent is the PPSP programming approach efficient in achievement of desired results in terms of resource utilization (human, technical, financial) and timely delivery? Have there been any significant delays in programme implementation and achievement of results, and if so, why?
- To what extent did PPSP stakeholders efficiently coordinate and use resources and capacities to achieve results?
- To what extent did the PPSP coordination and collaboration structure avoid duplication among the key stakeholders?

Sustainability - *the extent to which the PPSP programme approach succeeded in creating opportunities for good practices and interventions to be adopted and scaled-up?*

- What are the major factors which influence the achievement or non-achievement of sustainability?
- To what extent has PPSP programme, through its interventions, led to a lasting change to children, women, and communities, that can be sustained overtime?
- To what extent the coordination structures, plans, programs, and policies at the national and sub-national level have changed to sustain the results of PPSP Programme? [For example, what arrangements the subnational government partners have made (such as ordinances, resolutions, memo circulars at relevant levels) to sustain the results of the PPSP programming initiatives?]

<u>Additional criteria for consideration</u>

Equity, gender equality, human rights, and climate resilience - *Measures the extent to which vulnerable or disadvantaged populations as well as girls and women benefit from the PPSP programme results.*

- What type of approaches and interventions from PPSP programme that have yielded results in improving access to SMS in disadvantaged, vulnerable and less reached areas/groups? To what extent is gender a significant factor? Has attention been given to the needs of children affected by disability? Has climate resilience been adequately incorporated into the PPSP programme?
- Are there concrete lessons that can be replicated for improving access to SMS in an equitable manner targeting the most disadvantaged or vulnerable children?

<u>Note:</u> Gender, equity, and human rights will be mainstreamed in the evaluation questions across the five key evaluation criteria.

The technical proposals should also include a preliminary evaluation matrix linking the key evaluation criteria and questions/sub-questions with appropriate indicators of success, the proposed methods of data collection and analysis as well as and data sources for answering each evaluation question (and exploring the sub-questions). The proposal should show the firm's ability to develop appropriate metrics for assessing each question objectively. In consultation with the Evaluation Reference group, and in agreement with the management team, the questions can be re-prioritized and modified by the evaluation team during the inception phase.

Evaluation Design and Methodology

Based on the objectives of the evaluation, this section indicates a possible approach, methods, and processes for the evaluation.[4] Methodological rigor will be given significant consideration in the assessment of proposals. Hence bidders are invited to interrogate the approach and methodology outlined in the ToR and improve on it or propose an approach they deem more appropriate. In their proposals, bidders should clearly refer to triangulation, sampling plans, ethical considerations and methodological limitations and mitigation measures.

This evaluation should follow a participatory, utilization-focused, and theory-based approach, with mostly qualitative data collection and analysis. Evidence will be collected primarily through comprehensive desk review and information gathered directly from key stakeholders at national and local levels through key informant interviews, focus group discussions, and other appropriate means.

With a strong focus on utilization, the approach of the evaluation will concentrate on engaging with the principal users of the evaluation process and report – key stakeholders in government ministries and departments at national and sub-national level, UNICEF, and other stakeholders involved in similar programmes supporting SMS activities and initiatives in Indonesia – throughout the process. This includes involvement of the stakeholders in the evaluation design (inception phase), in data collection phase, the validation of data collected and emerging results as well in the formulation and validation of recommendations. This will increase the relevance of the questions asked, the appropriateness of the data collected as well as the level of actionability and usefulness of the recommendations.

To strengthen the data collection process, it is expected the lead consultant will partner with a local team of expert(s) with the appropriate technical and operational capacities.

A comprehensive desk review of programme documentation and other relevant materials is expected. The desk review should culminate in a synthesis from the documents reviewed and be included as an annex to the Inception Report.

Key informant interviews (KIIs): Discussions with key stakeholders will be largely qualitative and might involve face-to-face and remote modalities. The number, participants, and nature of the KIIs will be articulated in the Inception Report. An initial consultation (inception phase) through key informant interviews (KIIs) with mostly Government and UNICEF focal points will be undertaken at the inception phase to shape the inception process.

Focus group discussions (FGD): As appropriate, inputs from groups of rights holders and duty bearers will be gathered through focus group discussions. The number, participants, and nature of the FGDs will be articulated in the Inception Report.

Data triangulation will be of crucial importance. The findings, conclusions and recommendations should be based on triangulated evidence. Three types of triangulation methods could be adopted: 1) cross reference of different data sources (from KIIs, FGDs, and review of documents); 2) investigator triangulation through the deployment of multiple evaluators; and 3) review by participants through the respondents' validation meetings and consultation with UNICEF and government key respondents during the report drafting process. The triangulation efforts will be tested for consistency of results, noting that inconsistencies do not necessarily weaken the

[4] The proposed methodology is just indicative and based on internal experience in conducting similar evaluations. There will be need to develop a detailed design, analytical methods and tools during the inception phase based on additional literature review and in consultation with the Evaluation Reference Group.

credibility of results, but may reflect the sensitivity of different types of data collection methods. This is to ensure validity, establish common threads and trends, and identify divergent views.

The evaluation design and methodology including the necessary data collection, sampling strategy and selection criteria, and limitations and mitigation measures shall be further developed and improved by the bidders in their respective proposals. Alternative approaches can also be proposed. This will be further specified and finalized by the selected evaluation team in collaboration with UNICEF and the Evaluation Reference Group during the inception phase.

Data analysis plan

Bidders must also pay attention to the evaluation design, tools to be used, and analytic approaches to be employed to make sense of the data. It is important that the evaluators integrate evaluative thinking throughout the evaluation. Bidders should articulate their plans for analysing and synthesizing the data collected from each method in the Inception Report. They should note tools and approaches for qualitative (e.g., transcription and analytical techniques) and quantitative analysis and how analyses will be drawn together to develop the findings and conclusions.

Norms and Standards

The evaluation will follow the UNEG Norms and Standards for Evaluations as well as UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis. It also has to consider UNEG Guidance on integrating Human Rights and Gender Equality in Evaluation and UN-SWAP Evaluation Performance Indicators. The final evaluation report should be compliant with UNICEF-Adapted UNEG Evaluation Reports standards and UNICEF's Global Evaluation Reports Oversight System (GEROS) review criteria and prepared according to the UNICEF Style Guide, UNICEF Publication Toolkit and UNICEF Brand Toolkit. Overall quality ratings and evaluation reports are then available on the UNICEF website: https://www.unicef.org/evaluation.

Limitations

The evaluation limitations should be taken into consideration in the technical proposal and in the design of the methodology and approach to be followed. Bidders are encouraged to identify the limitations of the proposed methods and any risks related to evaluation conduct as well as mitigating measures for these limitations and risks in the proposal.

Ethical Considerations

UNICEF requires evidence generation conducted to be in full compliance with ethical considerations, including during evaluations, research, and data collection. Ethical considerations will be assessed and documented, and clearance will be sought before data collection can commence. Documentation for ethical clearance will be prepared by the evaluation team in accordance with the requirements of UNICEF and UN guidance, including but not limited to UNEG Ethical Guidelines for Evaluation (2020); UN Evaluation Group Code of Conduct for Evaluation in the UN System, 2007/8; and the UNICEF Procedure for Ethical Standards and Research, Evaluation and Data Collection and Analysis. Ethical review from an Independent Review Board (IRB) should be considered in the proposal and in the timeline and are the responsibility of the consultant. Good practices not covered herein are also to be followed. Any sensitive issues or concerns should be raised with the Evaluation Manager as soon as they are identified.

During the evaluation process, full compliance with all UNEG and UNICEF ethical guidelines will be required. All informants should be offered the possibility of confidentiality, for all methods used. Dissemination or exposure of results and of any interim products must follow the rules agreed upon in the contract. In their proposals, bidders should describe their data and document protection protocols. Unauthorized disclosure is prohibited.

Evaluation Timeline and Deliverables
The evaluation will include three distinct stages.

An initial inception phase which will include preliminary desk review and in-depth interviews with key stakeholders in the present and in the past (those involved in the development or early implementation of PPSP), leading to an inception and initial finding report. The Inception Report (IR) will be key in confirming a mutual understanding of what is to be evaluated, including additional insights into executing the evaluation. The IR presents the complete methodology approach to conducting the evaluation, with all tools fully drafted. All design issues under discussion are finalized in the IR, including any revisions to the questions, the reference group role and supervisory quality assurance.

The report will include, among other elements:

- Evaluation purpose and scope, confirmation of objectives of the evaluation and geographical focused area;
- Evaluation criteria and questions;
- Evaluation methodology (including sampling criteria), along with a description of data collection methods and data sources (incl. a rationale for their selection), advanced draft data collection instruments, for example questionnaires, with a data collection toolkit as an annex, an evaluation matrix that identifies descriptive and normative questions and criteria for evaluating evidence, data analysis methods and a data analysis plan, a discussion on how to enhance the reliability and validity of evaluation conclusions, a description of the quality review process, a discussion on the limitations of the methodology and ethical considerations;
- Proposed structure of the final report;
- Evaluation work plan and timeline, including a revised work and travel plan (where applicable) and deliverables timeline;
- Annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework).
- Initial results of desk review and in-depth interviews with key stakeholders.

This will allow the evaluation team to fully understand the context of PPSP programme, evaluation criteria and the objectives of the evaluation, as well as the limitations to it and furthermore will help refine evaluation purpose, scope and questions. Inclusion of key users in this stage will be key to ensure similar understanding of the sector's context in programs and development in Indonesia. Preliminary findings will lead to the refinement of the evaluation methodology in close agreement with the evaluation managers. An inception report will capture all the changes and include tools for collection of data, an evaluation matrix as well as a more detailed and up to date evaluation timeline.

Ethical clearance: Prior to data collection phase, the evaluation shall have an ethical clearance that can be issued either by an external board or an internal board, depending on the case and as required by UNICEF rules and regulations (see ethical clearance section).

The data collection phase will entail an in-depth desk review, data collection involving key informant interviews and focus group discussions with stakeholders at national and subnational level, data analysis, report drafting, and validation phase. Bappenas and UNICEF will support the evaluation team to identify the key stakeholders to be consulted. After the data collection process is completed and draft report established, a face-to-face validation workshop will be conducted to present a draft evaluation report to the Evaluation Reference Group and relevant stakeholders as invited by UNICEF for inputs and comments. The draft report should include findings from the desk review and data collection (primary and secondary) (with an initial attempt to triangulate findings),

and conclusions and recommendations. The presentation should also present a matrix of data collected for responding to each evaluation question and point to gaps that challenged the data collection phase.

The draft report will fully conform to the Global Evaluation Report Oversight System[5] of ideally 40 pages but not more than 70 pages plus executive summary and annexes that will be revised until approved. Nonetheless, the final report could exceed the expected number of pages to meet the needs of the stakeholders.

Final phase (completion of final report and evaluation briefing) – A draft final report will be prepared incorporating all comments and findings. A six pages evaluation briefing note including key findings, conclusions and recommendations. The evaluation briefing note that is distinct from the executive summary in the evaluation report and it is intended for a broader, non-technical and non-UNICEF audience. A PowerPoint presentation of the final report should be developed to share the final evaluation findings, conclusions and recommendations with the Evaluation Reference Group and for future dissemination events. The evaluation team is expected to produce English and Bahasa versions of the final report, evaluation briefing note, and PowerPoint slide-deck.

Bidders are invited to reflect on each outline and effect the necessary modification to enhance their coverage and clarity. Products are expected to conform to the stipulated number of pages where that applies.

Important notes:

- Monitoring deliverables about work progress are not listed but will be periodically required.
- Page limits, if any, to be established during the inception period. In general, the final report should aim for conciseness, readability, and visual appeal.

Reports will be prepared according to the UNICEF Style Guide, UNICEF Brand Toolkit and UNICEF Publication Toolkit (to be shared with the winning bidder) and UNICEF-Adapted UNEG Evaluation Reports Standards as per GEROS guidelines (referenced before). All deliverables must be in professional-level standard English, and they must be language-edited/proof-read by someone who is proficient in English.

[5] UNICEF has instituted the Global Evaluation Report Oversight System (GEROS), a system where final evaluation reports are quality assessed by an external company against UNICEF/UNEG Norms and Standards for evaluation reports. The Evaluation Team is expected to reflect on and conform to these standards as they write their report.

Proposed Evaluation Timeline

Phase/Activity	Aug	Sept	Oct	Nov	Dec	Jan 2025	Feb
1. Inception phase							
Kick-off meeting							
Draft inception report (including initial desk review, consultations with key external stakeholders and UNICEF focal points)							
Review of/QA of inception report by Evaluation Reference Group (ERG)							
Ethical approval							
Final inception report							
2. Data collection, analysis, report drafting, and validation phase							
In-depth desk review							
Conduct key informant interviews and focus group discussions with key stakeholders at national and subnational level							
Zero draft final evaluation report							
Review of/QA of draft final report by ERG (round 1)							
Validation workshop (presentation of preliminary findings and recommendations to ERG)							
3. Finalization phase							
Review of/QA of draft final report and evaluation briefing note by ERG (round 2) following the validation workshop							
Revise draft final report and evaluation briefing note based on feedback from ERG							
PowerPoint slide-deck that can be used for dissemination purposes							
Final report and evaluation briefing note							

Note: The entire assignment is envisioned to run for 6 months with an assumed start date of mid-August 2024 and completed by February 2025.

Dissemination Plan

The evaluation will be disseminated to the relevant stakeholders in the WASH sector in Indonesia particularly the identified primary and secondary audience of the evaluation including national and local government partners, CSO partners, other development agencies, INGOs, and the wider development community.

In addition to the final report, an evaluation briefing note (6 pages) and an adequate PowerPoint slide deck summarizing the key findings, conclusions, lessons learned, and recommendations (in English and Bahasa) will be developed and disseminated to the key partners through various means such as email roster of relevant partners, UNICEF website posting, distribution at UNICEF and partner key events.

Within UNICEF Indonesia, the evaluation will be presented to the whole of the staff, preferably through a special session, or through the regular office meetings such as PMT/CMT. The evaluation will be shared as well with EAPRO for dissemination to other countries in the region, and with HQ, for a larger scale dissemination.

Once approved, the evaluation report will be electronically submitted to the UNICEF Global Evidence Information System Integration (EISI) within 15 days from the date of completion. The UNICEF Country Office (CO) management is expected to develop and implement a two-year action plan in response to the evaluation recommendations. The CO will also upload the action plan unto EISI for quarterly progress monitoring and reporting.

Deliverables/ Reporting Requirements and Payments		
Deliverables/ Reporting Requirements	Indicative Dates *(assumes start date of mid-August 2024)*	Payment Terms
1. Inception Report* (after incorporation of feedback from Evaluation Reference Group) including methodology, final evaluation matrix, evaluation instruments/tools, initial desk review and in-depth interviews of key stakeholders.	end September 2024	20% of contract cost upon acknowledgement by UNICEF that deliverable has been completed and meets minimum quality standards
2a. Zero Draft Final Evaluation Report*	Mid-November 2024	50% of contract cost upon acknowledgement by UNICEF that deliverable has been completed and meets minimum quality standards
2b. Validation Workshop		
2c. Draft Evaluation report and evaluation brief* (after incorporation of feedback from Evaluation Reference Group and Validation workshop comments)	January 2025	
3. Final Evaluation report, evaluation brief and PPT slides*(after incorporation of feedback from Evaluation Reference Group	February 2025	30% of contract cost upon acknowledgement by UNICEF that deliverable has been completed and meets minimum quality standards
* For review by the Evaluation Reference Group -- allow 2 weeks for the ERG to review and provide feedback. All the deliverables must be compliant with UNICEF-Adapted UNEG Evaluation Report Standards, UNEG Norms and Standards for Evaluations and GEROS Evaluation Quality Assurance Tool		

Qualifications, Specialized Experience and Additional Competencies

The core evaluation team may comprise up to 3 experts with one senior-level evaluation expert as Team Leader (international expert) to lead the evaluation. The lead consultant (Team Leader) is expected to engage local experts as part of the evaluation team. The team should have complementary expertise in the areas of evaluation and WASH (safely managed sanitation is preferred). A gender balanced and culturally diverse team composition, including national team members, is strongly encouraged. Examples of profiles are highlighted below.

Team Leader (international)

- Strong team leadership and management track record and commitment to delivering timely and high-quality evaluation outputs.
- Extensive evaluation expertise (at least 10 years) of comprehensive scope with strong mixed-methods evaluation skills and flexibility in using non-traditional and innovative evaluation methods.
- Background in WASH, particularly specializing in sanitation programme development, including sound knowledge of policy and system aspects; institutional development; familiarity with other sectors, namely health, education, and social protection, including the role of the UN system, partnerships, results-based management, planning and monitoring; policy, advocacy, upstream programming, and sustainable development issues.
- Demonstrated experience in engaging with government stakeholders in a participatory manner throughout the evaluation process.
- Familiarity with development programming, policy and advocacy work and experience in evaluating multi-sectoral programmes or initiatives would be an asset (familiarity with the socio-economic context of Southeast Asian countries is preferred).
- Knowledge of the UN's human rights, gender equality and equity agendas and experience in applying these to evaluation.
- Good interpersonal and communication skills; ability to interact with various stakeholders and to concisely express ideas and concepts in written and oral form.
- Language proficiency: Fluency in English is mandatory.

As team leader, he/she is responsible for preparing the overall work plan and overseeing its implementation, ensuring coherence of the analytical approach, and ensuring that all evaluation outputs are produced in an acceptable and timely manner. He/she will also be responsible for ensuring cross-cutting issues e.g., gender equality, equity, and human rights, including child rights are well considered; ensuring ethical conduct of evaluation; also ensuring integration of the inputs of the other team members into a coherent evaluation report.

Team member – national expert

- Significant experience in each of these expertise: program evaluation, public policy development, institutional development, and policy/regulation research with background in WASH or other areas relevant to addressing ODF and safely managed sanitation (at least 5 years relevant experience)
- Experience in evaluating multi-sectoral programs or initiatives is preferred
- Demonstrated strong work experience and network in the WASH sector in Indonesia (preferred).
- Strong conceptualization, analytical and writing skills and ability to work effectively in a team.
- Demonstrated experience in engaging with government stakeholders in a participatory manner throughout the evaluation process.
- Hands-on experience in collecting and analysing quantitative and qualitative data.
- Knowledge of the UN's human rights, gender equality and equity agendas and application in evaluation

- Commitment and willingness to work in a challenging environment and ability to produce quality work under limited guidance and supervision.
- Good communication and people skills; ability to communicate with various stakeholders and to express ideas and concepts concisely and clearly in written and oral form.
- Language proficiency: Fluency in English is mandatory; ability to speak, read and write both Bahasa Indonesia and English.

Evaluation associate/coordinator (national) – tasked with supporting coordination, data collection, organizing and documentation of evaluation meetings, including the validation event, and all administrative and logistical support required to implement the evaluation. Should be an Indonesian national.

Any other named persons in the proposal will have experience and skills that complement the Team Leader. Knowledge and experience with some of the selected programmatic areas that are the focus of the evaluation will be necessary. If the Team Leader does not have experience in Indonesia, the senior supporting consultant must have this experience.

Note: All members of the team should have:
- Strong inter-personal skills and ability to engage effectively with senior stakeholders.
- Bringing a strong commitment to delivering timely and high-quality results, i.e., credible evaluations that are used for improving strategic decisions.
- Commitment and willingness to work independently, with limited regular supervision; she/he must demonstrate adaptability and flexibility, client orientation, proven ethical practice, initiative, concern for accuracy and quality.
- The ability to concisely and clearly express ideas and concepts in written and oral form as well as the ability to communicate with various stakeholders in English.

Evaluation Management and Quality Assurance
The Evaluation Manager will be the UNICEF Multi-Country Evaluation Specialist in close coordination with the Chief of WASH (UNICEF ICO), Urban Development Specialist (UNICEF ICO), UNICEF EAP Regional Office (EAPRO) Evaluation Advisor, and UNICEF EAPRO WASH Advisor, under the overall guidance and responsibility of the UNICEF Indonesia Representative.

The evaluation manager will be responsible for the day-to-day oversight and management of the evaluation including management of the evaluation budget, ensuring the quality and independence of the Evaluation and its alignment with UNEG Norms and Standards and Ethical Guidelines.

An evaluation reference group (ERG) will be created to provide guidance/technical inputs to the evaluation and quality assure all evaluation deliverables (from a technical point of view) which includes the inception report, draft report, and final report. Specifically, the ERG will have the following roles: contribute to the preparation and design of the evaluation, including providing feedback and comments on the Inception Report and on the technical quality of the work of the consultants; provide comments and substantive feedback to ensure the quality – from a technical point of view – of the draft and final evaluation reports; assist in identifying internal and external stakeholders to be consulted during the evaluation process; provide documentation as needed to the evaluation team; participate in review meetings organized by the Evaluation Management Team and with the Evaluation Team as required; play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the findings of the evaluation and participate in the drafting and validation of recommendations. The reference group will include selected senior government officials from the National Development Planning Agency (Bappenas), Ministry of Public Works and Housing, Ministry of Home Affairs, Ministry of Health and other

relevant government ministries and agencies, development partners, such as The World Bank, ADB or others, selected experts from the academia, UNICEF Indonesia Senior Management, Chief of WASH, Urban Development Specialist, Multi-Country Evaluation Specialist, Chief of PME, UNICEF EAPRO Evaluation Adviser, and UNICEF EAPRO WASH Adviser, with UNICEF-PME as the secretariat. TOR of the Evaluation Reference Group will be developed.

The Evaluation team should adhere to all the above-mentioned UNEG and UNICEF evaluation guidance documents throughout the evaluation process. The team is also responsible for ensuring that all the deliverables are compliant with UNICEF-Adapted UNEG Evaluation Report Standards, UNEG Norms and Standards for Evaluations and GEROS Evaluation Quality Assurance Tool before the submission to UNICEF.

CONDITIONS OF WORK

The contractor should provide for their own computer and communication devices, internet connections, and workspace. They should also have to arrange for their own logistics, transport, communication, insurance, and security.

Criteria for selecting the consultants conducting the evaluation project

The technical and financial proposals shall be given a weight of 70% and 30%, respectively, for a total score of 100%. The minimum score required for the technical proposal is 49 points. Technical proposals scoring less than 49 points will be considered non-responsive; therefore, will be rejected. Financial proposals shall only be assessed for consultants that pass the minimum required score for the technical component.

Detailed Breakdown of Evaluation Criteria for Technical Proposal

TECHNICAL EVALUATION CRITERIA	REQUIRED SUPPORTING DOCUMENTS	RATING	SCALING	MAX SCORE
PROPOSED TEAM EXPERIENCE (maximum 45 points)				
Experience of the team leader in similar focus areas as presented in the ToR (e.g., in evaluations/reviews of country programmes, including expertise in systems strengthening, strategy formulation, results-based management, engaging with government stakeholders in a participatory manner throughout the evaluation process). Includes: Work experience in Southeast Asia or more specifically, in Indonesia and; Track record and technical expertise in conducting high quality in evaluations in line with UNEG criteria and/or other globally agreed evaluation standards	Team leader profile and CV as well as sample of previous work	The team leader having combined relevant work experience of 15 years or more in similar activities	20	20
		The team leader having combined work experience of 10-14 years in similar activities	15	
		The team leader having combined work experience of 5-9 years in similar activities	5	
		The team leader having combined work experience less than 5 years or more in similar activities	0	

TECHNICAL EVALUATION CRITERIA	REQUIRED SUPPORTING DOCUMENTS	RATING	SCALING	MAX SCORE
Experience of the other most experienced team members (excluding team lead) in similar activities (e.g., evaluations, assessments, reviews, research, engaging with government stakeholders in a participatory manner throughout the evaluation process) and WASH and related sectors	CVs of team members	The team members having combined work experience of 15 years or more in similar activities	15	15
		The team members having combined work experience of 10-14 years in similar activities	8	
		The team members having combined work experience of 5-9 years or more in similar activities	5	
		The team members having combined work experience less than 5 years in similar activities	0	
National partner to support the evaluation activities at the national and sub-national level	Profile and CVs of the local expert(s)	Number of years of combined work experience in similar activities, knowledgeable of institutional issues related to development of WASH (safely managed sanitation preferred) programming in Indonesia		10
		10 years or more experience	10	
		8-9 years of experience	8	
		6-7 years of experience	6	
		4-5 years of experience	4	
		3 years or less experience	2	
METHODOLOGY (maximum 25 points)				
The key elements to be considered are demonstrated understanding of the context and TOR, structure, quality, and completeness of the proposal, and demonstrated ability to conduct data collection ethically. This will entail providing a detailed description of the proposed methodology, describing the approach that will be taken to	A description of the proposed methodology and quality assurance arrangements	The proposed methodology thoroughly describes the envisaged approach taken to deliver the outputs, including a detailed description of evaluation design, activities, working modalities, stakeholders and strategies to secure stakeholder	25	25

TECHNICAL EVALUATION CRITERIA	REQUIRED SUPPORTING DOCUMENTS	RATING	SCALING	MAX SCORE
deliver the outputs for each of the phases as outlined in the TORs), including a description of the design and activities, ethical considerations, envisaged working modalities, which stakeholders are sought to be involved, selection criteria, and how stakeholder involvement will be secured (the methodology shall be in accordance with the Terms of Reference). This section also includes the proposed internal arrangements for ensuring the quality of all evaluation products submitted to UNICEF for review.		involvement, and quality assurance of all evaluation products		
		The proposed methodology mostly provides a satisfactory description of the envisaged approach taken to deliver the outputs, including a broad description of activities, working modalities, stakeholders and strategies to secure stakeholder involvement, and quality assurance of all evaluation products	20	
		The proposed methodology provides a partial description of the envisaged approach taken to deliver the outputs, including a partial description of activities, working modalities, stakeholders and strategies to secure stakeholder involvement; and quality assurance of all evaluation products	10	
		No methodology or description of activities provided	0	
TOTAL TECHNICAL SCORE				70

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