

**Draft Inception Report:  
Country-led Formative  
Evaluation of Safely Managed Sanitation Assistance  
Program (PPSP) in Indonesia (2009-2024)**

**Time Period Covered under Evaluation:** January  
2009 – October 2024

**Commissioning Organisation:** UNICEF Indonesia

**Submitted by:** Niaz Ullah Khan

**Submitted on:** December 2, 2024

Revised Submission: January 6, 2025

## Table of Contents

Table of Contents .....	2
<b>1 Introduction of Inception Report .....</b>	<b>4</b>
<b>1.1 Indonesia Profile .....</b>	<b>4</b>
1.1.1 Geography .....	4
1.1.2 Socio-Economic Profile of Indonesia .....	5
1.1.3 Disability in Indonesia .....	6
1.1.4 Indonesia's Climate Change Challenges .....	8
1.1.5 Access to Water and Sanitation .....	9
1.1.6 WASH and Gender .....	11
1.1.7 Achieving Sustainable Development Goals (SDGs) .....	11
1.1.8 Universal Instruments of Human Rights .....	12
1.1.9 WASH Related Policies and Plans .....	13
<b>1.2 Object of the Evaluation .....</b>	<b>13</b>
1.2.1 Project Areas .....	14
1.2.2 Key Partners .....	15
1.2.3 Project Beneficiaries .....	15
<b>1.3 Purpose, Objectives, and Scope of the Evaluation .....</b>	<b>16</b>
1.3.1 Evaluation Purpose .....	16
1.3.2 Evaluation Objectives .....	16
1.3.3 Evaluation Scope .....	17
1.3.4 Intended Use of the Evaluation .....	17
<b>2 Methodology .....</b>	<b>18</b>
2.1 Evaluation Questions .....	19
2.2 Evaluation Approaches .....	21
2.3 Integrating Cross Cutting Issues .....	21
2.4 Evaluation Matrix .....	22
2.5 Inception Phase .....	22
2.5.1 Interviews and discussions with UNICEF and Bappenas .....	22
2.5.2 Desk Document Review .....	22
2.6 Constructed Theory of Change .....	23
2.7 Data Collection Methods .....	25
2.7.1 Detailed Desk Review .....	25
2.7.2 Data Collection Tools .....	25
2.7.3 Deployment of Data Collection Team .....	27

<b>2.7.4</b>	<b>Pre-Testing of Tools</b> .....	27
<b>2.8</b>	<b>Data Management and Analysis</b> .....	28
<b>2.9</b>	<b>Confidentiality, Ethical Considerations and Data Protection Protocols</b> 28	
<b>2.10</b>	<b>Risks and Challenges</b> .....	29
<b>2.11</b>	<b>Management Arrangements</b> .....	30
<b>2.11.1</b>	<b>Team Responsibilities</b> .....	31
<b>2.11.2</b>	<b>Management and Logistic Support</b> .....	31
<b>2.12</b>	<b>Schedule of Work and Deliverables</b> .....	32
	<b>References</b> .....	33
	<b>Annexure 1: Evaluation Matrix</b> .....	34
	<b>Annexure 2: Selection, and Status of Policies and Climate Change in selected provinces.</b> .....	41
	<b>Annexure 3: Documents Reviewed</b> .....	45
	<b>Annexure 4: Perception Survey of Local Government</b> .....	46
	<b>Annexure 6: Consent Forms</b> .....	52
	<b>Annexure 7: Checklist for Focus Group Discussions with CBOs and Sanitation Working Groups</b> .....	60
	<b>Annexure 8: Checklist of Key Informant Interview (KII)</b> .....	62
	<b>Annexure 9: Site/Field Observation Checklist</b> .....	65
	<b>Annexure 10: Checklist for Case Studies</b> .....	67

# 1 Introduction of Inception Report

This report serves as the inception document for the formative evaluation of the Program Percepatan Pembangunan Sanitasi Permukiman (PPSP), Indonesia's flagship initiative to advance sanitation agenda. Commissioned by UNICEF, the evaluation aims to assess the effectiveness of PPSP interventions implemented from 2009 to 2024, with a focus on their contributions to achieving Indonesia's ambitious sanitation targets of 30% safely managed sanitation by 2030 and 70% by 2045. This inception report outlines the evaluation framework, aligning with UNICEF's objectives and applying established methodologies and ethical standards to ensure a rigorous and impactful analysis.

The purpose of this evaluation is to generate actionable insights and lessons that will inform future programming and strategies for scaling safely managed sanitation services in Indonesia. By examining PPSP's achievements and challenges across its three implementation phases, the evaluation will provide evidence-based recommendations to enhance programme effectiveness, foster sustainability, and align future interventions with national priorities and climate resilience objectives. Indonesia faces significant socio-economic and environmental challenges, including rapid urbanisation, climate-related risks, and disparities in WASH access. This evaluation will explore how PPSP has addressed these issues through its technical assistance provided to sub-national governments, with a particular emphasis on inclusivity and equity for underserved and marginalised populations. The evaluation will focus on key interventions under PPSP, including data collection through Environment and Health Risk Assessment (EHRA), the development and implementation of Strategic Sanitation Plans (SSK) at district and city levels, capacity building through Pokja Sanitasi, infrastructure development for safely managed sanitation, and community engagement to promote behavioural change. The scope of the evaluation is national, with a targeted analysis of interventions in selected districts to ensure a comprehensive yet focused review of recent programming and results.

This report provides a roadmap for the evaluation process. It begins with an introduction outlining the evaluation's background, objectives, and the contextual challenges of Indonesia's WASH sector, with detailed overview of three phases of PPSP from 2009 to 2024. The evaluation's purpose, objectives, and methodology—including a mixed-methods approach—are detailed, incorporating qualitative and quantitative data collection and analysis techniques. The scope and limitations of the evaluation are also addressed to ensure clarity in its objectives and outcomes. Finally, a detailed work plan outlines the timeline for key activities, deliverables, and stakeholder consultations to ensure timely and effective completion of the evaluation. This inception report establishes a robust foundation for the evaluation, ensuring alignment with UNICEF's goals and Indonesia's national development priorities. By identifying key areas for improvement and scalability, the evaluation will contribute to enhancing the PPSP's impact and supporting the country's progress toward universal, equitable, and sustainable sanitation services.

## 1.1 Indonesia Profile

### 1.1.1 Geography

Indonesia, the world's largest archipelago, encompasses approximately 1.9 million square kilometres and consists of 17,508 islands, of which around 6,000 are inhabited. Strategically positioned between the Indian and Pacific Oceans, it serves as a geographic and economic bridge between Southeast Asia and Oceania (Badan Pusat Statistik (BPS), 2020). The nation is divided into 38 provinces, including special regions such as Jakarta, Yogyakarta, and Papua, each reflecting Indonesia's administrative and cultural diversity. Notable provinces include East Java, a highly populous and industrial hub, and South Sulawesi, known for its agricultural and maritime contributions. Neighbouring countries include Malaysia, Papua New Guinea, and Timor-Leste, with maritime borders shared with Singapore, Australia, and the Philippines (World Bank, 2021).

Indonesia's tropical climate is characterized by high humidity levels (70–90 percent) and stable temperatures averaging between 25–30°C. It experiences two distinct seasons: the wet season, influenced by the northeast monsoon from November to April, often brings heavy rainfall and frequent flooding, particularly in urban lowlands; and the dry season, lasting from May to October, driven by the southeast monsoon, which can lead to prolonged droughts and water scarcity (Asian Development Bank [ADB], 2024). Regional variations are significant, with western islands such as Sumatra and Java receiving heavier rainfall compared to the relatively drier eastern regions like Sulawesi and Papua (UNICEF, 2023). The country is also highly prone to natural hazards due to its position on the Pacific Ring of Fire, with over 130 active volcanoes and frequent earthquakes, tsunamis, and sea-level rise impacting coastal and rural communities (ADB, 2024).

Figure 1: Provincial Boundary Map of Indonesia



Indonesia's geographical features, including extensive coastlines of 54,720 kilometres and rivers like the Kapuas and Brantas, present both opportunities and challenges for infrastructure development. While these rivers are vital for irrigation and water supply, they are often polluted due to insufficient waste management (World Bank, 2021). The fragmentation of islands and the diversity of natural conditions necessitate tailored approaches to sanitation infrastructure. For example, flood-prone regions require elevated latrines and flood-resistant facilities, while drought-prone areas benefit from sustainable water management techniques like rainwater harvesting (Global Waters, 2022).

### 1.1.2 Socio-Economic Profile of Indonesia

Indonesia has significantly reduced its poverty rate from 24 percent in 1999 to 10.14 percent by March 2021, though around 27.5 million people still live below the poverty line. Regional disparities persist, with rural areas experiencing higher poverty levels due to limited access to essential services such as education, healthcare, and infrastructure. Vulnerable groups, including children, the elderly, and individuals with disabilities, are disproportionately affected. Children account for 30% of the population, while 8.5 percent (22.5 million people) live with some form of disability, highlighting the need for targeted support (World Bank, 2021).

Health outcomes in Indonesia have shown steady improvement, yet challenges remain. The under-five mortality rate stands at 21.3 deaths per 1,000 live births, and the maternal mortality ratio is 177 deaths per 100,000 live births—indicators that demand further investment in healthcare infrastructure, particularly in rural areas. Chronic malnutrition continues to affect 24.4% of children under five, reflecting significant gaps in nutrition security. While non-communicable diseases, such as diabetes and hypertension, are on the rise, infectious diseases like tuberculosis and dengue fever still pose a threat in densely populated and poorer regions (World Health Organization [WHO], 2023). These

challenges highlight the urgent need for comprehensive healthcare and nutrition interventions, especially in underserved areas.

Education has been prioritised as a cornerstone of Indonesia's national development. The adjusted net attendance rate for primary education is 93%, with secondary education attendance reaching 89%. However, geographic and gender disparities persist, with rural and marginalised communities facing greater barriers to access. Although gender parity in education is nearing equal levels, social and cultural norms continue to hinder educational opportunities for girls, particularly in remote areas (UNICEF, 2023). These disparities underline the importance of ensuring inclusive and equitable access to quality education across all regions.

As of 2023, Indonesia's Gross Domestic Product (GDP) is approximately \$1.371 trillion, placing it among the world's largest economies. In the same year, the World Bank reclassified Indonesia from a lower-middle-income to an upper-middle-income country, reflecting a 9.8% increase in its Gross National Income (GNI) per capita, which rose to \$4,580 in 2022 (The World Bank, 2023). However, challenges remain in addressing the informal employment sector, which comprises 57% of the workforce and reflects vulnerabilities in job security and social benefits. Agriculture employs 28% of the population and remains socio-economically significant, though industry and services are rapidly emerging as key contributors to GDP.

Gender disparities remain a pressing issue despite gradual progress. Women's labour force participation is 53%, significantly lower than men's 81%, often due to cultural norms and limited workplace support. Women occupy only 21% of parliamentary seats, illustrating underrepresentation in decision-making processes. Additionally, women earn 23% less than men on average, with greater disparities in rural and informal sectors (World Economic Forum, 2023). Addressing these disparities is critical to advancing gender equity and empowering women economically and socially.

Indonesia has implemented several social protection programmes to address poverty and inequality. The Programme Keluarga Harapan (PKH) offers conditional cash transfers to poor households, focusing on children, pregnant women, and the elderly. The Kartu Indonesia Sehat (KIS) provides subsidised healthcare for low-income groups, while the Kartu Indonesia Pintar (KIP) supports education through scholarships for children from vulnerable families. However, social protection coverage remains limited, particularly for informal workers, highlighting the need to expand these programmes to ensure inclusivity and sustainability (World Bank, 2021).

The country's vulnerable populations, including children, women, rural communities, and people with disabilities, require targeted interventions to address their unique needs. For children, priorities include improved healthcare, nutrition, and education opportunities. Women need support in overcoming barriers to economic participation, while rural communities require investment in infrastructure, particularly in water, sanitation, and hygiene (WASH). Inclusive policies and accessible infrastructure are essential for improving opportunities for people with disabilities. Tailored and region-specific approaches will be pivotal to addressing these challenges and ensuring Indonesia's development is equitable and inclusive.

### 1.1.3 Disability in Indonesia

Indonesia is home to approximately **23.3 million people with disabilities**, representing nearly **9%** of the total population<sup>1</sup>. The prevalence of disability varies significantly across age groups. Among children aged 2–6 years, the rate is relatively low at **2.5%**, while it increases dramatically to **42%** among

---

<sup>1</sup> Siyaranamual, M., & Larasati, D. (2020). *Disability Situation Analysis: Challenges and Barriers for People with Disability in Indonesia*. Jakarta: TNP2K Sekretariat. Retrieved from <https://www.tnp2k.go.id/>

the elderly population aged 60 years and above. Women constitute a larger proportion of the disabled population at **55.5%**, reflecting gender-based disparities in health and access to services.

**Children with Disabilities:** In Indonesia, an estimated **1.6 million children** live with disabilities, making up a vulnerable group that faces systemic exclusion and limited access to essential services.<sup>2</sup> Data from the 2018 RISKESDAS survey estimates that **3.3%** of children aged 5–17 years have disabilities, although SUSENAS (2018) reports a lower prevalence of **1.1%**, indicating variations in data collection methodologies<sup>3</sup>. Educational access is a critical challenge, as only **30%** of children aged 2–10 years with disabilities are enrolled in preschool, compared to the national average of **45.6%**. These children encounter significant barriers, including stigma and discrimination, which perpetuate their exclusion from education, healthcare, and social participation. Many also lack access to specialised services, particularly in rural and underserved areas, due to limited availability of inclusive education, healthcare, and rehabilitation facilities. Although disability-inclusive laws exist, their implementation remains weak, hindered by poor inter-agency coordination and insufficient resources. Additionally, infrastructure challenges, such as the absence of disability-friendly schools, healthcare centres, and public spaces, restrict mobility and access. Gender inequalities further exacerbate the situation for girls with disabilities, who face heightened discrimination and additional barriers to education and healthcare. To address these challenges, the analysis recommends strengthening national data collection systems to better identify and support children with disabilities. It also calls for improved enforcement of disability-inclusive laws, expanded access to specialised services, and the development of inclusive infrastructure. Raising community awareness to reduce stigma and promoting acceptance of children with disabilities are critical, alongside empowering girls with disabilities through gender-sensitive disability policies. These measures are essential for creating an inclusive, rights-based environment where children with disabilities can thrive.

**Women with Disabilities:** Women with disabilities face compounded discrimination due to their gender and disability status. They are significantly underrepresented in the labour market, with only **36.9%** participating in the workforce compared to **58.9%** of men with disabilities. Most women with disabilities are employed in low-paying informal jobs with limited job security, reflecting gender inequalities in economic opportunities<sup>4</sup>. Access to healthcare is another major challenge, as women with disabilities face difficulties in accessing maternal and reproductive health services, compounded by societal stigma and infrastructural barriers<sup>5</sup>.

**Support and Services for People with Disabilities:** Indonesia has introduced several legal frameworks and programmes to support individuals with disabilities. The **Law No. 8/2016 on Persons with Disabilities** aligns the country's policies with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), promoting their rights to education, health, and employment. However, the implementation of these policies remains inconsistent and underfunded.

**Social Protection:** The **Program Keluarga Harapan (PKH)** provides conditional cash transfers, benefiting approximately **22,500 people with disabilities**, which is less than **1%** of the disabled population<sup>6</sup>. The **National Health Insurance (JKN)** scheme offers partial coverage for assistive devices and medical care. Only **11.7 percent** of children with disabilities aged 7–18 years benefit from the Education Cash Transfer Programme (PIP). Challenges include a lack of trained teachers, limited accessible infrastructure, and insufficient learning resources tailored to the needs of disabled students (UNICEF, 2021).

---

<sup>2</sup> UNICEF (2023) "Empowering Every Child: Embracing Diversity and Inclusion for All: Landscape Analysis on Children with Disabilities in Indonesia."

<sup>3</sup> UNICEF. (2021). Key Issues for Children with Disabilities in Indonesia.

<sup>4</sup> UNICEF. (2021). *Key Issues for Children with Disabilities in Indonesia*.

<sup>5</sup> International Labour Organization (ILO). (2020). *Decent Work and Persons with Disabilities in Indonesia*.

<sup>6</sup> World Bank. (2021). *Social Protection for Persons with Disabilities in Indonesia*.

### 1.1.4 Indonesia's Climate Change Challenges

Indonesia faces significant challenges due to its vulnerability to climate change with exposure to hazards such as sea-level rise, flooding, drought, and extreme heat<sup>7</sup>. These hazards have profound socio-economic impacts, particularly for vulnerable communities. Coastal flooding, droughts, and peatland fires disproportionately affect those in poverty or informal settlements. For instance, 40% of Jakarta's residents are impacted by flooding annually, with losses estimated at \$321 million<sup>8</sup>. In rural areas, droughts and water scarcity threaten food security and income. Climate-induced migration caused by floods, droughts, and land degradation also increases pressure on urban areas, leading to overcrowding and strained services (ADB, 2021).

**Sea-Level Rise and Coastal Flooding:** Sea-level rise poses critical risks to Indonesia's coastal cities, ecosystems, and livelihoods. Jakarta, sinking at 10 cm per year, is projected to see 95% of its northern coastal areas submerged by 2050 if trends persist, threatening infrastructure, housing, and stability.<sup>9</sup> In 2020, 32 major flooding events affected over 2 million people, causing significant economic losses, particularly in urban and peri-urban areas (UNDP Indonesia, 2020).

**Flooding Beyond Urban Areas:** Flooding is widespread across Indonesia. In 2020, 83% of natural disasters were hydrometeorological, driven by heavy rainfall, river overflows, and poor watershed management (ADB, 2021). In rural regions like Java and Sumatra, flash floods frequently damage agriculture and infrastructure, worsening poverty and livelihood challenges.

**Rising Temperatures and Peatland Fires:** Rising temperatures have intensified peatland fires, with devastating effects on ecosystems, air quality, and public health. In 2019, 1.6 million hectares of land burned, emitting 708 million metric tonnes of CO<sub>2</sub>, placing Indonesia among the top global emitters<sup>10</sup> (Yale Program on Climate Change Communication, 2023). Peatlands, which store carbon, are being degraded by illegal logging and agricultural conversion. Indonesia holds 36% of the world's tropical peatlands, but their degradation has increased fire risks.

**Water Scarcity and Quality:** Droughts and altered rainfall patterns have significantly reduced freshwater availability, particularly in rural areas. Regions like Bali and Nusa Tenggara experience 40% reductions in water availability during dry seasons, forcing households to rely on less reliable sources (ADB, 2021). Sea-level rise has further exacerbated the issue by salinising groundwater, with 28% of coastal wells now contaminated, reducing the supply of potable water (Ministry of National Development Planning, 2021).

**Sanitation Infrastructure and Hygiene:** Flooding damages sanitation infrastructure, including septic tanks and sewer systems, leading to the spread of waterborne diseases such as cholera and diarrhoea. Studies show that **20% of sanitation facilities** in flood-prone areas become inoperable during major floods (World Bank, 2021). Furthermore, urban slums, where sanitation systems are often informal or shared, face heightened risks of disease outbreaks during extreme weather events. In rural communities, **30-40% of households** lack reliable water for hygiene during droughts, increasing the risk of communicable diseases (Ministry of National Development Planning, 2021).

Indonesia's vulnerability to climate change calls for development and implementation of comprehensive adaptation strategies that address both urban and rural challenges. The Long-Term Strategy for Low Carbon and Climate Resilience (LTS-LCCR 2050) outlines a roadmap to integrate

---

<sup>7</sup> Asian Development Bank (ADB). (2021). Climate Risk Country Profile: Indonesia. Manila

<sup>8</sup> UNDP Indonesia. (2020). Disaster Risk Management in Indonesia. Jakarta: UNDP.

<sup>9</sup> Ministry of National Development Planning. (2021). *Indonesia Long-Term Strategy for Low Carbon and Climate Resilience 2050*. Jakarta: Bappenas.

<sup>10</sup> Yale Program on Climate Change Communication. (2023). *Climate Change in the Indonesian Mind*. New Haven

climate adaptation and resilience into WASH systems. This includes improving water and sanitation infrastructure to withstand extreme weather and reducing emissions from wastewater systems. Similarly, the RPJMN 2020–2024 prioritises universal access to clean water and sanitation as a critical development goal. The Programmes such as the Climate Village Programme (PROKLIM) empower communities to take ownership of local WASH systems. These initiatives involve building flood-resilient toilets, improving waste management, and promoting behavioural change to eliminate open defecation.

To understand the impact of climate change to urban sanitation, UNICEF in collaboration with Bappenas, UTS and UI, has conducted action research to identify hazards, impacts and responses in four cities in Indonesia. As the follow up, Bappenas and UNICEF prepared WASH Climate Resilience Framework as a guidance for stakeholders in improving climate resilient of WASH system. Along with the framework, a climate risk assessment tool (called as PERIKSA – *Perangkat Penilaian Risiko Iklim Sanitasi dan Air Minum* / WASH Climate Risk Assessment tool) is introduced and piloted to support the implementation of the framework. Mainstreaming of the framework into WASH program, including sanitation, is on-going.

### 1.1.5 Access to Water and Sanitation

Since 2000, Indonesia has made significant strides in expanding access to basic water, sanitation, and hygiene services across its archipelago. Over the past two decades, the country has successfully provided improved water sources to approximately 110 million citizens and improved sanitation facilities to 148 million citizens. Additionally, the open defecation rate has been dramatically reduced from 30% in 2000 to just 5.6% by 2021 (National Statistics Agency, 2021).

By 2021, an impressive 90.7% of Indonesia’s population had access to improved drinking water, a substantial increase from 61.29% in 2018. Similarly, access to improved sanitation reached 80.29% in 2021 (National Statistics Agency, 2021). However, concerns remain around water quality and sanitation-related diseases. A survey conducted in 2021 by the Ministry of Health revealed that 70% of groundwater samples from surveyed households were contaminated with *Escherichia coli* (E. coli), highlighting water pollution from poor sanitation as a critical issue.

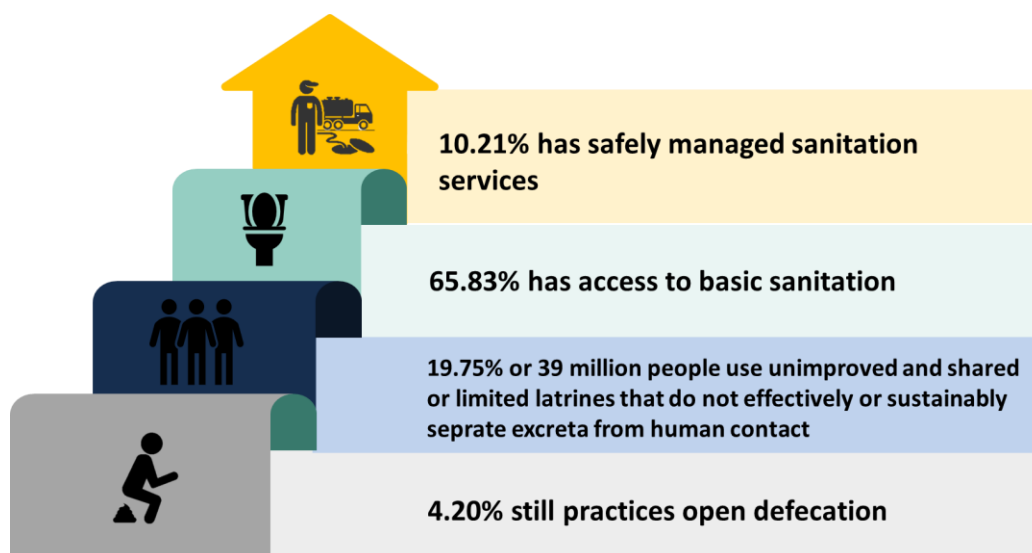
The sanitation ladder is a conceptual framework used under the Sustainable Development Goals (SDGs), particularly SDG 6.2, which aims to achieve access to adequate and equitable sanitation and hygiene for all by 2030. The ladder represents progressive improvements in sanitation services, starting from no access to achieving safely managed sanitation. It provides a clear pathway for countries to monitor progress and set targets aligned with international standards. Below is description of the sanitation ladder of Government of Indonesia.

Level	Description	Examples
1. <b>Akses Aman (Safe Sanitation Access)</b>	The highest level of sanitation, ensuring proper containment, treatment, and disposal or reuse of excreta.	<ul style="list-style-type: none"> <li>○ Sewerage system</li> <li>○ Septic tanks with regular desludging</li> <li>○ Decentralised wastewater treatment systems (DEWATS Advanced systems)</li> </ul>
2. <b>Akses Layak Sendiri (Basic Access)</b>	Hygienic, private facilities for individual households but without assurance of safe management beyond containment.	<ul style="list-style-type: none"> <li>○ Toilets connected to sealed septic tank</li> <li>○ Basic wastewater treatment systems</li> </ul>
3. <b>Akses Layak Bersama (Shared)</b>	Hygienic facilities shared by multiple households, meeting minimum hygiene standards.	<ul style="list-style-type: none"> <li>○ Communal toilets</li> <li>○ Shared latrines</li> </ul>

Level	Description	Examples
4. <b>Akses Belum Layak (Unimproved)</b>	Facilities that are unhygienic, poorly constructed, or inadequately managed, posing risks to health and the environment.	<ul style="list-style-type: none"> <li>○ Unsealed pit latrines</li> <li>○ Makeshift toilets</li> </ul>
5. <b>BABS di Tempat Terbuka (Open Defecation)</b>	The lowest level of sanitation, where individuals defecate in open spaces such as fields, forests, or water bodies.	<ul style="list-style-type: none"> <li>○ Defecation in rivers</li> <li>○ Open fields</li> </ul>

A meta-analysis national data, provided by Ministry of Planning and Development (Bappenas), from 2015-2022 showed that nearly 10.21 percent of households in Indonesia has access to safely managed sanitation. While access to basic sanitation services is 65.83 percent. Nearly 20 percent households or around 39 million population use shared/limited or unimproved (do not effectively or sustainability separate excreta from human contact). About 4.2 percent still practice open defecation.

Figure 2: Proportion of households accessing sanitation services on sanitation ladder



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

Despite these achievements, safely managed sanitation coverage remains low in Indonesia, standing at just 10% in 2023—a slight increase from 7% in 2022 (National Statistics Agency, 2022 & 2023). To address this gap, the government has initiated various programmes aimed at improving access to safely managed sanitation, including enhancing faecal sludge management (FSM) and expanding sewerage systems through city-scale or decentralised wastewater treatment facilities, particularly in densely populated urban areas.

For on-site sanitation, the Ministry of Public Works and Housing has supported local governments in strengthening institutional capacity through technical assistance, the development of guidelines and standards, and knowledge-sharing initiatives. Training programmes have also been conducted to improve the design, installation, and maintenance of on-site systems. Furthermore, vulnerable households have received assistance in acquiring sealed septic tanks to safely contain domestic wastewater and reduce the risk of pollution. Improperly sited, designed, or maintained on-site systems pose an unacceptable risk to public health. By addressing these challenges, Indonesia is working towards its goal of ensuring safely managed sanitation for all, aligning its efforts with the broader targets of the SDGs.

### 1.1.6 WASH and Gender

Access to WASH services in Indonesia underscores significant gender disparities, particularly among rural and urban poor communities. Women and girls bear a disproportionate burden in water collection and household water management, often spending hours each day fetching water in areas without access to safe, on-premises sources. This responsibility not only impacts their health due to physical strain but also limits their opportunities for education, employment, and participation in community activities. Female-headed households face additional challenges, as they are 40% more vulnerable to poverty compared to male-headed households, further exacerbating their inability to access reliable WASH services<sup>11</sup>. Cultural norms and systemic inequalities also create barriers, with women often excluded from decision-making processes related to WASH interventions, limiting their influence on services that disproportionately affect them. Sanitation-related challenges amplify these inequalities. Open defecation and unsafe sanitation practices remain prevalent, especially in underserved and remote areas, disproportionately affecting women and girls due to inadequate privacy and safety measures. For example, the absence of gender-sensitive sanitation facilities, such as those supporting menstrual hygiene management (MHM), restricts women's and girls' ability to participate fully in public life. Nearly 13% of girls report missing school during menstruation due to inadequate facilities, highlighting the intersection of WASH and education inequities<sup>12</sup>. In female-headed households, this burden is compounded by discriminatory practices and systemic resource gaps that make access to safely managed sanitation more challenging<sup>13</sup>. Moreover, infrastructure deficiencies in remote areas, where surface water remains a primary source, expose women and girls to heightened health risks from waterborne diseases and environmental contamination. Addressing these inequalities requires gender-responsive WASH programming that not only ensures equitable access but also integrates women into decision-making processes to create sustainable and inclusive solutions. A study on Gender Equality in the Government WASH Workforce<sup>14</sup> highlights that while some progress has been made through policies aimed at increasing female participation, the numbers remain starkly unequal. For example, in many government institutions overseeing WASH programmes, women occupy less than 20% of leadership positions. This disparity is more pronounced in technical roles such as engineering and project implementation, where women often account for less than 10% of the workforce. These figures underscore the challenges women face in accessing education and training opportunities in science, technology, engineering, and mathematics (STEM), which are critical for technical roles in WASH.

### 1.1.7 Achieving Sustainable Development Goals (SDGs)

The PPSP aligns closely with the Sustainable Development Goals (SDGs), particularly SDG 6, which focuses on clean water and sanitation. The programme addresses fundamental needs for improved sanitation especially for vulnerable communities, ensuring onsite and off-site safely managed of human excreta and promoting sustainable hygiene practices. These efforts directly support improved health outcomes (SDG 3) by lowering the prevalence of waterborne diseases, particularly among women and children, who are disproportionately affected by poor sanitation. Enhanced access to water and sanitation contributes to stronger social and economic resilience in communities. PPSP also advances SDG 5 by promoting gender equality and inclusion. In rural areas, where women and girls often bear the burden of water collection, the programme alleviates this challenge by improving access to local, safe water sources. It also integrates gender-sensitive sanitation facilities, including

---

<sup>11</sup> USAID IUWASH PLUS. (2018). *Gender Strategy: Strengthening Gender Equality and Social Inclusion in Indonesia's WASH Sector*. Jakarta, Indonesia

<sup>12</sup> USAID IUWASH PLUS. (2018). *Gender Strategy: Strengthening Gender Equality and Social Inclusion in Indonesia's WASH Sector*. Jakarta, Indonesia

<sup>13</sup> UNICEF. (2019). *Advancing Gender Equality in WASH: Key Considerations for Effective Programming*. New York, NY: UNICEF.

<sup>14</sup> Soeters, S., Siscawati, M., Ratnasari, Anggriani, S., Nailah, & Willetts, J. (2021). Gender equality in the government water, sanitation, and hygiene workforce in Indonesia: an analysis through the Gender at Work framework. *Development Studies Research*, 8(1), 280-293. <https://doi.org/10.1080/21665095.2021.1978300>

those supporting menstrual hygiene management (MHM), ensuring the needs of women and girls are prioritised. By increasing women's participation in decision-making processes, such as sanitation working groups (*Pokja Sanitasi*), the programme empowers women and strengthens community engagement. Aligned with **SDG 12**, the PPSP promotes sustainable consumption and production patterns by advocating for the safe treatment, reuse, and disposal of liquid and solid waste. This includes improving faecal sludge and solid waste management and supporting the adoption of technologies that minimise environmental impact while maximising resource efficiency. The PPSP incorporates SDG 13 by promoting climate-resilient water and sanitation infrastructure designed to withstand flooding, droughts, and other environmental risks. This approach is integrated into district-level Strategic Sanitation Plans (SSK), which build community capacity for sustainable water resource management. At the same time, the programme contributes to SDG 11, fostering sustainable communities by equipping local governments and stakeholders to implement long-term sanitation solutions. PPSP adopts a multi-stakeholder approach aligned with **SDG 17**, working collaboratively with local governments, NGOs, UNICEF, and private sector partners. Through capacity building, it strengthens institutional frameworks and ensures effective implementation. Real-time monitoring systems like the **Nawasis platform** enhance accountability and allow for data-driven adjustments to meet community needs. By addressing health, gender, climate, and sustainability challenges, PPSP serves as a vital model for achieving Indonesia's sanitation goals and advancing sustainable development.

### 1.1.8 Universal Instruments of Human Rights

The PPSP adopts a rights-based approach to WASH addressing the critical socio-economic and environmental challenges faced by the country. The programme aligns closely with international human rights frameworks, recognising access to water and sanitation as fundamental to human dignity and an adequate standard of living, as outlined in the International Covenant on Economic, Social and Cultural Rights (ICESCR). By prioritising clean and sustainable water sources, PPSP addresses pressing health risks caused by inadequate sanitation and contaminated water, especially in underserved and rural communities where infrastructure gaps remain significant.

Gender equality and non-discrimination are central to PPSP's design and implementation, reflecting the principles of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). In many parts of Indonesia, women and girls disproportionately bear the responsibility of water collection, which often limits their educational and economic opportunities. PPSP seeks to alleviate this burden by ensuring closer access to safe water and integrating gender-sensitive sanitation facilities, including provisions for menstrual hygiene management (MHM). The programme also empowers women by involving them in local decision-making processes, such as in *Pokja Sanitasi* (Sanitation Working Groups), enhancing their agency and fostering greater gender equality within their communities.

Aligned with the Convention on the Rights of the Child (CRC), PPSP prioritises the needs of children, recognising their right to a healthy and safe environment. Poor WASH conditions in underserved areas expose children to significant health risks from waterborne diseases and poor hygiene, which hinder their growth, health, and educational opportunities. By focusing on improving sanitation facilities in schools and promoting hygiene awareness, PPSP ensures that children can thrive in safer and healthier environments, addressing critical inequities in access to essential services.

The programme also integrates climate resilience, reflecting the growing recognition of the right to a safe and sustainable environment. Indonesia is highly vulnerable to climate change impacts such as flooding, droughts, and rising sea levels, which exacerbate existing challenges in WASH service delivery. PPSP promotes climate-resilient sanitation infrastructure and water resource management, enabling communities to adapt to climate pressures. By building local capacity and integrating resilience measures into district-level Strategic Sanitation Plans (SSK), the programme strengthens the

ability of communities to cope with environmental risks while safeguarding their right to a healthy environment. Through its rights-based and inclusive approach, PPSP not only enhances access to WASH services but also advances health, gender equality, and climate resilience. By addressing the needs of vulnerable populations, particularly women and children, and building sustainable systems, PPSP ensures that access to water and sanitation is not only a necessity but also a fundamental human right for all Indonesians.

### 1.1.9 WASH Related Policies and Plans

Indonesia's Vision 2045, or Visi Indonesia Emas 2045, outlines the nation's aspirations for prosperity, sustainability, and equity by its centennial year. Central to this vision is achieving universal access to water, sanitation, and hygiene (WASH) services, aligned with Sustainable Development Goal (SDG) 6. The vision highlights the importance of addressing challenges posed by rapid urbanisation, population growth, and climate change, positioning WASH as a cornerstone of health, economic development, and environmental sustainability. Indonesia's flagship WASH programme, the Program *Percepatan Pembangunan Sanitasi Permukiman* (PPSP), plays a pivotal role in advancing sanitation goals. Launched in 2009, PPSP provides a framework for accelerating WASH improvements at the district and city levels. A key component is the development of Strategic Sanitation Plans (SSK), which enable local governments to prioritise interventions, access programme funding, and integrate climate resilience into sanitation infrastructure. PPSP is closely aligned with the National Medium-Term Development Plan (RPJMN 2020–2024), ensuring that WASH services support broader national development objectives. Other critical WASH initiatives include Community-Based Total Sanitation (STBM), which fosters open defecation-free communities through behavioural change and community-led efforts. UNICEF's risk-informed WASH strategy supports Indonesia's goals by promoting climate-resilient infrastructure in schools and healthcare facilities, engaging women and children in decision-making, and advancing gender-sensitive solutions like menstrual hygiene management (MHM). The Nawasis platform, a real-time monitoring system, enhances data-driven decision-making, enabling progress tracking and accountability in WASH services. The country's Low-Carbon Development Strategy, formalised in the Long-Term Strategy for Low Carbon and Climate Resilience 2050 (LTS-LCCR 2050), complements Vision 2045 by focusing on reducing greenhouse gas emissions and achieving carbon neutrality by 2060. This strategy directly integrates WASH through investments in climate-resilient infrastructure, including solar-powered water systems and decentralised wastewater treatment facilities. These measures aim to safeguard vulnerable communities from climate-related risks, ensuring that WASH services are sustainable and resilient to floods, droughts, and other environmental challenges.

## 1.2 Object of the Evaluation

The **Program Percepatan Pembangunan Sanitasi Permukiman (PPSP)**, launched in 2009, has served as Indonesia's primary platform for addressing sanitation challenges and aligning local needs with national priorities. Through Strategic Sanitation Plans (SSK), advocacy, capacity building, and multi-stakeholder collaboration, the programme has targeted both urban and rural settings to eliminate open defecation, ensure equitable access to safely managed sanitation, and integrate resilience into sanitation infrastructure. Over 15 years, PPSP has been implemented in three distinct phases, progressively building on achievements to accelerate sanitation development across the country.

The **first phase (2010–2014)** focused on establishing foundational frameworks for sanitation development by introducing SSK in nearly 500 of cities/districts participate in PPSP, many of which have updated their SSK documents. Additionally, the programme has successfully facilitated 15

provinces in creating governor regulations regarding domestic wastewater management<sup>15</sup>. In addition to SSK, the PPSP focuses on creating **Pokja Sanitasi** (Sanitation Working Groups) for coordination, and forming **AKKOPSI** (Sanitation Concerned District/City Association) to drive advocacy and collaboration. This phase also piloted innovative sanitation technologies and raised awareness about hygiene and open defecation.

The **second phase (2015–2019)** expanded and strengthened the implementation of SSK, improved inter-agency coordination through **Pokja Sanitasi**, and scaled up AKKOPSI’s advocacy and knowledge-sharing activities. This phase achieved significant progress, with over 60% of districts declared Open Defecation Free (ODF), while introducing decentralised wastewater management systems in underserved areas.

The **third phase (2020–2024)** has emphasised sustainability, equity, and climate resilience, targeting 90% proper sanitation coverage, including 15% safely managed sanitation, and nationwide elimination of open defecation. This phase integrated sanitation governance into local systems, introduced innovative financing mechanisms, and scaled up infrastructure development with a focus on resilience.

The **evaluation aims to assess the implementation and performance of PPSP from 2009 to 2024**, with a specific focus on generating evidence to guide the design and delivery of the programme’s **fourth phase (2025–2029)**. It will review the relevance, effectiveness, efficiency, coherence, and sustainability of PPSP’s strategies, including its six core components:

- Advocacy, education, and technical assistance.
- Capacity building and institutional strengthening.
- Preparation of city sanitation strategies.
- Development of programme memoranda.
- Implementation support.
- Monitoring, evaluation, and coaching.

The evaluation will provide evidence-based recommendations to refine programme strategies, optimise resource utilisation, and address emerging challenges, including climate-related risks. It will prioritise fostering collaboration among key stakeholders—government entities, private sector partners, and development organisations—to ensure alignment with national priorities, such as the **RPJMN (2025–2029)** and **RPJPN (2025–2045)**. Ultimately, this evaluation will contribute to establishing equitable, climate-resilient, and sustainable sanitation systems, positioning Indonesia to achieve universal access to safely managed sanitation services. It will address both immediate needs and long-term sustainability, aligning with Indonesia’s national development goals and the Sustainable Development Goals (SDGs).

## 1.2.1 Project Areas

The **PPSP** focuses on improving sanitation services across Indonesia, particularly in districts and cities where safely managed sanitation remains low. The programme is implemented nationwide, and the evaluation will cover an analysis of national programme.

---

<sup>15</sup> **Ministry of National Development Planning, Republic of Indonesia (2023)**. *Safe Sanitation Roadmap 2030: Towards Safe Access and Sustainable Sanitation Services*. UNICEF Indonesia. Jakarta, 2023

## 1.2.2 Key Partners

The implementation of PPSP is supported by a range of stakeholders working collaboratively to deliver effective sanitation improvements:

**National Development Planning Agency (Bappenas):** Bappenas is instrumental in aligning the PPSP with national development plans and goals, such as the RPJMN and RPJPN and provides strategic oversight and ensures that the program contributes to broader development objectives

**Ministry of Health (MoH):** The Ministry of Health is responsible for public health policies and programs, including sanitation and hygiene

**Ministry of Public Works (MPW):** The Ministry of Public Works oversees infrastructure development, including sanitation facilities.

**Ministry of Home Affairs (MoHA):** The Ministry of Home Affairs facilitates coordination between national and local governments, ensuring that local authorities are supported in implementing sanitation programs. It helps align local and national policies and programs.

**Local Governments:** Play a central role in developing and implementing **SSKs**, monitoring sanitation progress, and integrating interventions into local development plans

**Pokja Sanitasi (Sanitation Working Groups):** Different working groups, and they facilitate inter-agency coordination at national, provincial, district and city levels (depending on where they have been constituted), ensuring alignment with national sanitation policies

**Private Sector Partners:** Engage in the production, distribution, and maintenance of sanitation products and infrastructure, including decentralised wastewater systems.

**Community-Based Organisations (CBOs):** Support community engagement, promote hygiene behaviour, and maintain sanitation systems, fostering local ownership and sustainability

**Local Entrepreneurs and Sanitation Workers:** Provide expertise in constructing climate-resilient sanitation solutions, including flood-resistant toilets and other infrastructure.

**UNICEF:** Provides technical guidance, capacity building, and programme oversight to ensure the integration of climate resilience and equity in sanitation services

**Other Development Agencies (e.g., World Bank, ADB, IDB):** These agencies provide additional funding, technical expertise, and policy support for sanitation initiatives.

**Local and International NGOs:** NGOs often play a vital role in community outreach, education, and advocacy. They are instrumental in raising awareness about sanitation issues and supporting local implementation efforts.

## 1.2.3 Project Beneficiaries

From 2009 to 2024, PPSP has achieved significant progress in sanitation service delivery. Key outcomes include:

**Infrastructure Development:** Around 500 districts and cities have developed and implemented SSKs, with improvements targeting underserved communities. As of 2023, 10% of the population has access to safely managed sanitation services. Out of around 260 Sewage Treatment Plants (IPLT) constructed with various capacities, only 156 cities/districts possess vacuum trucks, while 107 do not. In the absence of government-provided trucks, private providers supply desludging services. Between 2018 and 2021, the number of vacuum trucks in operation rose to 248.

**Open Defecation Free (ODF) Communities:** Community Based Total Sanitation (STBM) is currently implemented in over 64,000 villages/neighbourhoods, covering 80% of the total villages/neighbourhoods in Indonesia, with a 2024 target to achieve ODF status in 90% of them.

**Sanitation Access:** Approximately 5 million households now have access to at least basic sanitation, with 750,000 households benefitting from climate-resilient solutions such as flood-resistant toilets and decentralised wastewater systems.

**Community Engagement:** Hygiene promotion campaigns have reached nearly 8 million individuals, including 2 million children, educating them on handwashing and sanitation practices (UNICEF Indonesia, 2021).

Overall, the PPSP empowers the local governments through capacity development and technical support to adopt climate resilient and inclusive solutions for sanitation ladder. These efforts directly align with Indonesia’s goals of 30% safely managed sanitation by 2030 and 70% by 2045, as outlined in the RPJMN 2025–2029 and RPJPN 2025–2045 frameworks (Bappenas, 2022).

## 1.3 Purpose, Objectives, and Scope of the Evaluation

### 1.3.1 Evaluation Purpose

This formative evaluation of PPSP is designed to systematically assess the implementation, outcomes, and sustainability of the programme in advancing safely managed sanitation (SMS) services across the country by evaluating the technical assistance model to sub-national governments to accelerate the access to sanitation. Initiated in 2009, PPSP has played a central role in aligning local sanitation development efforts with national policy frameworks, addressing critical gaps in sanitation infrastructure and service delivery.

The primary purpose of the evaluation is to assess the implementation and performance of the PPSP programme from 2009 to 2024, with a particular focus on the last five years (2019–2024). The evaluation aims to generate evidence on areas requiring improvement to enhance support for local governments in strengthening access to safely managed sanitation services. It will also identify lessons learned, highlighting what has and has not worked, to guide the design and implementation of the programme’s fourth phase.

By providing actionable insights, the evaluation will assist the four key ministries responsible for PPSP implementation—the National Development Planning Agency (Bappenas), the Ministry of Home Affairs (MoHA), the Ministry of Public Works and Housing (MPWH), and the Ministry of Health (MoH)—in making the necessary adjustments to accelerate progress and achieve sectoral targets outlined in Indonesia’s national development plans, including the RPJMN (2025–2029) and RPJPN (2025–2045). The findings will also guide strategic decision-making, optimise resource allocation, and offer best practices for building sustainable, inclusive, and climate-resilient sanitation systems. Special attention will be given to addressing the needs of vulnerable populations, such as women, children, and marginalised groups, ensuring their perspectives are integrated into future sanitation development efforts.

### 1.3.2 Evaluation Objectives

Based on provided ToRs, below are three key objectives of this formative evaluation:

- 1) **Develop a Theory of Change (ToC):** Design a comprehensive Theory of Change to outline the causal pathways towards accelerating access to safely managed sanitation (SMS) in Indonesia through PPSP’s support to subnational governments. This ToC will be informed by a review of existing literature and consultations with key stakeholders to ensure its relevance and validity. It will serve as a theoretical framework linking activities, outputs, and outcomes, forming the

foundation for evaluating PPSP's overall contribution to accelerating SMS activities in Indonesia;

- 2) **Evaluate Programme Approaches and Strategies:** Assess the relevance, coherence, effectiveness, efficiency, and sustainability of PPSP's approaches and strategies in accelerating access to SMS. This evaluation will examine how well the programme's interventions align with national and local priorities, deliver desired results, and optimise resources for long-term impact; and
- 3) **Generate Lessons and Recommendations:** Identify lessons learned, benchmarks, and good practices to provide forward-looking and actionable recommendations for refining the design, implementation, and scaling of PPSP's programming strategies and interventions. This will include insights from innovative models and approaches, as well as learning from other countries' experiences, to inform PPSP's support to subnational governments in accelerating access to SMS.

### 1.3.3 Evaluation Scope

**Thematic Scope:** The evaluation will focus on the technical and strategic support provided by PPSP to subnational governments, particularly in developing and implementing **Strategic Sanitation Plans (SSK)**. Areas of emphasis include institutional capacity building, service delivery improvements, and policy alignment to foster inclusive and climate-resilient sanitation systems. The scope also encompasses an analysis of how the programme addresses the needs of vulnerable groups, including women, children, persons with disabilities, and those living in underserved areas.

**Geographical Scope:** For this formative evaluation, there will be special focus on two provinces i.e., Jawa Timur (East Java), and Sulawesi Tenggara (Southeast Sulawesi) for meeting with local councils and related stakeholders to collect qualitative data. These two provinces and three cities/districts from each province have been selected to reflect diverse urban and rural contexts, as well as their performance on implementing the PPSP programs. These regions represent varied socio-economic and environmental conditions, offering insights into the programme's adaptability and scalability.

**Chronological Scope:** The evaluation will cover PPSP's implementation across its three phases, from its inception in 2009 through to 2024. Special attention will be given to recent activities and adaptations during the last five years (2019–2024), capturing lessons and achievements from the most critical period of the programme.

**Evaluation Criteria:** Guided by OECD/DAC criteria—Relevance, Effectiveness, Efficiency and Sustainability, —the evaluation will assess the programme's operational and strategic dimensions.

**Climate Change Integration:** The evaluation will examine the integration of climate resilience into WASH programming, assessing adaptation strategies and community resilience to climate impacts.

**Gender and Human Rights Integration:** The evaluation will assess how gender and human rights considerations are embedded in the programme, ensuring equitable access and responsiveness to the needs of women, children, and marginalised groups.

### 1.3.4 Intended Use of the Evaluation

The evaluation adopts a **utilisation-focused approach**, ensuring that findings cater to the specific needs of stakeholders at various levels. The intended use for each stakeholder group is outlined below:

Stakeholder	Intended Use
<b>National Government (Ministries and Agencies)</b>	Utilise findings to align PPSP objectives with the RPJMN 2025–2029, RPJPN 2025–2045, and Indonesia’s commitment to SDG 6. Strengthen institutional capacity for policymaking, planning, and monitoring at national levels to ensure sustainable and scalable sanitation solutions and use the evaluation to identify areas requiring additional technical and financial support for achieving safely managed sanitation targets.
<b>Subnational Governments (Districts and Cities)</b>	Enhance capacity to implement Strategic Sanitation Plans (SSK) and ensure alignment with local development objectives. Inform strategies for expanding coverage of safely managed sanitation in underserved rural and peri-urban areas. Use insights to improve inter-agency coordination and foster collaboration with community-based organisations and the private sector, and address gaps in resource mobilisation by leveraging findings to secure local and external funding.
<b>Private Sector Partners</b>	Enhance engagement in sanitation product innovation, including climate-resilient solutions such as decentralised wastewater treatment systems. Inform business models for sustainable WASH service delivery, exploring opportunities for public-private partnerships (PPPs) and micro-financing options. Use insights to identify market opportunities for the maintenance, repair, and operation of sanitation infrastructure. Promote corporate social responsibility (CSR) initiatives aligned with WASH goals.
<b>Civil Society Organisations (CSOs)</b>	Use findings to refine community engagement and behavioural change strategies, ensuring long-term adoption of safe sanitation practices. Incorporate lessons learned into advocacy campaigns to promote gender-sensitive and inclusive WASH approaches and strengthen partnerships with local governments to ensure the sustainability of sanitation interventions.
<b>Development Partners (e.g., Donors)</b>	Leverage findings to align funding priorities with identified needs and gaps in sanitation service delivery. Use the evaluation as evidence of the programme’s impact to secure continued or increased funding for climate-resilient and inclusive sanitation systems.
<b>UNICEF Indonesia</b>	Use findings to refine programme strategies for scaling and replicating WASH interventions, ensuring alignment with national sanitation priorities. Strengthen advocacy for inclusive and climate-resilient sanitation policies, particularly those addressing gender equity and the needs of marginalised groups. Inform the design of community-led, adaptive interventions that integrate behavioural change with infrastructure improvements.
<b>UNICEF Regional and Global Offices</b>	Incorporate findings into global and regional WASH strategies, ensuring lessons learned from PPSP contribute to scaling interventions in other countries. Strengthen global humanitarian frameworks by integrating best practices for addressing sanitation challenges in climate-vulnerable and socio-politically complex contexts. Use evidence to advocate for increased global support for climate-resilient WASH systems and inclusive programming.

## 2 Methodology

The evaluation will be guided by the **OECD-DAC evaluation criteria**: relevance, coherence, effectiveness, efficiency, and sustainability. In addition, the evaluation will prioritise **gender, equity, and human rights**, ensuring these critical dimensions are integrated throughout the evaluative process. Evaluation questions have been structured and prioritised in alignment with these criteria to comprehensively assess the programme’s contributions and areas for improvement.

- **Relevance:** This will involve assessing the alignment of PPSP’s objectives with Indonesia’s national policies, local priorities, and evolving socio-economic and environmental challenges.
- **Effectiveness:** The evaluation will measure progress towards key outcomes, including reductions in open defecation and increased access to safely managed sanitation (SMS).
- **Efficiency:** This criterion will examine the optimisation of resources—financial, technical, and human—and evaluate the effectiveness of stakeholder coordination.

- **Sustainability:** Factors contributing to the long-term viability of programme interventions will be identified, particularly their integration into local governance systems and their ability to address future challenges.
- **Coherence:** The evaluation will explore the alignment of PPSP’s activities with other national initiatives to ensure harmonisation and added value.

By incorporating these criteria alongside a focus on gender, equity, and human rights, the evaluation aims to provide a comprehensive analysis of the PPSP programme, offering actionable insights for enhancing its impact and scalability.

## 2.1 Evaluation Questions

Evaluation Criterion	Evaluation Questions as per ToRs	Feedback and Comments by the Consultants on Questions
<p><b>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.</b></p>	<ul style="list-style-type: none"> <li>○ 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?</li> <li>○ 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.)?</li> <li>○ To what extent are the PPSP’s strategies/approaches appropriate for achieving the desired results?</li> <li>○ 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.?</li> </ul>	<p>This includes National policies as well as plans. What about sub-national plans.</p> <p>Ambiguity in defining “validity”. In operational terms (e.g., relevance to local priorities, feasibility). Provide measurable indicators for “responsive.”</p> <p>Public health is reduction of water borne diseases but how environmental impacts are quantified by the programme</p>
<p><b>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?</b></p>	<ul style="list-style-type: none"> <li>○ 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)?</li> <li>○ To what extent is the PPSP programming activities at the local level coherent with the local plans, policies, interventions, and systems? This includes complementarity, harmonisation and co-ordination with others, and the extent to which the intervention is adding value.</li> </ul>	<p>What about its contributions of NGOs and development partners.</p> <p>How define and address about regional disparities and coordination challenges between Local Government, Provinces and PPSP.</p>

Evaluation Criterion	Evaluation Questions as per ToRs	Feedback and Comments by the Consultants on Questions
<p><b>Effectiveness –</b></p> <p><b>The extent to which PPSP programme achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.</b></p>	<ul style="list-style-type: none"> <li>○ To what extent were the desired results of the PPSP programme achieved / are likely to be achieved?</li> <li>○ To what extent and which implementation strategies and approaches of the PPSP mainly contributed to achievement of national SMS program results?</li> <li>○ 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.)?</li> <li>○ What exactly are the unintended results of PPSP programme at national and subnational level?</li> </ul>	<p>Would have been useful if results were categorised like access, institutional capacities, behaviours, etc.</p> <p>Factors? Defined like financial, institutional or cultural?</p>
<p><b>Efficiency –</b></p> <p><b>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.</b></p>	<ul style="list-style-type: none"> <li>○ To what extent is the PPSP programming approach efficient in achievement of desired results in terms of resource utilisation (human, technical, financial) and timely delivery? Have there been any significant delays in programme implementation and achievement of results, and if so, why?</li> <li>○ To what extent did PPSP stakeholders efficiently coordinate and use resources and capacities to achieve results?</li> <li>○ To what extent did the PPSP coordination and collaboration structure avoid duplication among the key stakeholders?</li> </ul>	<p>Specify the period for efficiency evaluation. Data is not available for all three phases. We shall cover 2019–2024. Include examples of resource utilisation.</p> <p>Meaning of duplication i.e. parallel initiatives or repeated interventions for DRR and climate.</p>
<p><b>Sustainability –</b></p> <p><b>The extent to which the PPSP programme approach succeeded in creating opportunities for good practices and interventions to be adopted and scaled-up?</b></p>	<ul style="list-style-type: none"> <li>○ What are the major factors which influence the achievement or non-achievement of sustainability?</li> <li>○ To what extent has PPSP programme, through its interventions, led to a lasting change to children, women, and communities, that can be sustained overtime?</li> <li>○ 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?</li> </ul>	<p>Broad scope without specific indicators for “lasting changes.”</p> <p>Define sustainability measures (e.g., financial allocations, policy revisions).</p>
<p><b>Additional criteria for consideration: Equity, gender equality, human rights, and climate resilience - Measures the</b></p>	<ul style="list-style-type: none"> <li>○ What type of approaches and interventions from PPSP programme that have yielded results in improving access to SMS in disadvantaged, marginalised and less reached areas/groups?</li> </ul>	<p>Specify metrics for “improved access” (e.g., percentage increases in SMS use among disadvantaged groups).</p>

Evaluation Criterion	Evaluation Questions as per ToRs	Feedback and Comments by the Consultants on Questions
<p>extent to which marginalised populations as well as girls and women benefit from the PPSP programme results.</p>	<ul style="list-style-type: none"> <li>○ To what extent is gender a significant factor? Has attention been given to the needs of children affected by disability?</li> <li>○ Has climate resilience been adequately incorporated into the PPSP programme?</li> <li>○ Are there concrete lessons that can be replicated for improving access to SMS in an equitable manner targeting the most disadvantaged or vulnerable children?</li> </ul>	

## 2.2 Evaluation Approaches

The formative evaluation of PPSP will adopt a participatory and mixed-methods framework to thoroughly assess its performance from 2009 to 2024. By combining qualitative and quantitative methods, the evaluation will explore the programme’s relevance, efficiency, effectiveness, and sustainability. A strong emphasis will be placed on engaging stakeholders at every level to ensure that the findings are relevant and actionable and have local ownership. A comprehensive **desk review** will form the basis of the evaluation. This will include an analysis of programme documents, relevant policies, previous evaluations, and the PPSP roadmap. The desk review will synthesise lessons learned and best practices, providing critical insights into the challenges and progress towards achieving safely managed sanitation goals. In addition, **Key Informant Interviews (KIIs)** will be conducted with representatives from central government, provincial governments, local governments, development partners such as UNICEF, NGOs, and private sector stakeholders. These interviews will offer insights into programme alignment, implementation barriers, and key achievements. A specific qualitative perception survey of local government is also planned to assess the effectiveness and relevance of the programme. The evaluation will also employ **Focus Group Discussions (FGDs)** to capture the perspectives of beneficiaries, including women and vulnerable populations. These discussions will help understand the impacts of the programme at the community level, while similar conversations with local officials will explore policy and infrastructure alignment challenges. **Field observations** will provide on-site assessments of sanitation infrastructure, with a focus on its climate resilience, technical quality, and community engagement in maintenance.

A **theory-based evaluation approach** will underpin the development of a Theory of Change (ToC) to map the logical pathways between inputs, activities, outputs, and outcomes. This will highlight any gaps that may hinder the achievement of Indonesia’s sanitation goals. The data collected will undergo detailed analysis, with qualitative data being coded using software such as NVivo to identify key themes and patterns, while secondary quantitative data will assess coverage rates, resource utilisation, and cost-effectiveness. Finally, the evaluation will focus on the **sustainability** of PPSP interventions, identifying mechanisms for long-term maintenance, community ownership, and institutional strengthening. **Stakeholder engagement** will be central to this process, with validation workshops and consultations ensuring that findings are co-created and aligned with local needs.

## 2.3 Integrating Cross Cutting Issues

The evaluation will also integrate cross-cutting themes to provide a comprehensive understanding of the programme’s overall efficacy and impact. **Gender equality** will be a major focus, assessing how the PPSP addresses the needs of women and girls, including menstrual hygiene management and their participation in decision-making processes. The programme’s commitment to **social inclusion and equity** will also be examined, ensuring that marginalised groups, such as persons with disabilities and low-income households, are not left behind. Another critical theme is **climate resilience**, which will

evaluate how PPSP integrates climate adaptation measures into sanitation infrastructure and planning. This includes assessing the programme's capacity to respond to climate-induced risks like flooding and droughts. The evaluation will also explore the **environmental impact** of PPSP, particularly in terms of wastewater treatment and sludge management practices, ensuring that its interventions align with sustainable development principles. Additionally, the **human rights** perspective will ensure that the programme upholds the fundamental rights to water and sanitation.

## 2.4 Evaluation Matrix

The detailed Evaluation Framework, added as Annexure 1, will specify the sources and methods for collecting data related to each evaluation question, as highlighted in the ToRs. It provides a structured framework for planning and conducting the evaluation while ensuring that no critical aspects are overlooked.

## 2.5 Inception Phase

### 2.5.1 Interviews and discussions with UNICEF and Bappenas

During the inception phase, the evaluation team engaged in a series of virtual meetings with UNICEF Indonesia. These sessions were essential for clarifying objectives, aligning expectations, and establishing a roadmap for the evaluation. A kick-off meeting on 23 October 2024 to outline the scope, objectives, and logistical arrangements and consensus on conducting initial inception meeting with key staff and partners. Subsequent meetings held on 1, 8, 15 and 22 November with UNICEF team focussing on reviewing PPSP activities and understanding its alignment with Indonesia's sanitation and climate resilience priorities, selection criterion for provinces and local government. These meetings were attended by Multi Country Evaluation Manager UNICEF, WASH Specialist Indonesia and WASH Officer East Java along with local consultants. A specific online meeting with Chief WASH UNICEF Indonesia and WASH Specialist UNICEF Indonesia held on 10<sup>th</sup> December 2024 to understand the overall context of national sanitation programme in Indonesia along with key success, challenges and expectations. A similar kind of meeting held with UNICEF East Java WASH Officer on 20 November in the context of East Java.

Two dedicated meetings were held with Bappenas team. First, on 1<sup>st</sup> November and, second, on 6<sup>th</sup> November to learn about Bappenas expectations and consensus on evaluation approach. The Bappenas suggested an online perception survey of the local government to have a better and comprehensive coverage. The Bappenas also suggested to make change from the suggested two provinces in the ToRs i.e. East Java and South Sulawesi. Bappenas proposed five provinces from which any two of the provinces were to be selected. The consultants developed a national level criterion and selected two provinces (an additional one as back-up option) through a criterion that are aligned with suggested five provinces- details in Annexure 2. The discussions in these meetings facilitated access to key programme documents, data sources, and strategic insights into PPSP implementation. They also highlighted critical considerations, such as subnational government engagement, the role of Pokja Sanitasi, and the integration of climate resilience and perception survey of local government into PPSP evaluation.

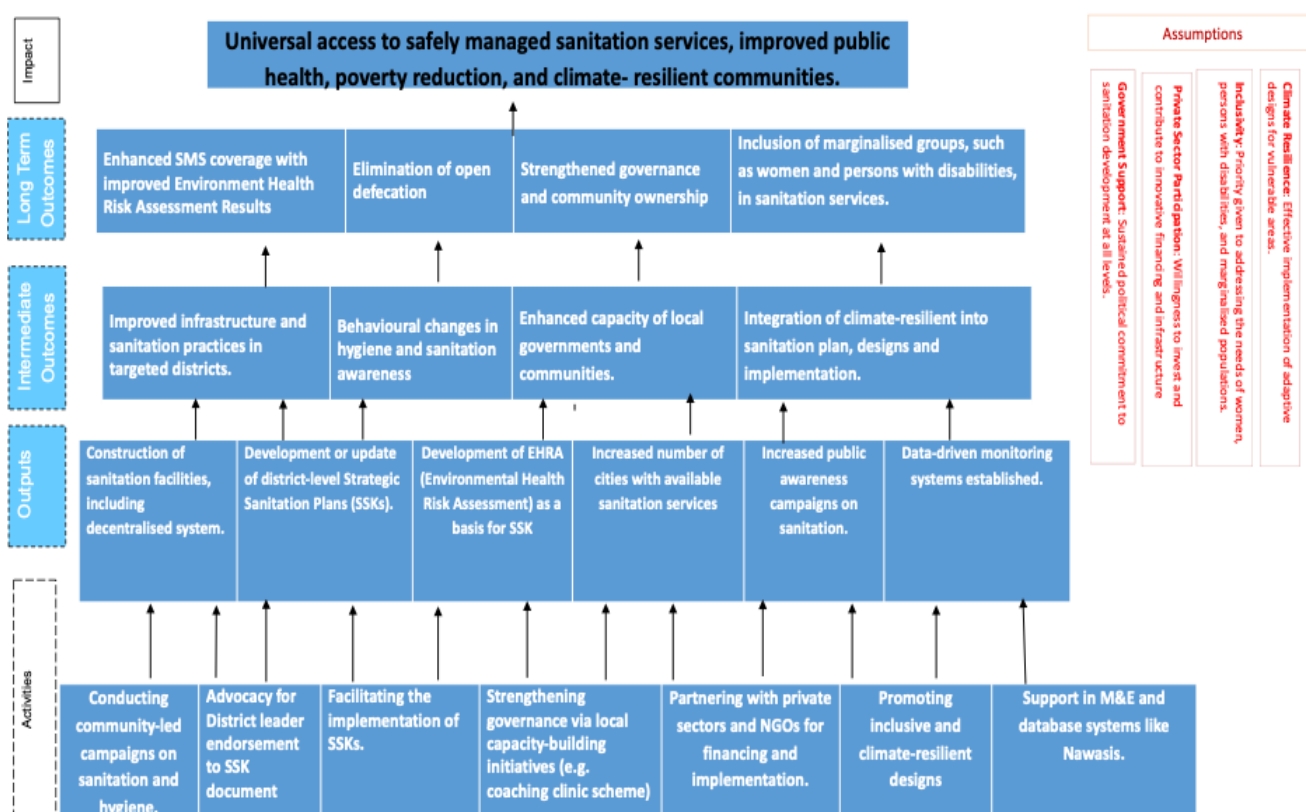
### 2.5.2 Desk Document Review

The evaluation's inception phase included a comprehensive review of relevant programme and policy documents to inform the evaluation framework and methodology. This initial analysis provided foundational insights into PPSP's design, implementation, and outcomes across its three phases (2009–2024). The list of key documents reviewed is provided in Annexure 3.

## 2.6 Constructed Theory of Change

By reviewing strategic documents of PPSP programme and discussions held with Bappenas and UNICEF, a theory of change for this evaluation has been constructed. Given below, and this will be used a key instrument of the evaluation to understand the logical connection between different strategic actions.

Figure 3: Constructed Theory of Change PPSP



**Vision:** Universal, equitable, and sustainable access to safely managed sanitation services in Indonesia, contributing to improved public health, gender equality, environmental protection, and climate resilience.

Level	Description	Monitoring Indicators
<b>Impact</b>	Universal access to safely managed sanitation services, improved public health, poverty reduction, and climate-resilient communities.	<ul style="list-style-type: none"> <li>National SMS coverage percentage</li> <li>Reduction in WASH-related diseases.</li> <li>Public health improvements in priority areas.</li> </ul>
<b>Outcomes (Long-Term)</b>	<ul style="list-style-type: none"> <li>Expansion of SMS coverage in underserved and rural areas.</li> <li>Elimination of open defecation.</li> </ul>	<ul style="list-style-type: none"> <li>SMS available in the underserved and rural areas</li> <li>Percentage of ODF communities.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Strengthened governance and community ownership.</li> <li>○ Inclusion of marginalised groups, such as women and persons with disabilities, in sanitation services.</li> </ul>	<ul style="list-style-type: none"> <li>○ Inclusion of vulnerable groups in sanitation services.</li> <li>○ Community satisfaction with sanitation services.</li> </ul>
<b>Outcomes (Intermediate)</b>	<ul style="list-style-type: none"> <li>○ Improved infrastructure and sanitation practices in targeted districts.</li> <li>○ Behavioural changes in hygiene and sanitation awareness.</li> <li>○ Enhanced capacity of local governments and communities.</li> <li>○ Integration of climate-resilient into sanitation plan, designs and implementation.</li> </ul>	<ul style="list-style-type: none"> <li>○ Number of SSK initiatives integrated /included into annual work plan of districts and cities.</li> <li>○ Number of SSK initiatives funded by local governments and other sources.</li> <li>○ Percentage of districts with improved infrastructure.</li> <li>○ Capacity-building programme participation rates.</li> <li>○ Number of sanitation plans, plans and implementation have included climate resilience</li> </ul>
<b>Outputs</b>	<ul style="list-style-type: none"> <li>○ Development of EHRA (Environmental Health Risk Assessment) as a basis for SSK</li> <li>○ Development or update of district-level <b>Strategic Sanitation Plans (SSKs)</b>.</li> <li>○ Construction of sanitation facilities, including decentralised system.</li> <li>○ Increased number of cities with available sanitation services</li> <li>○ Increased public awareness campaigns on sanitation.</li> <li>○ Data-driven monitoring systems established.</li> </ul>	<ul style="list-style-type: none"> <li>○ Number of districts conducted EHRA</li> <li>○ Number of districts with approved SSKs.</li> <li>○ Number of quality SSK documents being developed.</li> <li>○ Number of new sanitation facilities built.</li> <li>○ Number of districts with available sanitation services.</li> <li>○ Number of public education / awareness raising activities conducted.</li> <li>○ Number of active monitoring tools (e.g., Nawasis).</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>○ Advocacy for District leader endorsement to SSK document.</li> <li>○ Conducting community-led campaigns on sanitation and hygiene.</li> <li>○ Facilitating the implementation of SSKs.</li> <li>○ Strengthening governance via local capacity-building initiatives (e.g. coaching clinic scheme)</li> <li>○ Partnering with private sectors and NGOs for financing and implementation.</li> <li>○ Promoting inclusive and climate-resilient designs.</li> </ul>	<ul style="list-style-type: none"> <li>○ Number of SSK documents discussed/presented to the district leader</li> <li>○ Number of cities/districts with support to update the SSK</li> <li>○ Number of private sector partnerships.</li> <li>○ Training sessions for local sanitation teams, including on climate resilience.</li> </ul>
<b>Inputs</b>	Financial support from governments, UNICEF, and private entities; Technical expertise from Pokja Sanitasi and partners; and enabling frameworks (e.g., RPJMN, RPJPN, and RAN-API); and data systems like <b>Nawasis</b> .	Budget allocation and utilisation reports; number of technical personnel mobilised; and coverage of monitoring systems
<b>Key Assumptions</b>	<p><b>Government Support:</b> Sustained political commitment to sanitation development at all levels.</p> <p><b>Community Engagement:</b> Active participation in maintaining and using sanitation infrastructure.</p> <p><b>Private Sector Participation:</b> Willingness to invest and contribute to innovative financing and infrastructure.</p> <p><b>Inclusivity:</b> Priority given to addressing the needs of women, persons with disabilities, and marginalised populations.</p>	

## 2.7 Data Collection Methods

### 2.7.1 Detailed Desk Review

The desk review will form a critical part of this formative evaluation, providing a thorough analysis of the programme's design, implementation, and outcomes. Key sources will include PPSP progress reports from its three phases (2010–2014, 2015–2019, and 2020–2024), monitoring and evaluation (M&E) reports, and data from platforms like Nawasis, which track sanitation infrastructure performance. National and subnational strategies, such as the RPJMN 2020–2024, RPJPN 2025–2045, and Strategic Sanitation Plans (SSK), will be reviewed to assess alignment with Indonesia's long-term goals for sustainable sanitation. Other documents, such as Roadmap of Sustainable Development Goals 2023-2030, Target Pembangunan Sanitasi, Nasional Dan Sinkronisasi Target Pembangunan Sanitasi Daerah, April 2020 PPT, PPSP Roadmap 2015-2019, etc shall be consulted and reviewed for quantitative data. Any gender assessment and training report related to WASH, Sanitation Marketing Reports, etc, shall be explored and will be used to inform the evaluation's focus on inclusivity and equity. Reports on climate resilience in sanitation infrastructure, particularly decentralised wastewater systems, will be assessed to understand PPSP's responsiveness to climate adaptation. International frameworks, including the UNICEF Global Strategy for WASH 2016–2030 and SDG 6 progress reports, will provide a global benchmark, while external sources from organisations like the World Bank and Asian Development Bank will offer complementary insights.

The review will also address data limitations. While Bappenas and UNICEF Indonesia will provide project data and reports, challenges such as incomplete historical data or regional inconsistencies are anticipated. To address these, secondary sources from research institutions and development partners will enrich the analysis, particularly in understanding regional disparities, private sector roles, and climate-related vulnerabilities. A significant focus will be placed on disaggregated data to evaluate inclusivity, considering variables such as gender, socio-economic status, geographical location, and marginalised groups like persons with disabilities. However, limitations in data availability and granularity, particularly in remote areas, may restrict analysis. These challenges will be transparently outlined in the evaluation findings, with an emphasis on maximising the use of available data.

### 2.7.2 Data Collection Tools

#### 2.7.2.1 Online Perception Survey

An online perception survey of local government through google form shall be conducted to capture the perceptions of the local governments on several key areas including programme alignment with local priorities, capacity building, resource allocation, service delivery, private sector collaboration, and the use of monitoring tools such as NAWASIS. The findings will be helpful in shaping evidence-based recommendations to enhance future programming and achieve sustainable sanitation outcomes. The final online questionnaire is attached in Annexure-4.

#### 2.7.2.2 Focus Group Discussions and Key Informant Interviews

The evaluation will include 6-12 FGDs (six male and six female community sanitation groups or CBOs separately (if mix gathering available then number is reduced to six), with 1-2 FGDs conducted in each of the selected cities: Batu, Sidoarjo and Gresik in Jawa Timur (East Java) and Kendari, Konawe Selatan

and Konawe Kepulauan in Sulawesi Tenggara (Southeast Sulawesi). Sampling List and recruitment criterion is attached as Annexure -5.

**Key Informant Interviews (KIIs)** will gather detailed insights from stakeholders involved in the design, implementation, and outcomes of the PPSP. Interviews will target:

**National-Level Stakeholders:** Representatives from Bappenas, Ministry of Public Works and Housing (MPWH), Ministry of Health (MoH), and Ministry of Home Affairs (MoHA), focusing on policy alignment, national oversight, and inter-agency collaboration.

**Provincial-Level Stakeholders:** Officials from the provincial governments of Jawa Timur, and Sulawesi Tenggara, discussing coordination, resource allocation, and regional progress.

**City-Level Stakeholders:** Local authorities of Batu, Gresik and Sidoarjo from Jawa Timur, and Kendari, Konawe Selatan and Konawe Kepulauan from Sulawesi Tenggara (Southeast Sulawesi) providing insights into localised implementation and community engagement challenges.

**NGOs/CSOs:** Representatives of organisations supporting behavioural change and advocacy, offering perspectives on community mobilisation and inclusivity.

**Private Sector Stakeholders:** Local contractors and sanitation entrepreneurs involved in infrastructure development and maintenance, focusing on service quality and innovation.

A total of **33-36 KIIs** will be conducted to ensure comprehensive coverage of stakeholder perspectives. The **online perception survey** will complement FGDs and KIIs, targeting local government representatives who participated in PPSP. The survey will capture feedback on: Programme relevance and effectiveness; alignment with local sanitation priorities; and perceptions of infrastructure quality and behavioural change interventions. This survey will provide a quantitative layer to the qualitative data, ensuring a balanced evaluation.

### Updated Sampling Framework

Stakeholder Group	Number & Method	Relevance	Focus Areas
National Agencies	5 KIIs (Bappenas, MPWH, MoH, MoHA, Ministry of Environment)	Guide national-level policy alignment and resource prioritisation.	Alignment with SDG 6; inter-ministerial coordination; national strategy for safely managed sanitation.
Provincial Authorities	2 KIIs (1 per province)	Oversee regional PPSP initiatives and ensure alignment with provincial priorities.	Coordination and resource allocation; challenges and lessons learned.
District/City Authorities	5-6 KIIs (1 per city)	Facilitate local implementation of PPSP initiatives.	Local challenges; community engagement; sustainability of infrastructure.
NGOs/CSOs	5-6 KIIs (1 per city)	Promote behavioural change and inclusivity within target communities.	Effectiveness of mobilisation strategies; long-term adoption of WASH practices.
Sanitation CBOS	6-12 FGDs	Understanding their engagement in promoting and maintaining hygiene and sanitation services	Effectiveness and sustainability of the services especially ownership and accountability
Private Sector Stakeholders	5-6 KIIs (1 per city)	Provide sanitation infrastructure and maintenance services.	Infrastructure quality; climate resilience; operational challenges.

UNICEF Staff	4 KIIs	Provide programme oversight and strategic insights.	Programme design; scalability; gaps and challenges in implementation.
INGOs and Development Partners	3 KII	Contribute to sanitation financing, infrastructure, and advocacy.	Global best practices; integration of WASH with climate resilience; resource mobilisation.

Consent forms for different participants have been developed and attached as Annexure-6. Key issues/questions have also been developed and shared in Annexure- 7 for FGDs and Annexure 8 for KIIs. A determined effort has been made to develop common question for each group followed by additional questions for each specific group and key informant.

### 2.7.2.3 Field Observations for Safely Managed Sanitation in Indonesia

Field observations will play a critical role in assessing the performance and impact of safely managed sanitation (SMS) interventions under PPSP. These observations will complement other evaluation methods by providing direct, first-hand insights into the functionality, inclusivity, and sustainability of sanitation facilities across Jawa Timur (East Java), and Sulawesi Tenggara (Southeast Sulawesi). Checklist of field observation is given in Annexure 9 which covers following areas:

- Sanitation Infrastructure and Facilities
- Inclusivity and Accessibility
- Functionality and Usability
- Climate Resilience

### 2.7.2.4 Case Studies

Case studies will serve as a vital component of the evaluation, offering in-depth insights into the implementation, outcomes, and broader impact of safely managed sanitation interventions. Using the outlined checklist, case studies will systematically document how sanitation services align with community needs, address climate resilience, and promote sustainability. By exploring specific examples, they will highlight improvements in health, hygiene practices, and equity, as well as the empowerment of women, youth, and vulnerable groups. These studies will also capture community feedback and perceptions, identifying challenges and areas for enhancement. Personal stories and testimonials will bring a human dimension to the evaluation, illustrating the tangible effects of interventions on individuals and households. Additionally, photographs and contextual documentation will visually convey the integration of WASH services within the local environment and climate challenges. A template for case studies is provided as Annexure 10.

### 2.7.3 Deployment of Data Collection Team

Our two local consultants i.e. Mr Joseph Viandrito and Ms Ratih Widyaningsih who are facilitating the lead consultant in conducting the evaluation, will take lead on data collection. Both are experienced consultants in qualitative data collection with expertise in climate change and WASH respectively, and also equip well with local language, understand local culture and norms. Have been briefed about research ethics and integrity. The lead consultant shall provide a detailed briefing about how to get consent, ensure privacy and recruit the participants for FGDs.

### 2.7.4 Pre-Testing of Tools

Pre-testing of the tools (the FGDs checklists) will be part of the orientation/briefing. The tools will be revised based on the feedback from the field to improve the quality of the translation if required, the

comprehension of the questions by respondents, and potential sources of error or bias arising from the design of the tools including the wording of questions on potentially sensitive topics.

## 2.8 Data Management and Analysis

The qualitative data for the evaluation will be analysed through manual coding and transcription techniques or using appropriate software, such as MAXQDA or NVivo. The analysed data will be triangulated with both published and unpublished reports, including data collected during consultations with UNICEF, CSOs, NGOs, and local authorities. In the data management and analysis process, several key components will be addressed:

- **Logic and Assumptions:** A detailed examination of the logical connections and assumptions underlying the constructed Theory of Change (ToC) will be conducted.
- **Implementation:** The evaluation will rigorously assess how project activities were executed relative constructed theory of change and national safely managed sanitation plans and roadmaps.
- **Outcomes and effects:** This component will gauge the outcomes achieved and their alignment with the expected changes outlined constructed theory of change and national safely managed sanitation plans and roadmaps.
- **Unintended Consequences:** The evaluation will systematically identify any unforeseen positive or negative impacts of the project.
- **Contextual Analysis:** A comprehensive analysis of economic, social, environmental, and political factors will be conducted to understand how these may have influenced project implementation and outcomes.
- **Stakeholder Perspectives:** Insights from other community groups will be actively collected and analysed to incorporate diverse viewpoints on the project's effectiveness, relevance, efficiency and sustainability.
- **Lessons Learned:** Key insights from the project's implementation will be documented, including best practices, case studies and challenges encountered.

## 2.9 Confidentiality, Ethical Considerations and Data Protection Protocols

Ensuring the safety and confidentiality of FGD and KII participants will be a top priority throughout the evaluation. Identifiable personal information will only be collected when necessary, and where such information is collected, anonymity will be safeguarded by removing identifiable details and substituting personal data with coded identifiers or recording names separately. Secure storage protocols, both digital and physical, will be implemented to protect all data. Open communication channels will be established to keep participants informed and promptly address any concerns. To ensure participants feel comfortable, the evaluation process will respect and adapt to local norms and customs. Participants will be informed that their involvement is entirely voluntary and that they are free to withdraw at any stage. Verbal and written consent, whichever is convenient, will be obtained from all participants prior to data collection (see Annexure 6 for consent procedures). The individuals below 18 years participating in the evaluation will provide assent, and additional consent will be obtained from their parents or guardians. The interviews will be done in Indonesian language with notes or recorded electronically depending upon willingness of the participants and then translated into English. Local consultants will uphold confidentiality principles and inclusive approaches, fostering trust among all participants, including children and adolescents. Each participant in group discussions will have an equal opportunity to express their views, with all responses given equal importance. This approach will ensure a balanced and respectful environment for open dialogue.

Initial data from FGDs and some KIIs will be collected in written form or electronically and will be stored securely. Sealed folders will be used for physical records, which will be transported by designated focal persons from each region to a secure location. A detailed log will maintain the chain of custody by the local lead consultants to ensure compliance with data protection protocols. All physical and digital documents will be transcribed from the local language into English and securely transferred to the

International Consultant using encrypted platforms. Access to data, both physical and digital, will be restricted to authorised consultants to maintain confidentiality throughout the evaluation process.

Personally identifiable information (PII) will be removed during transcription or data entry and replaced with unique codes. A master list linking these codes to participants will be stored in a separate encrypted file, accessible only to the lead evaluator. Findings will be anonymised and reported in aggregate form to ensure no individual can be identified. Throughout the assignment, all raw data, including transcriptions and related materials, will remain under the secure custody of the consultant. Appropriate data protection measures will be implemented to prevent any unauthorised access or misuse. Once the final report is approved, all raw data will be formally handed over to UNICEF. UNICEF will assume responsibility for managing the data in accordance with its data protection policies, ensuring compliance with international standards for confidentiality and security. Data will be retained for the timeframes specified in UNICEF’s guidelines and securely discarded thereafter. The consultant shall not retain any copies of the raw data unless explicitly requested by UNICEF. In such cases, strict confidentiality and security protocols will apply. In line with the project’s policies, physical documents will be shredded, and digital files permanently deleted two years after the evaluation, ensuring no residual risk to participant privacy.

Ethical oversight from relevant review boards will further ensure adherence to ethical standards. A Research Ethics Review Document is being submitted to the HML Ethics Review Board. The data collection is being initiated while seeking the ethical clearance. The Board will oversee the evaluation to ensure that (i) the evaluation being carried out upholds to ethical considerations to safeguard the well-being and rights of participants, (ii) adequate protocols are available so that the subjects are well-informed about the evaluation’s purpose and assured that their involvement does not pose undue risks, (iii) the principle of voluntary and confidential participation is emphasised, with subjects provided and consenting to informed consent that can be written or verbal or both before engaging in the study, (iv) rigorous protocols are in place to ensure the protection and safety of participants, and stringent measures are adopted to prevent any violation of privacy or discrimination during the collection and analysis of data. The Lead Consultant has taken the online training of UNICEF “Introduction to Ethics in Evidence Generation (Basic)”. Ethical principles and protocols will be adhered to throughout the process to maintain participant trust and ensure the integrity of the evaluation. These measures collectively ensure that data is handled ethically and securely, participant privacy is respected, and international best practices and standards are upheld throughout the evaluation process.

## 2.10 Risks and Challenges

Sr No.	Perceived Risk(s)	Mitigation Measure(s)
1	<b>Data Quality and Reliability:</b> The quality and reliability of data, especially in terms of self-reported outcomes, may be questionable.	Self-reported data will be cross verified with other sources, including project documents and field observations. It will be ensured that the interviewers are trained in data collection techniques.
2	<b>Recall bias due to retirement of some staff involved in PPSP, frequent staff rotation and limited institutional memory</b> among current officials may lead to incomplete or misleading information about PPSP or inaccurate representation	Provide targeted briefings and supplementary programme documents to respondents to ensure they have accurate background knowledge before completing the survey. Further, the evaluation team will collect more information from alternative sources, for example, document review.
3	<b>Limited Time and Resources:</b> Constraints in time and resources may limit the depth and breadth	A realistic timeline has been developed and sufficient resources have been allocated to conduct the evaluation comprehensively.
4	<b>Data Security and Confidentiality:</b>	Strict data security protocols will be developed and adhered

Sr No.	Perceived Risk(s)	Mitigation Measure(s)
	Protecting the confidentiality and security of sensitive data, is crucial.	to. Interviewers will be trained on data privacy and confidentiality. Data will be aggregated when reported.
5	<b>Lack of Access to External Data:</b> Access to external data may be limited.	Alternative data sources will be explored, seeking comparable information that aligns with evaluation needs. The efforts made to access external data will be documented and any challenges encountered will be transparently reported.

A centralised risk register will be maintained, which will be accessible to the UNICEF team and reference group. This will document identified risks, their potential impact, probability, and the mitigation strategies in place. The periodic risk review meetings will be scheduled with the evaluation and field teams to discuss the identified risks, their status, and the effectiveness of existing mitigation strategies. Continuous communication with the UNICEF team and reference group will be established to encourage the reporting of potential risks or changes in risk landscapes.

## 2.11 Management Arrangements

Based on the UNICEF’s evaluation policy, this evaluation will be managed by the Multi-Country Evaluation Specialist (James Kimani) as the Evaluation Manager in close coordination with Kannan Nadar Chief WASH UNICEF Indonesia Country Office, Maraita Listyasari WASH Specialist UNICEF Indonesia and Muhammad Afrianto Kurniawan WASH Officer UNICEF Indonesia. An evaluation reference group (ERG) will be created to provide guidance, direction and 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. The reference group will include key government representatives from the National Development Planning Agency (Bappenas), Ministry of Public Works and Housing, Ministry of Home Affairs, Ministry of Health and other government ministries and agencies, UNICEF, and other relevant stakeholders. The consultant and his team will be responsible for the impartial and independent evaluation of the project in line with project’s evaluation objectives. The consultants have developed the guides for KIIs and FGDs and will undertake the interviews/discussions, analyse all collected data, and write the report based on UNICEF’s standards. Looking at the tight deadlines of the assignment and to increase efficiency and reduce cultural and language barriers, the lead consultant has engaged two local experienced consultants from Indonesia.

Mr. Niaz Ullah Khan is lead consultant of the assignment, where Mr Joseph Viandrito as Senior Local Evaluator and Climate Change Expert and Ms Ratih Widyaningsih as WASH Expert and Data Collection Coordinator will support him. Both local consultants will be involved in day-to-day updates and regular communications with local UNICEF office where needed. Quality assurance measures have been drafted to ensure the integrity and reliability of the evaluation, ensuring that the insights gained are credible and valuable for future strategies and actions. Local data collection assistance by the local consultants holds a critical role in the evaluation process. Their significance lies in their deep understanding of the local culture and context, ensuring that data collection methods are culturally sensitive and contextually relevant. These local field consultants will execute the data collection process diligently, conducting interviews and facilitating focus groups while ensuring the accuracy and integrity of the collected data. The whole process will be overseen by Lead Consultant Niaz Ullah Khan while facilitated locally by local consultant Mr Joseph Viandrito and Ms Ratih Widyaningsih and shall extend support in inception phase in finalising the sampling, data analysis and reviewing the preliminary findings.

## 2.11.1 Team Responsibilities

Name	Country	Role	Responsibilities
<b>Mr. Niaz Ullah Khan</b>	Pakistan	Team Lead and Climate Resilient WASH Expert	<p>Lead the evaluation, including inception report development, tools design, and quality assurance.</p> <p>Participate in selected KIIs with national-level stakeholders and provide strategic direction.</p> <p>Conduct data analysis and oversee report writing and facilitate validation workshop</p> <p>Deliver the final presentation and recommendations to UNICEF and stakeholders.</p>
<b>Mr. Joseph Viandrito</b>	Indonesia	Senior Evaluator – Climate Change	<p>Lead on climate change and support team leader in inception phase in selection of provinces and districts. Secondary data collection and support on evaluation methodologies.</p> <p>Coordinate scheduling and logistics for KIIs with government officials, UNICEF staff, NGO partners, and local authorities.</p> <p>Conduct KIIs and support FGDs.</p> <p>Analyse and interpret collected data and contribute to report writing.</p>
<b>Ms. Ratih Widyaningsih</b>	Indonesia	WASH Expert and Data Collection Coordinator	<p>Lead on WASH-specific evaluation components.</p> <p>Coordinate and manage data collection activities, including FGDs and KIIs.</p> <p>Conduct KIIs and FGDs in selected provinces</p> <p>Oversee transcription and initial data processing</p> <p>Support the development of insights for the final evaluation report.</p>

## 2.11.2 Management and Logistic Support

The Multi Country Evaluation Specialist will be responsible for the management of this evaluation through UNICEF Indonesia. The evaluation will be designed and carried out by the consultant, while the WASH Section of UNICEF Indonesia will provide support throughout the process. Bappenas and UNICEF Indonesia will be responsible for the following management and logistics support:

- Provision of relevant documents, reports, or data that are essential for the evaluation;
- Technical guidance or clarification on specific technical aspects related to the evaluation;
- Introducing the consultants to the stakeholders at national and district level;
- Assistance in arranging meetings with project stakeholders, beneficiaries, or other relevant parties;
- Support in disseminating the evaluation results to the appropriate audiences within and outside of UNICEF; and
- Approving the introduction letter (prepared by consultant) to be taken by the consultant when going to the field. Sending out invites for participation of stakeholders in validation workshops.

## 2.12 Schedule of Work and Deliverables

Deliverable	Key Activities	Planned Date	Completion
<b>Draft Inception Report</b>	Submission of draft Inception Report including data collection tools, informed consent guides, and quality assurance measures for ethical clearance	10 <sup>th</sup> December 2024	
<b>Feedback from UNICEF</b>		22 <sup>nd</sup> December 2024	
<b>Submission of Ethical Review</b>		10 <sup>th</sup> January 2025	
Final Inception Report	Revision of Inception Report, tools, informed consent guides submission of final Inception Report	7 <sup>th</sup> January 2025	
Orientation, Pre-testing and data collection	Pre-testing, conduct data collection i.e. FGDs, KIIs, Field Observations and Case studies	4 <sup>th</sup> January- 15 February 2025	
Data Analysis and Interpretation Completed	Analyse and interpret the data, triangulation of data, etc. Pre-liminary findings	15 February- 5 <sup>th</sup> March 2025	
<b>Preliminary Findings Sharing and Validation Workshop</b>		5-9 <sup>th</sup> March 2025	
Draft Formative Evaluation Report Submitted	Draft formative evaluation report submitted on the agreed format, key findings to include data visualisation, such as charts, graphs, and infographics, where needed.	20 <sup>th</sup> March 2025	
<b>Feedback from UNICEF</b>		30 <sup>th</sup> March 2025	
<b>Based on Written Comments from Technical Review, Finalise the Evaluation Report to be Submitted to UNICEF HQ</b>	Finalise and submit the final report.	10 <sup>th</sup> April 2025	
<b>Learning Brief and PowerPoint Presentation, Submitted to UNICEF</b>	Finalise and submit the learning brief, incorporate any remaining feedback on the report, if required, present a PowerPoint presentation.	15 <sup>th</sup> April 2025	
<b>Evaluation Dissemination</b>	The report will be crafted for accessibility, balancing technical depth for policymakers and practitioners while ensuring clarity for the wider public. Dissemination efforts will include the use of digital platforms to reach a global audience. Executive summaries and targeted briefs will offer quick references for diverse stakeholder groups.	20 <sup>th</sup> April 2025	

## References

- Asian Development Bank (ADB) & World Bank.** (2021). *Climate Risk Country Profile: Indonesia*. Manila: ADB and Washington, DC: World Bank.
- Asian Development Bank.** (2023). *Asian Development Outlook 2024: Steady Growth in Southeast Asia*. Manila: ADB.
- Badan Pusat Statistik (BPS).** (2019). *Statistics on Rural Households and Water Scarcity in Indonesia*. Jakarta: BPS.
- Badan Pusat Statistik (BPS).** (2019). *Susenas Report*. Jakarta: BPS.
- Bappenas.** (2020). *Indonesia's National Medium-Term Development Plan (RPJMN 2020–2024)*. Jakarta, Indonesia: Ministry of National Development Planning.
- Bappenas.** (2022). *Indonesia's Long-Term Development Plan (RPJPN 2025–2045)*. Jakarta, Indonesia: Ministry of National Development Planning.
- Food and Agriculture Organization (FAO).** (2021). *State of Food Security and Nutrition in Indonesia*. Rome: FAO.
- Global Waters.** (2022). *Indonesia's WASH Strategy and Implementation Challenges*. Retrieved from <https://www.globalwaters.org>.
- Government of Indonesia.** (2016). *Law No. 8 on Persons with Disabilities*. Jakarta: Ministry of Law and Human Rights.
- Government of Indonesia.** (2020). *PPSP Progress Report: National Sanitation Strategy Implementation*. Jakarta, Indonesia: Ministry of Public Works and Housing.
- Government of Indonesia.** (2022). *National Sanitation Monitoring and Evaluation Framework*. Jakarta, Indonesia: Ministry of Public Works and Housing.
- International Labour Organization (ILO).** (2020). *Decent Work and Persons with Disabilities in Indonesia*. Geneva: ILO.
- Ministry of Environment and Forestry.** (2020). *Indonesia Environmental Status Report*. Jakarta: Ministry of Environment and Forestry.
- Ministry of Health.** (2018). *Riskesdas Report*. Jakarta: Ministry of Health.
- Ministry of National Development Planning.** (2021). *Indonesia Long-Term Strategy for Low Carbon and Climate Resilience 2050*. Jakarta: Ministry of National Development Planning.
- UNDP Indonesia.** (2020). *Disaster Risk Management in Indonesia*. Jakarta: UNDP.
- UNICEF Indonesia.** (2021). *UNICEF Annual Report on WASH in Indonesia*. Jakarta, Indonesia: UNICEF.
- UNICEF Indonesia.** (2023). *Progress in Achieving Safely Managed Sanitation Targets in Indonesia*. Jakarta, Indonesia: UNICEF.
- UNICEF.** (2021). *Key Issues for Children with Disabilities in Indonesia*. New York: UNICEF.
- UNICEF.** (2023). *State of Children's Sanitation in Indonesia: Addressing WASH Challenges*. New York: UNICEF.
- World Bank.** (2021). *Indonesia Economic Prospects: Climate Resilience and Infrastructure Development*. Washington, DC: World Bank.
- World Bank.** (2023). *Indonesia Economic Prospects*. Washington, DC: World Bank.
- World Economic Forum.** (2023). *Global Gender Gap Report*. Geneva: WEF.
- World Health Organization (WHO).** (2023). *Indonesia Health Report*. Geneva: WHO.
- Yale Program on Climate Change Communication.** (2023). *Climate Change in the Indonesian Mind*. New Haven: Yale University.

## Annexure 1: Evaluation Matrix

Main Question	Sub-Questions	Data Collection Approach	Data Collection Methods	Indicators/Success Standards
<b>Relevance:</b> 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.				
<b>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?</b>	Which specific national policies (e.g., RPJMN) and SMS targets align with PPSP's objectives?	<b>Desk Review:</b> 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.	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
	Does the PPSP address sanitation 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?	<b>Stakeholder Analysis:</b> Identify key actors (e.g., policymakers, subnational governments) to assess their roles and contributions to aligning PPSP with priorities.		
<b>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.)?</b>	Are objectives still relevant considering evolving socio-economic and environmental conditions?	<b>Stakeholder Feedback:</b> Engage key stakeholders through structured interviews and focus groups to gather perceptions of PPSP's responsiveness to their needs.	FGDs, perception surveys KIIs with local leaders	Documented alignment of objectives with socio-economic changes; stakeholder satisfaction ratings; evidence of targeted interventions for vulnerable communities
	How do stakeholders perceive the responsiveness of PPSP strategies to their needs?			
		<b>Review of Programme Reports:</b> Analyse monitoring and progress reports to identify evidence of effectiveness.		
<b>To what extent are the PPSP's strategies/approaches appropriate for achieving the desired results?</b>	Is the technical assistance provided context-specific (e.g., province vs district/city, high vs low fiscal capacity, etc)?	<b>Programme Monitoring Analysis:</b> Evaluate data	FGDs with implementation teams, desk review, field observations	Documented evidence of strategy success; adaptability to different contexts;

	<p>Have the chosen approaches been effective in delivering SMS improvements?</p> <p>Are alternative strategies being considered to address emerging challenges?</p>	<p>on programme activities and outputs, focusing on their contribution to sanitation access and environmental/public health objectives.</p> <p><b>Field Observations:</b> Validate reported outputs by directly assessing on-ground implementation and facilities.</p>		<p>proportion of SMS targets achieved using current strategies</p>
<p><b>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.?</b></p>	<p>Which activities directly contribute to the programme's overall goals?</p> <p>How do programme outputs align with public health and environmental objectives?</p> <p>Are there unintended outcomes (positive or negative) from the programme's implementation?</p>	<p><b>Stakeholders Insights:</b> Gather qualitative insights from programme managers and beneficiaries regarding the alignment and effectiveness of activities.</p>	<p>Desk review, KIIs with programme managers, FGDs with beneficiaries, field observations</p>	<p>Alignment of activities with objectives; evidence of public health improvements (e.g., reduced waterborne diseases); documented environmental benefits</p>
<p><b>Coherence:</b> 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?</p>				
<p><b>To what extent is the PPSP programming 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 including national and sub national levels)?</b></p>	<p>How well does PPSP align with activities and interventions of government stakeholders?</p> <p>Are there overlaps or gaps in responsibilities between line ministries and key partners?</p> <p>What mechanisms exist for coordination and collaboration among stakeholders?</p> <p>How do stakeholders perceive the programme's complementarity and value addition?</p>	<p><b>Stakeholder Mapping:</b> Identify roles and responsibilities of national stakeholders (e.g., Ministries, agencies) and their alignment with PPSP.</p> <p><b>Policy and Programme Analysis:</b> Review government plans and initiatives to identify overlaps or synergies with PPSP interventions.</p> <p><b>Collaboration Assessment:</b> Assess mechanisms for coordination (e.g., joint plans, committees).</p>	<p>Desk review of government policies and programme documents; KIIs with stakeholders (Ministries, key partners); FGDs with stakeholders</p>	<p>Documented instances of coordination (e.g., joint plans); stakeholder perception of alignment and complementarity; absence of duplication in activities</p>
<p><b>To what extent are the PPSP programming activities at the local</b></p>	<p>How well are PPSP activities aligned with district-level sanitation plans?</p>	<p><b>Local Policy Review:</b> Analyse district-level plans and policies for</p>	<p>Desk review of local plans and programme</p>	<p>Documented alignment of PPSP activities with district</p>

<p><b>level coherent with the local plans, policies, interventions, and systems? This includes complementarity, harmonisation, and coordination with others, and the extent to which the intervention is adding value.</b></p>	<p>Are PPSP activities integrated into existing local systems?</p> <p>Are there synergies between PPSP and local stakeholders' interventions?</p> <p>What gaps exist in harmonisation, and how can they be addressed?</p> <p>To what extent does PPSP add value to local systems?</p>	<p>sanitation and compare them with PPSP activities.</p> <p><b>Stakeholder Engagement:</b> Engage local governments and community representatives to assess integration and coherence.</p> <p><b>Gap Analysis:</b> Identify gaps in alignment, harmonisation, or coordination.</p>	<p>documents; KIIs with local government officials; FGDs with community leaders and implementers</p>	<p>plans; evidence of integration into local systems (e.g., funding, operational responsibility); stakeholder satisfaction with complementarity and harmonisation</p>
<p><b>Effectiveness:</b> The extent to which PPSP programme achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.</p>				
<p><b>To what extent were the desired results of the PPSP programme achieved / are likely to be achieved?</b></p>	<p>What are the specific targets set of PPSP?</p> <p>Is there any correlation between achievement of PPSP targets with improvement of sanitation access in the particular region?</p> <p>Are there disparities in achieving results across different regions or populations?</p>	<p><b>Programme Monitoring Review:</b> Assess progress reports to compare planned vs. actual results.</p> <p><b>Stakeholder Analysis:</b> Engage beneficiaries and officials to understand perceived progress.</p> <p><b>Comparative Strategy Review:</b> Analyse the performance of different strategies in achieving SMS targets.</p>	<p>Desk review of monitoring reports; KIIs with programme managers; FGDs with beneficiaries</p>	<p>Documented progress toward SMS targets (e.g., % increase in access); evidence of reduced disparities in access across populations or regions</p>
<p><b>To what extent and which implementation strategies and approaches of the PPSP mainly contributed to achievement of national SMS program results?</b></p>	<p>Which type of technical assistance provided (e.g., development of policies and strategies, financial consolidation, coordination strengthening, etc) have shown the highest impact?</p> <p>How were these strategies tailored to different geographical or socio-economic contexts?</p> <p>Are there any lessons learned from the implementation approaches?</p>	<p><b>Case Studies:</b> Identify regions where specific strategies yielded significant results and document best practices.</p> <p><b>Barrier Analysis:</b> Identify institutional, financial, and cultural challenges affecting progress.</p> <p><b>Partnership Mapping:</b> Examine relationships and coordination</p>	<p>Desk review of programme documents; KIIs with implementation teams; field observations</p>	<p>Documented evidence of strategy contributions to SMS results; list of best practices and lessons learned by region or approach</p>

<p><b>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.)?</b></p>	<p>What were the primary enablers of success (e.g., funding, partnerships)?</p> <p>What barriers (e.g., institutional, cultural, financial) hindered progress?</p>	<p>between national and subnational actors.</p> <p><b>Impact Analysis:</b> Assess secondary effects of PPSP interventions beyond intended results.</p> <p><b>Perception Survey:</b> Gather local government insights on PPSP and its effectiveness</p>	<p>KIIs with stakeholders (Ministries, subnational officials); FGDs with implementation teams</p>	<p>Categorised list of enablers and barriers; documented evidence of inter-Ministry and stakeholder collaboration</p>
<p><b>What exactly are the unintended results of PPSP programme at national and subnational level?</b></p>	<p>What positive unintended outcomes (e.g., strengthened partnerships, spillover benefits) have emerged?</p> <p>Are there negative unintended consequences (e.g., resource misallocation, social inequities)?</p> <p>How do stakeholders perceive these unintended results?</p>		<p>Desk review of programme evaluations; FGDs with stakeholders; KIIs with beneficiaries</p>	<p>List of unintended positive and negative results; stakeholder perceptions of their impact</p>
<p><b>Efficiency:</b> 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.</p>				
<p><b>1. To what extent is the PPSP programming approach efficient in achievement of desired results in terms of resource utilisation (human, technical, financial) and timely delivery? Have there been any significant delays in programme implementation and achievement of results, and if so, why?</b></p>	<p>How effectively were resources allocated to programme priorities?</p> <p>Were human, technical, and financial resources sufficient to meet programme demands?</p> <p>Were the planned activities delivered on time?</p> <p>What were the reasons for any delays, and how were they managed?</p>	<p><b>Resource Allocation Analysis:</b> Review budget and resource allocation documents to assess alignment with programme priorities.</p> <p><b>Timeliness Assessment:</b> Analyse implementation timelines against planned schedules to identify delays and their root causes.</p> <p><b>Stakeholder Insights:</b> Engage stakeholders to gather perceptions of resource adequacy and efficiency.</p>	<p>Desk review of financial reports, work plans, and monitoring data; KIIs with programme managers; FGDs with stakeholders</p>	<p>Proportion of planned activities delivered on time; stakeholder satisfaction with resource adequacy; cost-effectiveness metrics (e.g., outputs per unit cost)</p>
<p><b>To what extent did PPSP stakeholders efficiently coordinate and use resources and capacities to achieve results?</b></p>	<p>How well did stakeholders (e.g., government agencies, NGOs) coordinate in resource use?</p>	<p><b>Coordination Mechanism Review:</b> Assess effectiveness of joint</p>	<p>Desk review of programme coordination reports; KIIs with</p>	<p>Documented instances of shared resources (e.g., joint plans, shared budgets); stakeholder</p>

	<p>Were resources and capacities optimally utilised across stakeholders?</p> <p>How effective were mechanisms for collaboration and sharing of resources?</p>	<p>resource planning, sharing, and utilisation.</p> <p><b>Stakeholder Engagement:</b> Gather feedback on collaboration and resource-sharing practices.</p> <p><b>Capacity Assessment:</b></p>	<p>stakeholders (e.g., government officials, NGO representatives); FGDs with implementation on teams</p>	<p>perception of effective collaboration; evidence of capacity enhancement among stakeholders</p>
<p><b>To what extent did the PPSP coordination and collaboration structure avoid duplication among the key stakeholders?</b></p>	<p>Were there overlaps in roles and responsibilities among stakeholders?</p> <p>How effectively were redundancies identified and mitigated?</p> <p>Were there mechanisms in place to avoid duplication of efforts?</p>	<p>Evaluate the capacity of key stakeholders in implementing activities.</p> <p><b>Role Mapping:</b> Identify roles and responsibilities of key stakeholders to detect overlaps.</p> <p><b>Programme Review:</b> Assess coordination structures and mechanisms for resolving duplication issues.</p> <p><b>Stakeholder Feedback:</b> Engage stakeholders to validate role clarity and collaboration.</p>	<p>Desk review of programme structure and coordination documents; KIIs with programme managers and stakeholders; FGDs with local implementers</p>	<p>Documented instances of overlap or redundancies; mechanisms in place to mitigate duplication; stakeholder agreement on role clarity</p>
<p><b>Sustainability:</b> The extent to which the PPSP programme approach succeeded in creating opportunities for good practices and interventions to be adopted and scaled-up?</p>				
<p><b>What are the major factors which influence the achievement or non-achievement of sustainability?</b></p>	<p>What financial, institutional, or policy-related factors enable sustainability?</p> <p>What challenges (e.g., capacity gaps, resource shortages) hinder sustainability?</p> <p>How does stakeholder commitment impact sustainability?</p>	<p><b>Barrier and Enabler Analysis:</b> Identify factors supporting or hindering sustainability through stakeholder interviews and document reviews.</p> <p><b>Stakeholder Engagement:</b> Gather insights on resource allocation, institutional capacity, and leadership commitment.</p>	<p>Desk review of programme documents and policies; KIIs with government and community stakeholders; FGDs with local implementers</p>	<p>Categorised list of enablers and barriers; documented evidence of leadership and stakeholder commitment; availability of financial and institutional support</p>
<p><b>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?</b></p>	<p>How have sanitation behaviours (e.g., reduced open defecation) improved in communities?</p> <p>What long-term benefits are perceived by women and children?</p>	<p><b>Impact Assessment:</b> Evaluate long-term behavioural changes and infrastructure use in communities.</p> <p><b>Community Feedback:</b> Collect qualitative insights from</p>	<p>FGDs with beneficiaries and implementers; field observations; KIIs with local leaders</p>	<p>Evidence of long-term behavioural changes (e.g., adoption of SMS practices); sustained use of infrastructure; beneficiary satisfaction with impacts</p>

	Are there examples of continued programme impact beyond direct interventions?	beneficiaries (children, women) on perceived programme benefits and sustainability.		
<b>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?</b>	<p>What policy changes (e.g., ordinances, resolutions) have been made to sustain PPSP results?</p> <p>How have coordination mechanisms (e.g., working groups, committees) evolved at the national and sub-national levels, including from province to district/city level?</p> <p>Are there specific subnational arrangements for sustaining outcomes?</p>	<p><b>Policy and Institutional Review:</b> Analyse policy changes and coordination frameworks at the national and subnational levels.</p> <p><b>Stakeholder Engagement:</b> Engage government partners to assess their commitments and actions to sustain outcomes.</p>	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
<b>Equity, Gender, Climate Resilience, and Lessons Learned:</b> Measures the extent to which marginalised populations as well as girls and women benefit from the PPSP programme results.				
<b>What type of approaches and interventions from PPSP programme have yielded results in improving access to SMS in disadvantaged, marginalised, and less reached areas/groups?</b>	<p>Is there any approach within PPSP targeting specific groups / audiences?</p> <p>Which strategies (e.g., community-led, infrastructure-focused) were most effective in reaching marginalised groups?</p> <p>Were these interventions tailored to the specific needs of underserved communities?</p>	<p><b>Strategy and Approach Review:</b> Analyse programme reports and evaluations to identify successful approaches for marginalised areas.</p> <p><b>Beneficiary Feedback:</b> Collect insights from underserved groups on perceived improvements and challenges.</p> <p><b>Gender and Inclusion Analysis:</b> Evaluate programme interventions for gender inclusivity and attention to disability.</p>	Desk review of programme documents; FGDs with beneficiaries; KIIs with community leaders	Increased SMS access in marginalised areas (%); stakeholder and beneficiary satisfaction with targeted interventions
<b>To what extent is gender a significant factor? Has attention been given to the needs of children affected by disability?</b>	<p>How have gender considerations (e.g., inclusion of women in planning) been integrated into programme design and implementation?</p> <p>What specific interventions addressed</p>	<p><b>Stakeholder Insights:</b> Gather perceptions on the extent to which gender and disability needs have been addressed effectively.</p>	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

	the needs of children with disabilities?	<b>Climate Resilience</b>		
<b>Has climate resilience been adequately incorporated into the PPSP programme?</b>	<p>How is climate resilience incorporated in the PPSP program?</p> <p>How the local governments adopted climate resilience in their interventions.</p> <p>How the climate resilience is being monitored and reported?</p>	<p><b>Assessment:</b> Analyse programme documents and community practices for climate-resilient approaches.</p> <p><b>Field Observations:</b> Assess infrastructure and local practices in climate-affected areas.</p> <p><b>Lesson Documentation:</b> Collect and review lessons from programme evaluations, best practice reports, and stakeholder interviews. <b>Comparative Analysis:</b> Compare strategies implemented in different contexts to identify replicable lessons.</p>	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
<b>Are there concrete lessons that can be replicated for improving access to SMS in an equitable manner targeting the most disadvantaged or vulnerable children?</b>	<p>What best practices emerged from PPSP in addressing inequities?</p> <p>How have successful approaches been documented and shared?</p> <p>What barriers were encountered, and how were they overcome?</p>		Desk review of programme evaluations; KIIs with implementation teams; FGDs with stakeholders	Documented best practices with evidence of impact; stakeholder awareness of successful approaches; replicable strategies

## Annexure 2: Selection, and Status of Policies and Climate Change in selected provinces.

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. **See the ranking and quintile at the end of this document.**

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

	Safe Access	Propre Access	Shared Access	Unimproved	Open Defecation
<b>AKSES SANITASI 2023</b>					
	Akses Aman	Akses Layak Sendiri	Akses Layak Bersama	Akses Belum Layak	BABS di tempat terbuka
32. Maluku Utara → North Maluku	1.63%	70.79%	8.22%	13.99%	5.37%
34. Papua → Papua	1.82%	35.80%	5.39%	32.70%	24.30%
28. Sulawesi Tenggara → Southeast Sulawesi	1.93%	79.99%	7.07%	6.67%	4.34%
30. Sulawesi Barat → West Sulawesi	2.31%	72.17%	6.25%	10.39%	8.88%
19. Nusa Tenggara Timur → East Nusa Tenggara	2.50%	64.60%	8.58%	18.49%	5.84%
20. Kalimantan Barat → West Kalimantan	3.38%	72.76%	3.74%	14.03%	6.08%
8. Lampung → Lampung	3.72%	77.10%	3.76%	13.78%	1.64%
7. Bengkulu → Bengkulu	4.05%	72.87%	3.36%	14.60%	5.12%
29. Gorontalo → Gorontalo	4.14%	63.07%	14.51%	8.85%	9.42%
31. Maluku → Maluku	4.39%	67.72%	6.06%	11.42%	10.41%
6. Sumatera Selatan → South Sumatra	4.54%	70.96%	5.04%	14.08%	5.38%
33. Papua Barat → West Papua	4.63%	64.38%	7.29%	20.32%	3.38%
24. Kalimantan Utara → North Kalimantan	5.84%	74.28%	4.10%	14.56%	1.22%
9. Kep. Bangka Belitung → Bangka Belitung Islands	6.12%	84.68%	2.41%	4.94%	1.85%
18. Nusa Tenggara Barat → West Nusa Tenggara	6.21%	68.20%	10.69%	6.40%	8.49%
25. Sulawesi Utara → North Sulawesi	6.22%	69.36%	10.33%	8.43%	5.67%
2. Sumatera Utara → North Sumatra	7.14%	72.02%	5.03%	11.03%	4.78%
26. Sulawesi Tengah → Central Sulawesi	7.16%	62.38%	6.26%	13.81%	10.40%
3. Sumatera Barat → West Sumatra	8.57%	56.22%	6.18%	19.72%	9.31%
22. Kalimantan Selatan → South Kalimantan	8.70%	68.95%	5.24%	15.18%	1.93%
23. Kalimantan Timur → East Kalimantan	9.14%	78.49%	3.58%	7.74%	1.06%
5. Jambi → Jambi	9.59%	68.79%	4.65%	11.52%	5.45%
15. Jawa Timur → East Java	10.44%	66.06%	7.22%	10.99%	5.30%
12. Jawa Barat → West Java	10.49%	58.18%	6.22%	22.60%	2.52%
13. Jawa Tengah → Central Java	10.83%	68.02%	6.35%	11.90%	2.90%
21. Kalimantan Tengah → Central Kalimantan	11.16%	61.42%	3.73%	21.16%	2.53%
10. Kep. Riau → Riau Islands	12.16%	75.47%	3.48%	8.43%	0.46%
27. Sulawesi Selatan → South Sulawesi	12.83%	74.68%	6.18%	4.05%	2.26%
4. Riau → Riau	14.64%	67.60%	2.34%	12.78%	2.64%
16. Banten → Banten	15.39%	67.43%	3.60%	8.64%	4.95%
17. Bali → Bali	15.42%	68.68%	11.59%	1.69%	2.61%
14. DI Yogyakarta → Yogyakarta Special Region	16.23%	66.03%	14.17%	2.99%	0.59%
1. Nanggroe Aceh Darussalam → Aceh	17.19%	57.06%	4.60%	12.15%	9.00%
11. DKI Jakarta → Jakarta Special Capital Region	23.10%	61.05%	9.35%	6.36%	0.13%
	<b>10.21%</b>	<b>65.83%</b>	<b>6.31%</b>	<b>13.44%</b>	<b>4.20%</b>

		2010	2024	Averag Yearly Change	2010	2024	Averag Yearly Change	2015+	2024	Averag Yearly Change
11	Nanggroe Aceh Darussalam	27.91%	7.90%	1.4%	45.51%	82.38%	2.6%	0%	18.97%	2.7%
12	Sumatera Utara	14.68%	4.50%	0.7%	56.46%	85.68%	2.1%	0%	7.80%	0.9%
13	Sumatera Barat	32.42%	8.44%	1.7%	43.48%	73.45%	2.1%	0%	9.22%	1.0%
14	Riau	9.62%	2.29%	0.5%	60.01%	86.66%	1.9%	0%	17.76%	2.0%
15	Jambi	23.03%	5.08%	1.3%	55.64%	84.12%	2.0%	0%	11.57%	1.3%
16	Sumatera Selatan	21.93%	5.18%	1.2%	46.63%	82.43%	2.6%	0%	4.44%	0.5%
17	Bengkulu	22.58%	3.83%	1.3%	52.07%	82.73%	2.2%	0%	4.20%	0.5%
18	Lampung	12.58%	0.26%	0.9%	51.47%	87.68%	2.6%	0%	3.38%	0.4%
19	Kep. Bangka Belitung	22.08%	0.59%	1.5%	63.89%	94.91%	2.2%	0%	7.40%	0.8%
21	Kep. Riau	10.81%	0.12%	0.8%	49.34%	91.65%	3.0%	0%	16.39%	1.8%
31	DKI Jakarta	0.31%	0.25%	0.0%	76.63%	94.90%	1.3%	0%	23.35%	2.6%
32	Jawa Barat	16.29%	1.42%	1.1%	53.04%	76.25%	1.7%	0%	11.42%	1.3%
33	Jawa Tengah	20.11%	1.45%	1.3%	59.80%	87.60%	2.0%	0%	10.27%	1.1%
34	DI Yogyakarta	6.73%	0.00%	0.5%	77.16%	98.54%	1.5%	0%	17.03%	1.9%
35	Jawa Timur	21.49%	4.08%	1.2%	53.43%	85.55%	2.3%	0%	11.47%	1.3%
36	Banten	21.37%	3.89%	1.2%	63.59%	88.46%	1.8%	0%	17.13%	1.9%
51	Bali	12.71%	1.13%	0.8%	82.21%	97.75%	1.1%	0%	15.99%	1.8%
52	Nusa Tenggara Barat	40.89%	6.83%	2.4%	47.96%	88.65%	2.9%	0%	6.81%	0.8%
53	Nusa Tenggara Timur	23.38%	4.56%	1.3%	28.50%	81.61%	3.8%	0%	2.99%	0.3%
61	Kalimantan Barat	31.65%	5.01%	1.9%	47.90%	82.36%	2.5%	0%	2.83%	0.3%
62	Kalimantan Tengah	30.61%	2.76%	2.0%	39.50%	80.03%	2.9%	0%	17.58%	2.0%
63	Kalimantan Selatan	22.36%	1.93%	1.5%	47.00%	86.98%	2.9%	0%	16.83%	1.9%
64	Kalimantan Timur	5.82%	0.93%	0.3%	67.23%	93.71%	1.9%	0%	10.56%	1.2%
65	Kalimantan Utara		0.93%	-0.1%		85.20%	6.1%	0%	6.73%	0.7%
71	Sulawesi Utara	14.57%	4.51%	1.1%	71.48%	88.29%	1.9%	0%	6.79%	0.8%
72	Sulawesi Tengah	32.48%	8.80%	1.7%	52.64%	79.75%	1.9%	0%	8.65%	1.0%
73	Sulawesi Selatan	22.00%	0.00%	1.6%	58.61%	96.51%	2.7%	0%	16.19%	1.8%
74	Sulawesi Tenggara	29.14%	2.51%	1.9%	48.99%	93.52%	3.2%	0%	2.12%	0.2%
75	Gorontalo	40.13%	5.35%	2.5%	37.34%	88.07%	3.6%	0%	2.74%	0.3%
76	Sulawesi Barat	45.84%	5.54%	2.9%	43.61%	86.06%	3.0%	0%	1.11%	0.1%
81	Maluku	37.70%	8.12%	2.1%	41.45%	81.23%	2.8%	0%	6.12%	0.7%
82	Maluku Utara	24.99%	4.35%	1.5%	48.00%	83.38%	2.5%	0%	1.20%	0.1%
91	Papua Barat	14.03%	3.74%	0.7%	20.61%	78.27%	4.1%	0%	4.94%	0.5%
94	Papua	47.08%	21.68%	1.8%	25.10%	43.74%	1.3%	0%	7.91%	0.9%
-----										
Total	Nasional	19.56%	3.22%		55.33%	84.45%		0%	11.07%	

### Climate Impacts on Sanitation in Selected Provinces

Jawa Timur (East Java)	Kalimantan Barat (West Kalimantan)	Sulawesi Tenggara (Southeast Sulawesi)
East Java’s tropical monsoon climate, characterised by pronounced wet and dry seasons, results in frequent seasonal flooding that poses significant challenges to sanitation infrastructure. Floods damage facilities, increase open defecation, and contaminate water sources, leading to higher disease risks. To address these issues, building flood-resistant sanitation infrastructure and implementing community preparedness programs are essential. Emphasising such strategies can mitigate flood-related disruptions and ensure safe access to sanitation.	With its tropical rainforest climate and high annual rainfall, West Kalimantan faces unique sanitation challenges, including soil saturation and seepage that render traditional pit latrines ineffective. The region also experiences disruptions due to forest fires and environmental degradation caused by deforestation. Promoting eco-friendly sealed sanitation systems and educating communities on sustainable practices can improve resilience while mitigating environmental impacts.	Southeast Sulawesi’s tropical climate and susceptibility to cyclones and extreme rainfall make it vulnerable to flash floods and landslides, particularly in deforested areas. These events damage infrastructure and disrupt sanitation access. Soil erosion further destabilises sanitation structures, especially in rural areas. Strategies like soil stabilisation, reforestation, and reinforced facilities, coupled with community awareness and emergency preparedness, can significantly reduce these vulnerabilities.

### Sanitation Policies: Comparative Insights

Jawa Timur (East Java)	Kalimantan Barat (West Kalimantan)	Sulawesi Tenggara (Southeast Sulawesi)
Sanitation policies in East Java focus on reducing urban-rural disparities by extending access to underserved rural areas while strengthening urban systems. Participation in the national Community-Led Total Sanitation (CLTS) programme has been pivotal in reducing open defecation through behavioural change and infrastructure provision. Policies increasingly emphasise flood-resilient facilities to address frequent flooding, with funding directed towards community-based initiatives. While these efforts have improved access, the region requires sustained investment in climate-resilient sanitation systems to mitigate flood-related disruptions.	Sanitation policies in West Kalimantan prioritise remote and indigenous populations, addressing rural gaps where traditional practices and infrastructure limitations prevail. Integration of eco-friendly systems, such as sealed latrines to prevent groundwater contamination, reflects a focus on environmental sustainability. Partnerships with NGOs and international organisations support implementation in hard-to-reach areas. However, persistent challenges include high rainfall, deforestation, and cultural barriers that affect policy effectiveness.	Southeast Sulawesi emphasises rural sanitation through CLTS programmes and the promotion of behavioural change to eliminate open defecation. Support for small-scale sanitation enterprises provides innovative, cost-effective solutions for rural and remote areas. Policies also include building flood-resistant infrastructure to address vulnerabilities to extreme rainfall and erosion. While community-driven programmes have significantly reduced open defecation, recurring floods and soil instability remain critical challenges.

## Annexure 3: Documents Reviewed

- Government of Indonesia. (2020). The National Medium-Term Development Plan for 2020–2024 (RPJMN 2020–2024). Jakarta, Indonesia: Ministry of National Development Planning/Bappenas.
- Government of Indonesia. (2020). The National Long-Term Development Plan for 2025–2045 (RPJPN 2025–2045). Jakarta, Indonesia: Ministry of National Development Planning/Bappenas.
- Field Notes FN/72/2021: WASH in Schools (WinS) Programme in Indonesia: Better Data is Helping Build a Stronger Programme, UNICEF NY
- Republic of Indonesia Country Overview, Sector Minister Meeting (SSM), 2021, Government of Indonesia
- Kementerian Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional (BAPPENAS). (2023). *Metadata indikator lingkungan: Pilar pembangunan*. Jakarta, Indonesia: Kedeputian Bidang Kemaritiman dan Sumber Daya Alam, Kementerian Perencanaan Pembangunan Nasional/Bappenas.
- Kementerian Perencanaan Pembangunan Nasional/Badan Perencanaan Pembangunan Nasional (BAPPENAS). (2020). *Manual pengelolaan program percepatan pembangunan sanitasi permukiman (PPSP) 2020–2024*. Jakarta, Indonesia: BAPPENAS
- HaskoningDHV Nederland B.V. (2020). *Urban Sanitation Development Program - 2: Final report and 2020 annual progress report (August 2015 - September 2020)*. Embassy of the Kingdom of the Netherlands. Jakarta, Indonesia
- Roadmap of Sustainable Development Goals 2023-2030, Ministry of National Development Planning/ National Development Planning Agency 2023 Indonesia
- Target Pembangunan Sanitasi, Nasional Dan Sinkronisasi Target Pembangunan Sanitasi Daerah, April 2020 PPT
- Roadmap 2015-2019, Program Percepatan Pembangunan Sanitasi Permukiman (PPSP)
- UNICEF Indonesia. (2024). *Peta Jalan Sanitasi Aman 2030: Menuju Akses Aman dan Layanan Sanitasi Berkelanjutan*. Jakarta, Indonesia: UNICEF and Kementerian Perencanaan Pembangunan Nasional (Bappenas).
- UNICEF Indonesia. (2020). *Programme Strategy Note: Government of Indonesia – UNICEF Country Programme of Cooperation 2021–2025*. Jakarta, Indonesia: UNICEF Indonesia.
- UNICEF. (2016). *UNICEF’s strategy for water, sanitation and hygiene (2016-2030)*. New York: Programme Division, UNICEF.
- World Bank Group & Asian Development Bank (ADB). (2021). *Climate Risk Country Profile: Indonesia*. Washington, DC: World Bank Group & Manila, Philippines: Asian Development Bank.
- Leiserowitz, A., Rosenthal, S., Verner, M., Lee, S., Ballew, M., Carman, J., Goldberg, M., Marlon, J., Paramita, E., Chamim, M., Mohamad, P., & Daggett, M. (2023). *Climate change in the Indonesian mind*. New Haven, CT: Yale Program on Climate Change Communication.
- Government of Indonesia. (2021). *Indonesia long-term strategy for low carbon and climate resilience 2050 (LTS-LCCR 2050)*. Jakarta, Indonesia: Ministry of Environment and Forestry.
- Kementerian PPN/Bappenas. (2020). *The national medium-term development plan for 2020–2024*. Jakarta, Indonesia: Ministry of National Development Planning/Bappenas.

## Annexure 4: Perception Survey of Local Government

### Participant Information

Name of Local Government/Region: \_\_\_\_\_

Position of Respondent: \_\_\_\_\_

Population Served: \_\_\_\_\_

### Section 1: Program Alignment and Guidance

**1. Alignment with Local Government Priorities:** *How well does PPSP align with your local government's sanitation plans, priorities, and specific challenges? Please consider ongoing and long-term goals.*

**5: Fully aligned** – PPSP directly aligns with all priorities and provides solutions to key sanitation challenges. Goals are perfectly matched.

**4: Mostly aligned** – PPSP addresses most local priorities but has minor gaps in coverage or focus.

**3: Moderately aligned** – PPSP covers some priorities but leaves significant gaps in addressing goals and challenges.

**2: Slightly aligned** – PPSP addresses very few priorities and does not resolve critical local challenges.

**1: Not aligned** – PPSP does not align with local goals or fails to address challenges.

**2. Clarity of Program Objectives:** *How clearly were PPSP's objectives communicated to your government, including expected outcomes and milestones?*

**5: Very clear** – Objectives, outcomes, and milestones were well-defined, realistic, and easy to understand.

**4: Mostly clear** – Objectives were clear, but some details on expected outcomes required further explanation.

**3: Moderately clear** – General objectives were shared, but outcomes and milestones lacked detail.

**2: Slightly clear** – Objectives were communicated vaguely or were unclear.

**1: Not clear** – No clear objectives were communicated.

**3. Relevance of Program Guidance:** *How relevant was PPSP guidance (manuals, training materials, technical advice) to your local government's specific needs and sanitation challenges?*

**5: Highly relevant** – Guidance directly addressed local needs and provided effective, practical solutions.

**4: Mostly relevant** – Guidance was useful, though some issues unique to the area were not covered.

**3: Moderately relevant** – Guidance addressed only general issues but was not specific to local challenges.

**2: Slightly relevant** – Guidance was generic and not particularly applicable.

**1: Not relevant** – Guidance did not align with local needs or challenges.

**4. Support in Program Planning:** *How effectively did PPSP support your government in planning sanitation programs, particularly the development of SSK and EHRA?*

**5: Fully supported** – Comprehensive guidance, tools, and technical assistance were provided, resulting in well-developed plans.

**4: Mostly supported** – Support was significant but lacked follow-up or certain technical details.

- 3: Moderately supported** – Limited planning support, with partial technical guidance provided.
- 2: Slightly supported** – Minimal planning support, leaving gaps in program development.
- 1: Not supported** – No assistance was provided in planning programs.

## Section 2: Capacity Building and Stakeholder Engagement

**5. Effectiveness of Capacity-Building Activities:** *How effective were capacity-building activities (e.g., training, workshops) in enhancing your team's ability to manage sanitation development in your respective areas?*

- 5: Highly effective** – Training was comprehensive, practical, and resulted in significant skill improvements.
- 4: Mostly effective** – Training was useful but required additional sessions for full impact.
- 3: Moderately effective** – Basic skills were gained, but critical gaps remain.
- 2: Slightly effective** – Minimal improvements observed due to insufficient or low-quality training.
- 1: Not effective** – Training was not provided or had no impact.

**6. Stakeholder Involvement in Program Phases:** *To what extent were local stakeholders (e.g., NGOs, private sector, and civil society) involved and supported in enhancing their roles during the planning, implementation, and monitoring of PPSP activities?*

- 5: Fully involved and supported**– Stakeholders were actively engaged and fully supported in all phases, contributing effectively to program success.
- 4: Mostly involved and supported**– Stakeholders were engaged and mostly supported in key phases but missed out on minor areas.
- 3: Moderately involved and supported** – Stakeholders were consulted in limited phases.
- 2: Slightly involved or supported** – Stakeholders were informed but had minimal involved or supported.
- 1: Not involved or supported**– Stakeholders were neither involved nor supported in any program phase.

## Section 3: Resource Availability and Delivery

**7. Timeliness and Sufficiency of Financial Resources:** *Were financial resources provided on time and sufficient to meet the PPSP's objectives?*

- 5: Fully sufficient and timely** – Resources arrived on time and covered all program needs.
- 4: Mostly sufficient and timely** – Minor delays or gaps occurred, but they did not hinder progress.
- 3: Moderately sufficient** – Some funds arrived late, and coverage of needs was partial.
- 2: Slightly sufficient** – Funds were delayed significantly or insufficient to meet most needs.
- 1: Not sufficient or timely** – Resources were unavailable or severely delayed.

**8. Availability of Technical Resources:** *Were technical resources such as tools, guidelines, and support sufficient for successful PPSP implementation?*

- 5: Fully adequate** – All necessary tools and technical support were provided.
- 4: Mostly adequate** – Minor gaps existed, but technical needs were largely met.
- 3: Moderately adequate** – Some tools and guidance were provided but not enough to meet key goals.
- 2: Slightly adequate** – Limited tools and technical support were available.
- 1: Not adequate** – No tools, guidelines, or technical support were provided.

9. **Exploring Innovative Financing and Sustainability through Private Sector Collaboration:** *How effectively has the PPSP leveraged private sector partnerships to introduce innovative financing models and enhance the sustainability of sanitation services?*

**5: Highly effective**-The programme has successfully established partnerships with private sector actors, resulting in innovative financing mechanisms (e.g., microfinancing, PPPs) and significant contributions to the long-term sustainability of sanitation services.

**4: Mostly effective**- The programme has engaged the private sector with measurable outcomes in financing and sustainability, though certain gaps in partnership effectiveness remain.

**3: Moderately effective**- Some private sector involvement is evident, but its contributions to innovative financing and service sustainability are limited in scope.

**2: Slightly effective**- Minimal efforts to engage the private sector, with negligible impact on financing or long-term service sustainability.

**1: Not effective**- No significant engagement with private sector actors to support financing or sustainability of sanitation services.

#### **Section 4: Service Delivery and Resilience**

10. **PPSP's Role as a Guiding Agency:** *How effective has PPSP been in guiding and supporting your government to improve service delivery and resilience of sanitation systems?*

**5: Highly effective** – Provided clear and consistent technical guidance, tools, and support.

**4: Mostly effective** – Support was substantial but had minor gaps.

**3: Moderately effective** – Limited guidance and follow-up were provided.

**2: Slightly effective** – Minimal support received, with little impact.

**1: Not effective** – PPSP provided no clear guidance or support

11. **Improvement in Service Coverage:** *How effective has PPSP been in addressing the issue on providing access to sanitation services for all, including for underserved and rural communities?*

**5: Highly effective** – Marked and sustainable improvements observed, with universal access achieved across rural, underserved, and marginalised communities. Clear evidence of significant impact and sustained change

**4: Mostly effective** – Noticeable and consistent improvements, with access expanded to most underserved and rural communities, though some gaps or areas requiring improvement remain

**3: Moderately effective** – Moderate progress achieved, with improvements limited to specific areas or populations, while substantial gaps in access persist for many underserved or rural groups.

**2: Slightly effective** – Minimal progress, with access improved in only a few areas or for specific populations. Most underserved and rural communities still face significant barriers

**1: Not effective** – No significant improvements observed, with underserved and rural communities continuing to lack access to sanitation services.

12. **Sustainability of Service Delivery:** *How sufficient are supports provided under PPSP to ensure continuous and sustainable delivery of sanitation services?*

**5: Highly sufficient** – Supports provided to develop strong institution, financial plans, and capacity to ensure long-term service delivery.

**4: Mostly sufficient** – Basic sustainability measures are provided, but some gaps (e.g., funding or capacity) exist.

**3: Moderately sufficient** – Limited support exist but need significant support to ensure long-term sustainability.

**2: Slightly sufficient** – Very few measures exist to sustain services beyond the current program period.

**1: Not sufficient** – No measures in place to ensure continued service delivery.

**13. Long-Term Impact of PPSP on Sanitation Systems:** How effective has PPSP been in creating resilient and sustainable sanitation systems that deliver lasting benefits?

**5: Transformational impact:** PPSP has created a lasting legacy by establishing resilient and sustainable sanitation systems supported by strong institutional frameworks.

**4: Substantial impact:** Meaningful improvements observed, with most systems demonstrating resilience and sustainability, but requiring minor refinements for long-term impact.

**3: Moderate impact:** Limited but notable improvements made, with sustainability mechanisms only partially developed, leaving key gaps in resilience.

**2: Minimal impact:** Few tangible improvements achieved, with sanitation systems remaining vulnerable due to weak or absent sustainability measures.

**1: No impact:** PPSP has failed to create long-term improvements, with sanitation systems showing no meaningful resilience or sustainability.

#### **Section 5: Monitoring and Reporting (Including NAWASIS)**

##### **5.1 Effectiveness of Monitoring Systems**

**14. Effectiveness of NAWASIS in Monitoring Progress:** *How effective is the NAWASIS platform in monitoring sanitation progress, identifying gaps, and ensuring accountability for PPSP?*

**5: Highly effective** – NAWASIS provides regular, accurate, and detailed updates with actionable insights to improve programs.

**4: Mostly effective** – NAWASIS is updated frequently, but some reports lack detail or timelines

**3: Moderately effective** – NAWASIS is functional but updates are inconsistent, limiting its usefulness.

**2: Slightly effective** – Limited updates or incomplete data are reported on NAWASIS.

**1: Not effective** – NAWASIS is not used, updated, or functional for monitoring progress.

**15. Sustainability of Monitoring Systems:** *How sustainable are the monitoring and reporting systems, such as NAWASIS, to track sanitation progress over the long term?*

**5: Fully sustainable** – Systems are well-established, with trained personnel and funding to ensure long-term monitoring.

**4: Mostly sustainable** – Systems are functional but require minor improvements or additional funding for sustainability.

**3: Moderately sustainable** – Basic monitoring systems exist but lack capacity, resources, or long-term plans.

**2: Slightly sustainable** – Limited systems exist, with minimal funding or capacity for sustainability.

**1: Not sustainable** – No monitoring systems are in place, or they are unlikely to function over the long term.

##### **5.2 Data Usage and Reporting**

**16. Data Utilisation for Decision-Making:** *How effectively is monitoring data, including reports from NAWASIS, being used to improve planning, decision-making, and implementation?*

**5: Highly effective** – Monitoring data is reviewed regularly and used to make evidence-based decisions and improvements.

**4: Mostly effective** – Data is generally used to address challenges, but there are some delays in action.

**3: Moderately effective** – Data is collected and reviewed but only occasionally informs decisions.

**2: Slightly effective** – Data is collected but rarely analysed or used to improve planning.

**1: Not effective** – Data is not reviewed or utilised for decision-making.

**17. Transparency and Reporting Frequency:** *How transparent and frequent is the reporting of sanitation progress using NAWASIS or other monitoring systems?*

**5: Highly transparent and frequent** – Reports are shared regularly (monthly or quarterly) and accessible to all stakeholders.

**4: Mostly transparent and frequent** – Reports are shared frequently but may lack minor details or accessibility.

**3: Moderately transparent and frequent** – Reports are shared occasionally, with significant gaps in transparency or accessibility.

**2: Slightly transparent and infrequent** – Reports are rarely shared, with limited transparency.

**1: Not transparent or frequent** – Reports are not shared, and no system ensures accountability.

## Annexure 5: 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
		Konawe	3	3	1-2
		Konawe Kepulauan	3	3	1-2
3	West* Kalimantan	Pontianak	4	3	1-2
		Ketapang	3	3	1-2
4	National	Jakarta	7	12	
	<b>TOTAL</b>			<b>32</b>	<b>6-9</b>

\* If West Kalimantan is visited then Sidoarjo and Konawe Kepulauan shall be dropped from first two provinces. Overall, six cities shall be visited for KIIs, site visits and focus group discussions

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

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

## Annexure 6: 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](mailto:joe.viandrito@gmail.com)
2. Ms Ratih Widyaningsih +6282114178508 or by mail [ratihwid2023@gmail.com](mailto: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 authorised 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:

1. Mr Joseph Viandrito on +628133828963 or by mail [joe.viandrito@gmail.com](mailto:joe.viandrito@gmail.com)
2. Ms Ratih Widyaningsih +6282114178508 or by mail [ratihwid2023@gmail.com](mailto: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 authorised 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:**

### ASSENT 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](mailto:joe.viandrito@gmail.com)
2. Ms Ratih Widyaningsih +6282114178508 or by mail [ratihwid2023@gmail.com](mailto: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 authorised partners, please ✓ the box.
- If you consent to taking and sharing your pictures (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  
 Organisation: Local Consultant  
 Phone Number: 08133828963  
 Email [joe.viandrito@gmail.com](mailto:joe.viandrito@gmail.com)

Name: Ms Ratih Widyaningsih  
 Organisation: Local Consultant  
 Phone: 082114178508  
 Email: [ratihwid2023@gmail.com](mailto: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:

## Consent Form for Perception Survey Participants

\*These will be translated into Indonesian language

Dear Respondent,

My name is **Niaz Ullah Khan** leading the evaluation team that includes Mr **Joseph Viandrito** and **Ms. Ratih Widyaningsih** for **Formative Evaluation of the Acceleration Programme for Residential Sanitation Development (PPSP)** in Indonesia is being supported by the Government of Indonesia and UNICEF with the aim to gather valuable insights to improve sanitation service delivery and programme outcomes.

You are being invited to participate in this perception survey because of your role as a local government representative. This survey is designed to capture your experiences, insights, and perspectives regarding PPSP's implementation and its alignment with local priorities. Your responses will help shape evidence-based recommendations for enhancing the effectiveness, efficiency, and sustainability of sanitation services across Indonesia.

### Participation Details:

The survey will take approximately **15–20 minutes** to complete and participation is entirely **voluntary**, and you can choose not to participate or skip any questions without any consequences.

### Confidentiality:

All responses will remain **confidential** and will be analysed in aggregate form, ensuring no personally identifiable information is disclosed. Data will be securely stored and will only be accessible to authorised members of the evaluation team. Your responses will not affect your relationship with any government agency, programme, or service.

### Consent to Participate:

By agreeing to participate, you confirm your understanding of the survey's purpose and the confidentiality of your responses.

### Contact Information:

For questions or concerns regarding this evaluation, please contact:

- **Mr. Joseph Viandrito:** [joe.viandrito@gmail.com](mailto:joe.viandrito@gmail.com) Phone +62 813 3828 963
- **Ms. Ratih Widyaningsih:** [ratihwid2023@gmail.com](mailto:ratihwid2023@gmail.com) Phone +62 821 1417 8508
- **Niaz Ullah Khan:** [niaz@awfco.net](mailto:niaz@awfco.net) Phone +92 300 5111882

### Acknowledgement of Consent:

I have read and understood the information above. I agree to participate in this perception survey under the terms outlined.

Participant's Name: \_\_\_\_\_

Position: \_\_\_\_\_

Organisation/Region: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Consent Form – Key Informant Interview (KII)

**\*These will be translated into Indonesian language**

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 appreciate your participation in this evaluation. The purpose of this interview is to gather insights and information on your experiences, perspectives, and knowledge regarding the implementation, accessibility, and sustainability of sanitation services in your area. The interview is expected to last approximately 45 minutes. Your participation is entirely voluntary, and you can refuse to answer any questions or withdraw from the interview at any time without any consequences. Your decision to participate or withdraw will not affect any current or future services or opportunities.

With your consent, Your designation may be mentioned in the evaluation report when quoting your inputs. The interview will be recorded to ensure accuracy and for analysis purposes only. If you do not wish to be recorded, please let us know, and we will rely solely on notes. The data collected will be kept strictly confidential. No names or personally identifiable information (PII) will be linked to your responses without your explicit consent. The collected information will be combined with data from other participants to ensure anonymity.

The findings of this evaluation will contribute to improving sanitation interventions and may be shared in reports or publications. No identifiable data will be disclosed. Any recordings, pictures, or notes will be securely stored and destroyed upon completion of the evaluation. With your explicit consent, pictures may be used in the evaluation report. This evaluation is funded by UNICEF and is being conducted by a UNICEF hired Consultant Niaz Ullah Khan along with team of two local consultants i.e. Mr Joseph Viandrito & Ms Ratih Widyaningsih. The evaluation process has been reviewed by a committee that ensures the rights and welfare of participants are protected.

If you have any questions or concerns about your rights as a participant, or if you would like more information, please contact:

1. Mr Joseph Viandrito on +628133828963 or by mail [joe.viandrito@gmail.com](mailto:joe.viandrito@gmail.com)
2. Ms Ratih Widyaningsih +6282114178508 or by mail [ratihwid2023@gmail.com](mailto:ratihwid2023@gmail.com)

Before we begin, do you have any questions about the process?

### Consent Declaration:

By proceeding with the interview, you confirm your understanding and agreement with the terms of participation. Please tick (v) the boxes below to indicate your consent:

- I agree to participate in the Key Informant Interview.
- I agree to have the interview recorded for accuracy.
- I agree to the use of my information for research purposes.
- I agree to the use of my designation in the evaluation report.
- I consent to taking and using my pictures (for the evaluation report).

**Participant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for your valuable contribution to this evaluation.

## Consent Form – Field Observation

**\*These will be translated into Indonesian language**

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.

As part of this evaluation, we would like to conduct observations of sanitation-related activities, facilities, and practices in your community. The purpose of these field observations is to better understand how sanitation related interventions are being utilised, their impact on daily life, and how they contribute to improving community health, hygiene, and resilience. Observations will focus on public activities and general practices and will not intrude upon private spaces or personal activities. The observations are expected to last approximately 45-60 minutes. Your participation is entirely voluntary, and you have the right to withdraw at any time without any consequences. Your decision to participate or withdraw will not affect any current or future services or opportunities available to you.

With your consent, **No names or personal information will be collected** during the observation unless explicitly required and agreed upon. **Photos or videos** may be taken of facilities, general practices, or public spaces to support the evaluation. These will only be used in reports or publications if you explicitly agree. No identifiable images of individuals will be included without prior consent. All collected data will be kept strictly confidential and securely stored. Information will be used solely for evaluation purposes and reported in a way that ensures your privacy.

The findings of this evaluation will contribute to improving sanitation services and may be shared in reports or publications to enhance the programme's impact and sustainability. All data, including photos and notes, will be securely stored and destroyed upon completion of the evaluation. This evaluation is conducted by UNICEF's consultant, **Niaz Ullah Khan**, along with team of two local consultants i.e. Mr Joseph Viandrito & Ms Ratih Widyaningsih. If you have any questions or concerns about your participation or the evaluation process, please contact:

1. Mr Joseph Viandrito on +628133828963 or by mail [joe.viandrito@gmail.com](mailto:joe.viandrito@gmail.com)
2. Ms Ratih Widyaningsih +6282114178508 or by mail [ratihwid2023@gmail.com](mailto:ratihwid2023@gmail.com)

Before proceeding with the observation, do you have any questions about this process?

### Consent Declaration

By agreeing to the observation, you confirm your understanding of the terms outlined above. Please tick (✓) the following to indicate your consent:

- I agree to allow field observations of sanitation-related activities and practices in my community.
- I agree to the use of pictures/videos, provided no identifiable images of me or others are included without explicit permission.
- I understand that no personal information or identifiable data will be disclosed without my consent.

**Name of Community Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for your valuable contribution to this evaluation.

## Consent Form – Case Study

**\*These will be translated into Indonesian language**

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 like to include your story as part of a case study to better understand the experiences and impact of the sanitation programme on individuals and communities. The purpose of this case study is to gather in-depth insights about your journey, challenges, and successes related to accessing water, sanitation, and hygiene services and how these interventions have influenced your life or community. This interview is expected to last approximately 45-60 minutes. Your participation in this case study is entirely voluntary, and you have the right to refuse to participate or answer any questions, as well as withdraw at any point without any consequences. Your decision to participate or withdraw will not affect any current or future services or opportunities available to you.

With your consent, **your name and personal details will not be linked to the case study unless explicitly agreed.** If you prefer anonymity, we will use a pseudonym. **Pictures** may be taken to highlight the context of your experience or illustrate your environment. These materials will only be used in evaluation reports or related publications with your explicit permission. The collected information will remain strictly confidential, and identifiable personal information will not be shared without your consent. Data collected will only be used for evaluation purposes.

The findings of this evaluation will contribute to improving sanitation interventions and may be shared in reports or publications. Any recordings, pictures, or notes will be securely stored and destroyed upon completion of the evaluation. The evaluation is supported by UNICEF and conducted by the consultants Niaz Ullah Khan along with team of two local consultants i.e. Mr Joseph Viandrito & Ms Ratih Widyaningsih. The evaluation process has been reviewed by a committee to ensure the rights and welfare of participants are protected.

If you have any questions or concerns about your rights as a participant, or if you would like more information, you may contact:

1. Mr Joseph Viandrito on +628133828963 or by mail [joe.viandrito@gmail.com](mailto:joe.viandrito@gmail.com)
2. Ms Ratih Widyaningsih +6282114178508 or by mail [ratihwid2023@gmail.com](mailto:ratihwid2023@gmail.com)

Before we begin, do you have any questions about the process?

### Consent Declaration

By participating in the case study, you confirm your understanding and agreement with the terms outlined above. Please tick (v) the following to indicate your consent:

- I agree to participate in the case study.
- I agree to share my personal experiences for research purposes.
- I agree to have my pictures taken and used in the evaluation report or related materials.
- I understand that my personal details will not be disclosed without explicit permission.

**Participant's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Thank you for your valuable contribution to this evaluation.

## **Annexure 7: Checklist for Focus Group Discussions 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**

4. 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?
5. 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?
6. 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**

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

#### **Sustainability**

9. 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?
10. Are you confident that the programme's benefits will continue without external support? What additional measures are needed to ensure sustainability?

#### **Equity and Inclusion**

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

#### **Climate Resilience**

13. 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?
14. 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)**

- How have sanitation improvements affected your responsibilities within your household and community? Are these changes positive or negative, and why?
- 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)**

- 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?
- 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**

- 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?
- 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?

## **Annexure 8: 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**

4. 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?
5. 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?
6. 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**

7. How effectively have the programme's resources—financial, technical, and human—been utilised to deliver results? Are there areas where you feel resources could have been better allocated?
8. 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?
9. 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**

10. 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?
11. 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?
12. 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**

13. How effectively does the programme address the needs of marginalised groups, including women, children, and persons with disabilities? What barriers have been encountered in ensuring inclusivity, and how can they be overcome?

14. 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**

15. 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?
16. 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)**

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

#### **Provincial and Local Authorities**

- How effectively does the PPSP programme address the unique sanitation challenges in your province or city?
- What support does your office provide to facilitate the programme's success, and are there any gaps?
- 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?
- How well are PPSP activities integrated with your local sanitation plans and policies?

#### **UNICEF Staff**

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

#### **NGOs and CSOs**

- How do NGOs and CSOs contribute to mobilising communities and promoting inclusivity in the PPSP programme?
- Are there challenges in engaging with marginalised groups, and how can these be addressed?
- What opportunities exist for scaling successful community-led sanitation initiatives?

#### **Private Sector Stakeholders**

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

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

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

## Annexure 9: 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)
<b>1. Sanitation Facilities</b>			
<b>Condition and Cleanliness</b>	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.	
<b>Privacy and Security</b>	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.	
<b>Accessibility</b>	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.	
<b>2. Inclusivity and Accessibility</b>			
<b>Inclusive Design</b>	Facilities cater to vulnerable groups, including women, children, and persons with disabilities.	Verify features such as child-friendly designs and accessibility adjustments.	
<b>Signage</b>	Clear signage indicating separate facilities for men, women, and children.	Check for visible and appropriate signage.	
<b>Menstrual Hygiene Management</b>	Availability of menstrual hygiene products and disposal systems for women and girls.	Observe availability of products and proper disposal units.	
<b>Functionality and Usability</b>			
<b>Operational Status</b>	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.	
<b>Maintenance Practices</b>	Evidence of regular cleaning and repairs.	Check for cleaning tools and maintenance records.	

	Availability of maintenance tools and materials on-site.	Inspect storage areas and confirm availability of maintenance resources.	
<b>4. Climate Resilience</b>			
<b>Structural Adaptations</b>	Facilities are raised or reinforced to withstand flooding and extreme weather conditions	Inspect facility design and location in relation to risk-prone areas.	
	Biogas Digester or Anaerobic Baffle Reactor, etc systems for methane emission and water recycling.	Physical inspection of materials used.	
<b>Location</b>	Facilities are located away from flood-prone areas or high-risk zones.	Check facility placement on site.	
<b>5. Community Engagement</b>			
<b>Ownership and Management</b>	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.	
<b>6. Hygiene and Behavioural Change</b>			
<b>Handwashing Facilities</b>	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.	
<b>Hygiene Promotion</b>	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, Konawe and Konawe Kepulauan
- 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.

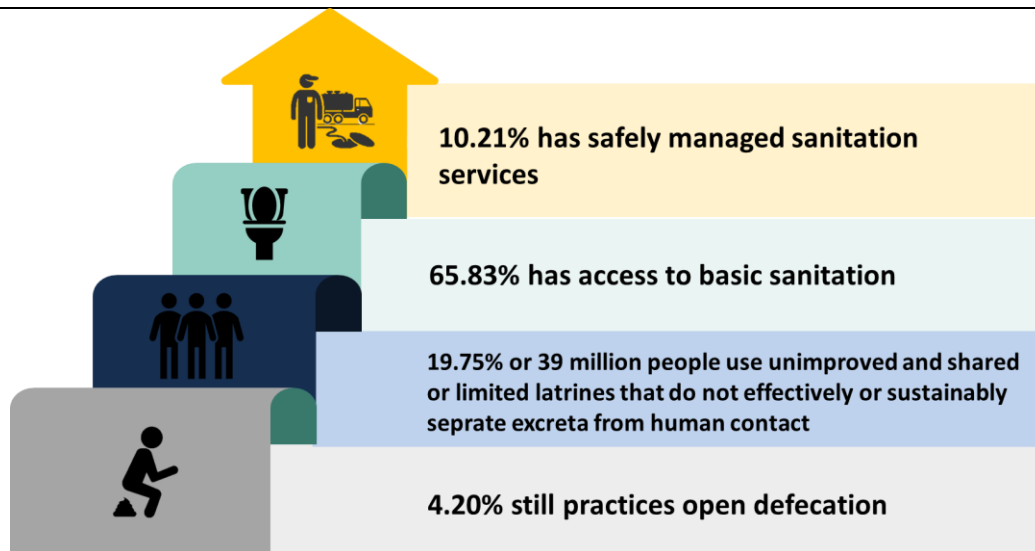
## Annexure 10: Checklist for Case Studies

Key Areas	Description
1. Meeting Community Needs	<p><b>Needs Alignment:</b> How well do WASH interventions address community-specific needs, including those of vulnerable groups? Was community input considered in the planning and prioritisation of WASH services?</p> <p><b>Accessibility and Inclusivity:</b> Are WASH facilities accessible for all, including women, children, and people with disabilities? Do the facilities provide privacy and safety for women and girls?</p> <p><b>Local Adaptation:</b> How well do interventions fit the local environmental and socio-political context?</p>
2. Resilience	<p><b>Climate Resilience:</b> 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?</p> <p><b>Adaptability:</b> How adaptable are WASH services to changing climate conditions and community needs?</p>
3. Sustainability	<p><b>Community Ownership:</b> To what extent have community members been trained to manage and maintain WASH facilities? Are there established community committees to oversee WASH services?</p> <p><b>Maintenance and Funding:</b> Are financial mechanisms in place to support ongoing maintenance? Is there local or private sector involvement in sustaining WASH infrastructure?</p> <p><b>Exit Strategy:</b> Is there a clear plan for communities to continue managing WASH services independently?</p>
4. Impact	<p><b>Health and Hygiene:</b> What improvements in health and hygiene practices are observed since the programme began? Has there been a reduction in waterborne diseases or open defecation?</p> <p><b>Community Empowerment:</b> How has the programme influenced community attitudes and roles, especially for women and youth, in WASH management?</p> <p><b>Economic and Environmental Impact:</b> 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?</p> <p><b>Equity:</b> Has the programme ensured equitable access for all community members, especially vulnerable groups?</p>
5. Community Feedback and Perceptions	<p><b>Satisfaction and Benefits:</b> How do community members perceive the benefits of the WASH interventions?</p> <p><b>Challenges and Suggestions:</b> What challenges remain, and what improvements do community members suggest?</p> <p><b>Personal Stories:</b> Gather testimonials or narratives illustrating the impact of the WASH programme on individuals and households.</p>
6. Documentation and Visual Evidence	<p><b>Photographs:</b> Capture images of WASH facilities, climate-resilient features, and inclusive adaptations.</p> <p><b>Contextual Documentation:</b> Provide visual context of the surrounding environment to highlight the integration of WASH facilities with local climate challenges</p> <p><i>Consent form for the picture shall be taken if this involves children, women and vulnerable groups.</i></p>

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

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

<b>Background (Evaluation Context)</b>
<p>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.</p> <p>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 2000<sup>1</sup>, 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 <i>Escherichia coli</i> (<i>E. coli</i>) 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.</p> <p>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).</p> <p><b>Figure 1: Proportion of households accessing sanitation based on sanitation ladder</b></p>



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 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.

<b>AUDIENCE OF THE EVALUATION AND INTENDED USE</b>	
<b>Users of Evaluation</b>	<b>Intended Use of Evaluation</b>
<b>Primary</b>	
<p>Government Ministries and Agencies at the national level involved as Programme Management Unit (PMU) and Programme Implementation Units (PIUs) of PPSP program:</p> <ul style="list-style-type: none"> <li>• National Development Planning Agency (Bappenas)</li> <li>• Ministry of Public Works and Housing (MPWH)</li> <li>• Ministry of Health (MoH)</li> <li>• Ministry of Home Affairs (MoHA)</li> </ul>	<ul style="list-style-type: none"> <li>• Share insights about benchmark/lesson-learned/good practices of assistance program in other sectors as well as other regions.</li> <li>• 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: <ul style="list-style-type: none"> <li>○ Planning/design and implementation of program structure.</li> <li>○ Governance (roles/responsibilities, accountability, capacities, data management, monitoring, etc.).</li> <li>○ Engagement and quality of services for the local governments taking part in the PPSP program.</li> <li>○ 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.</li> </ul> </li> <li>• Inform the efforts to improve the clarity of roles and responsibilities between the PMU and PIUs.</li> </ul>
Sub-national Government	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Provide learning opportunities in cross-cutting, current, and future challenges in building the ecosystem of sanitation sector.</li> <li>• Provide learning and knowledge sharing opportunities among subnational governments and other key stakeholders such as development partners.</li> </ul>
UNICEF Indonesia Country Office (ICO)	<ul style="list-style-type: none"> <li>• Help refine the strategies and approaches to better support the Government in accelerating SMS.</li> <li>• Better approaches in advocating for SMS at both national and sub-national level.</li> <li>• Inform linkages with other programs for synergistic impact on child rights</li> </ul>

<b>Secondary</b>	
UNICEF East Asia and Pacific Regional Office	<ul style="list-style-type: none"> <li>• Contribution to strategic thinking around approaches to SMS programming in the region</li> <li>• 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</li> <li>• Inform the Regional Office's planning and areas of support to Indonesia Country Office's strategies and approaches to SMS programming activities</li> </ul>
Other UN Country Teams, key development partners and donors	<ul style="list-style-type: none"> <li>• Inform funding decisions on areas that need support and improvement to better support results for pregnant women, mothers, and children</li> <li>• Provide objective evidence and learning for improving the design and implementation of SMS policies and programming initiatives in Indonesia</li> </ul>
Civil Society Organizations/implementing partners	<ul style="list-style-type: none"> <li>• Lessons learned will be used to inform the advocacy and implementation strategies of their SMS programmes</li> </ul>
Rights holders and duty bearers	<ul style="list-style-type: none"> <li>• Right holders: To better inform approaches and strategies to galvanize public awareness and action on SMS practices</li> <li>• Duty bearers: To better inform policies, strategies, approaches, and interventions to accelerate access to SMS</li> </ul>

<b>Scope of Evaluation</b>
<p>The scope of the evaluation will include the following three core areas.</p> <p><b>Thematic scope:</b> 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.</p> <p><b>Geographical scope:</b> 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).</p> <p><b>Chronological scope:</b> 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</p>

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?]*

Additional criteria for consideration

*Equity, gender equality, human rights, and climate resilience - Measures the extent to which marginalized 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, marginalized 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?

**Note:** 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.<sup>16</sup> 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.

---

<sup>16</sup> 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.

**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 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 analyzing 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:

- i. Evaluation purpose and scope, confirmation of objectives of the evaluation and geographical focused area;
- ii. Evaluation criteria and questions;

- iii. 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;
- iv. Proposed structure of the final report;
- v. Evaluation work plan and timeline, including a revised work and travel plan (where applicable) and deliverables timeline;
- vi. Annexes (i.e., organizing matrix for evaluation questions, data collection toolkit, data analysis framework).
- vii. 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<sup>17</sup> of ideally 40 pages but **not more than 70 pages** plus executive summary and annexes that will be revised until approved.

**Final phase (completion of final report and evaluation briefing)** – A draft final report will be prepared incorporating all comments and findings. A four to five 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

---

<sup>17</sup> 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.

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:**

- i. Monitoring deliverables about work progress are not listed but will be periodically required.
- ii. Page limits, if any, to be established during the inception period. In general, the final report should not exceed 70 pages and 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.

**Proposed Evaluation Timeline**

Phase/Activity	Aug	Sept	Oct	Nov	Dec	Jan 2025	Feb
<b>1. Inception phase</b>							
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							
<b>2. Data collection, analysis, report drafting, and validation phase</b>							
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)							
<b>3. Finalization phase</b>							
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 (4-5 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.

<b>Deliverables/ Reporting Requirements and Payments</b>		
<b>Deliverables/ Reporting Requirements</b>	<b>Indicative Dates</b> <i>(assumes start date of mid-August 2024)</i>	<b>Payment Terms</b>
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	30% of contract cost upon acknowledgement by UNICEF that deliverable has been completed and meets minimum quality standards
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

<b>Deliverables/ Reporting Requirements and Payments</b>		
<b>Deliverables/ Reporting Requirements</b>	<b>Indicative Dates</b> <i>(assumes start date of mid-August 2024)</i>	<b>Payment Terms</b>
		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 <a href="#">UNICEF-Adapted UNEG Evaluation Report Standards</a> , <a href="#">UNEG Norms and Standards for Evaluations</a> and <a href="#">GEROS Evaluation Quality Assurance Tool</a>		

### **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 analyzing 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
<b>PROPOSED TEAM EXPERIENCE (maximum 45 points)</b>				
Experience of the team leader in similar focus areas as presented in the ToR (e.g., in	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	<b>20</b>

TECHNICAL EVALUATION CRITERIA	REQUIRED SUPPORTING DOCUMENTS	RATING	SCALING	MAX SCORE
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		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	
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	<b>15</b>
		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		<b>10</b>
		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	
<b>METHODOLOGY (maximum 25 points)</b>				
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	A description of the proposed methodology and quality assurance arrangements	The proposed methodology <b>thoroughly</b> describes the envisaged approach taken to deliver the outputs, including a detailed description of evaluation design, activities, working modalities, stakeholders and strategies to	25	<b>25</b>

TECHNICAL EVALUATION CRITERIA	REQUIRED SUPPORTING DOCUMENTS	RATING	SCALING	MAX SCORE
<p>detailed description of the proposed methodology, describing the approach that will be taken to 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.</p>		secure stakeholder involvement, and quality assurance of all evaluation products		
		The proposed methodology <b>mostly</b> 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 <b>partial</b> 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	
<b>TOTAL TECHNICAL SCORE</b>				<b>70</b>