Gender equality and social inclusion (GESI) is a core focus of the Civil Society Water, Sanitation and Hygiene (WASH) Fund. This paper seeks to share the experiences and lessons learned of Plan International Indonesia (PII) in ensuring that women, girls, and marginalized groups particularly People with Disability (PwD) participate in and benefit from the STBM Project in the NTT Province. STBM, the Government of Indonesia’s strategy for rural sanitation improvement, defines ‘total sanitation’ based on five pillars that communities need to achieve: 1) open defecation free, 2) hand washing with soap, 3) household water supply and food management, 4) household solid waste management and 5) household wastewater management.

Actions to encourage women’s participation in community decision making is one the eleven principles of the National Policy on Water Supply and Environmental Sanitation. However, no clear policy guidelines have been issued to date for more effective approaches towards integrating gender in WASH. The National STBM Road Maps, including the latest issue for 2015-2019, include no reference to gender but recognizes the lack of technologies for PwD as a strategic issue requiring sectoral collaboration for responses. In the past few years, a few STBM projects supported by various development partners have included initiatives to assist PwD to gain access to sanitation.

The Plan-supported STBM Project Objectives

The Project seeks to enable children and their families in five districts in the East Nusa Tenggara Province to live in communities where the five STBM pillars have been achieved. While strongly aligning its strategy to the national guidelines for STBM implementation, the Project also aims to advance women’s strategic interests and empower PwD through STBM interventions. It particularly seeks to enable the following changes through active support of the district and sub-district government officials:

**Gender equality**
- There will be shared influence over WASH related decision making at household level;
- Women will attend and have equal opportunity in decision making processes in WASH forum/community meetings;
- WASH actors will have increased awareness and ability to implement gender sensitive STBM approaches.
Gender and Inclusion in the NTT Province

Gender equality is one of the eight key development agenda for the vision of “NTT communities with quality, prosperity, justice, and democracy within the Republic of Indonesia”. In 2015 as part of the strategy for the Sustainable Development Goals (SGDs), a Governor’s Regulation was issued to promote Gender Responsive Health Development Planning, specifying the needs for women empowerment and appointment of gender focal points.

The Province faces major challenges in gender and inclusion. Strong cultural and conservative attitudes remain as key barriers. A formative research commissioned by the Project in 2014 indicates women’s position in the household and the community as subordinate to that of men. More than half (52.3%) of the households covered in the research had never included women in decision-making related to water and sanitation.

Adverse traditional belief and attitude also prevail in relation to disability. Families with a member having disability are perceived as being under the curse of the ancestors, leading of exclusion not only of the PwD but often also the whole family. PwD interviewed in the survey reported that neither the Government nor their own communities care about their special needs for access to sanitation facilities. Community leaders were of the opinion that there was no need to include PwD in community meetings. Almost 80% of households stated that women and girls with disabilities had not been included in activities for sanitation and hygiene improvement.

Most districts have required each technical agencies to consider gender aspects in program planning and implementation including STBM. However, in most cases this translates into a brief gender analysis with limited follow up actions. A draft regulation on disability initiated by the Provincial Government in 2011, has to date remained a draft.

Key Interventions

The Project undertook the following interventions to meet the above-mentioned targets.

Formative research on gender and disability: for a more in-depth understanding of gender and disability issues at the household and community levels, particularly relating to participation in decision making and leadership in WASH, among the target population in the 5 Districts.

Gender and Inclusion Capacity Development: through a cascade training starting from TOT for provincial and district STBM Working Groups who in turn train sub-district and village STBM teams; training of local sanitation entrepreneurs, men and women, to enable them to offer products and services that meet the needs of PwD, elderly people, pregnant women and children.

Gender and inclusion initiatives as parts of the STBM campaign including: a rapid assessment on PWD across the 5 project districts to identify barriers from participating in community meetings, awareness raising on the concept of inclusion among the communities, sanitation audits on accessibility for PwD, encouraging and supporting PwD and their families to participate in community STBM meetings; demonstration of appropriate technologies and actions for inclusive sanitation and hygiene facilities, development of
designs of sanitation facilities based on consultations with PWD and their families and mobilizing neighbourhood for collective actions to improve sanitation access for PwD.

Advocacy to inform the Government’s STBM policy: supporting the government to revise their STBM ‘Roadmaps’ to include gender and inclusion considerations; convening a national level workshop on inclusion featuring, among other things, testimonies from the stakeholders on the Project’s impacts on women and PwD; dissemination of the Project’s gender and inclusion initiatives through the national STBM web-site and other media including international events.

Piloting Menstrual Hygiene Management (MHM) in two of the five districts: socialization at district level, ToT on MHM for facilitators (District to sub-district level), MHM assessment in schools, MHM workshop to disseminate assessment results, MHM training for WASH working groups, school principals and teachers, MHM promotional material production and dissemination and monitoring of progress.

Achievements
A number of encouraging results of the GESI initiatives are as follows

• More significant involvement of women in STBM activities.
  o Women hold strategic positions in the STBM Working Groups especially in Ngada and East Manggarai Districts.
  o Albeit still at a modest number, Ende and Sabu Raijua Districts, where strong traditional and patriarchal communities prevail, have seen four villages with women as the STBM Team Leaders.
  o Overall, women comprise more than 50 percent of the STBM Team members at village level across the five districts;
  o Women in the 150 Project communities reported that they had attended WASH community meetings where they were involved in decision making processes.

• First time recognition of PwD as important stakeholders in STBM
  o A high number of sanitation entrepreneurs (18 of 27) have been able to provide hardware options suitable for different accessibility needs. As a result, 70 PwD are able to use toilets that have been modified for their easy access.
  o A number of villages in Sabu Raijua, Kupang and East Manggarai Districts have allocated their development funds to assist PwD with access to improved sanitation facilities;
  o More than half of the above mentioned PwD (40 persons) have participated in STBM activities including village meetings. A few of them have risen to prominence, invited as resource persons in major STBM events at the provincial and national levels or become sanitation entrepreneurs;

• Piloting MHM promotion has not only enabled 10 schools in 2 districts to gain and apply knowledge and skills to reach girls, boys and their parents but also local government officials to recognize the importance of MHM for hygiene, health, dignity, and reproductive health. It is encouraging to hear a number of Camats (Heads of Sub-districts) speaking of the importance of MHM. However in the future, MHM should also be implemented beyond the primary level including schools for children with disabilities, Junior and Senior High Schools.

• Integration of gender and inclusion in STBM
  o Gender and inclusion have been included in the modified District STBM Road Maps, except for Kupang District;
  o The five districts have started to launch policies, program and activities to promote gender and inclusion. East Manggarai has issued a Bupati’s (District Head) Regulation instructing all STBM actors to respect the rights of PwD to
sanitation and for STBM membership to consist of 50% women at the minimum. Ngada Bupati’s Instruction stipulates regulation on gender and disability sensitive sanitation.

Supporting factors/ Things that went well

- **Capacity development for the STBM working groups through trainings and subsequent advocacy with local leaders and community sensitization has been highly appreciated.** This has enabled, among other things, the presence of GESI facilitators as change agents at the Provincial and District levels. The trainers engaged by the Project as part of the delivery team are not only well qualified but also have good understanding of the local situation and culture. The strong rapport built with the change agents has been appreciated by both sides.

- **Piloting the Gender in WASH Monitoring Tool (GWMT) in two districts:** Specific objectives, targets and indicators for GESI that are linked to the overall objectives of STBM have helped reinforce the commitment of change agents. Piloting GWMT has contributed to building the capacity for collecting and analyzing sex-disaggregated data, involving both men and women in monitoring progress or lack thereof and facilitating communities to take actions to advance gender equality.

- **Emergence of a number of local STBM champions** such as the heads of sub-districts who readily started to promote GESI through their regular activities in STBM and beyond. Camats from Ende and Sabu Raijua shared during a recent learning events how STBM, as a common issue to all, has enabled them to bring together traditional leaders from different ethnic groups. Through the role of the champions, the communities’ compassion towards PwD and understanding of the importance of women have been built.

- **Featuring Prominent Women and PwD in STBM.** The Project’s initiatives to raise the profiles of women and PwD who have played significant roles in the Project through publications, appearance as speakers at the STBM meetings at the provincial and national levels have helped increase recognition of their positions as key stakeholders.

Constraining Factors

- **Inclusion of PwD is still considered for compassion rather than a right based initiative.** The interventions delivered have yet to include those challenging the social construction on the position of PWD in public arena, particularly for WASH;

- **Culturally, men are seen as the heads of household, the household’s representative in public and as the leaders of the community.**

- **Both women and men felt that women have less ability and opportunity to actively participate in public meetings.**

- **Many women were reluctant to be involved in project activities because of the demand on their time for domestic as well income earning duties.**

- **Lack of participation of local women and PwD organizations in promoting GESI in STBM;**

- **Mobilization of traditional leaders in promoting GESI is still limited;**

- **The Government’s monitoring system, including the newly launched Local Health Monitoring System (SIKDA) in NTT Province, does not include gender and inclusion indicators.**

Lessons learned

Integrating Gender Equality and Social Inclusion to STBM adds values. STBM offer wide window of opportunities to integrate GESI. Buy-in from the District Governments was attained almost immediately due to concrete objectives, clear targets, activities, resources, and capacity building. They have taken steps towards institutionalizing GESI within the legal
framework. Change agents, including newly emerging sanitation entrepreneurs, have become enthusiastic GESI promoters. Encouraging results at the community level have also been attained and these all could well serve as stepping stones to achieving gender equality and social inclusion.

**Demonstrating changes** in gender relations and level of confidence in the ability of PwD as equal STBM actors to those without disabilities within a 4-year project proves to be a challenge. Compared to interventions to meet the practical needs such as access to facilities, initiatives to bring about attitudinal and behavioral changes were less clear particularly at the early stage of the Project when they should actually commence. More efforts including development of practical guidelines or action plan for GESI promotion are needed. The guidelines should be flexible to accommodate local context and developed in a participatory way with key stakeholders based on findings from the formative research.

**Use of the GWMT is to be initiated as early as possible** during the implementation stage. Piloting GWMT in two districts has been welcomed by the STBM Working Groups. It has been considered useful as eye openers on existing gender issues, enabling simple analysis of gender relation by non-gender experts and generating information and data that are still scarce. Commitments of the STBM Working Groups and roles of gender focal persons in each district are needed for continuing application of the GWMT.

**MHM : promoting hygiene and gender equality.** The link between sanitation and gender is not always readily obvious nor respected within the male dominated water and sanitation sector in the NTT Province. MHM promotion has been effective in demonstrating the importance of promoting gender equality. The need for special attention to MHM including the initiative to reach boys and men in raising awareness to build a supportive attitude towards menstruating girls has been well accepted within the pilot schools and beyond. MHM promotion needs to continue in parallel with improvement of school sanitation and hygiene facilities through joint efforts of the governments and their civil society partners and should cover schools for children with disabilities as well as junior and senior high schools.

- The Civil Society Water, Sanitation and Hygiene (WASH) Fund, an investment of Australia’s Department of Foreign Affairs and Trade (DFAT), is supporting 13 Civil Society Organisations (CSOs) to deliver 29 WASH projects in 19 countries over the years 2013 to 2018. The objective is to enhance the health and quality of life of the poor and vulnerable by improving sustainable access to water, sanitation and hygiene. It aims to directly benefit 3.5 million people in target populations and indirectly over 10 million people. The Fund focusses on the enabling environment.
- The Community Based Total Sanitation Project in the East Nusa Tenggara (NTT in Indonesia) Province is implemented by Plan International Indonesia in collaboration with Plan International Australia with support from the Fund. The goal of the Project is “Rural Indonesia has access to improved sanitation facilities and practise hygiene behaviours of the Government of Indonesia’s (GoI) National Sanitation Policy –entitled Community Based Total Sanitation (known as STBM policy)” The Project has to date benefited 363,000 people.
- This learning brief is one of four, prepared with the aim to share learning with practitioners and WASH learning networks and help inform future WASH programming within Plan International and beyond.