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## Evaluation of Bobonaro ODF Initiative, Timor-Leste



PREPARED FOR:

BESIK (Aurecon)



# 2016

## ABOUT THE AUTHORS

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# Evaluation of Bobonaro ODF Initiative Timor-Leste

## Final Report

Prepared for: BESIK (Aurecon)

### **AUTHORS**

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## EXECUTIVE SUMMARY

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Improving sanitation is a key part of the Timor-Leste National Strategic Development Plan 2030, guided by the Timor-Leste National Basic Sanitation Policy. This policy provides a framework for increasing levels of sanitation, the first step being “Open Defecation Free” (ODF) communities. A new approach to achieving ODF was initiated in 2015 in Bobonaro, using a municipal-led strategy.

This municipal-led, municipal-wide strategy to address sanitation has proved highly successful. This evaluation therefore aimed to: (i) analyse factors that enabled and limited implementation and achievements and consolidate lessons learned; and (ii) assess the implementation processes and provide recommendations on how to adjust the ODF Municipality Initiative for introduction into other municipalities.

The four main components of the ODF Bobonaro Initiative were:

- Local authority leadership - “institutional triggering” of authorities at Municipality, Administrative Post, *Suco*, and *Aldeia* levels
- Community triggering – implementation of ‘Planu Asaun Komunitade Saneamentu no Ijiene’ (PAKSI), an adaptation of CLTS (developed in Timor-Leste), implemented in communities to “trigger” ending open defecation.<sup>1</sup>
- Behaviour change campaign ‘*Uma Kompletu ho Sintina*’ (A Complete Home is with a Toilet) - aimed at changing social norms
- Sanitation Supply Strengthening through marketing of toilet products through engagement of local stores and masons.

Fieldwork for this evaluation was carried out during the May 2016 and involved interviews with 33 key informants and focus group discussions with 120 stakeholders (54% female).

The report is structured in terms of responses to five key evaluation areas: (i) effectiveness in terms of the relative importance of different components of the initiative; (ii) expectations of sustainability of outcomes; (iii) cost analysis to understand the unit costs and resourcing requirements for upscaling the initiative; (iv) assessment of gender and social inclusion aspects; and (v) analyse the potential for scale-up including key enabling factors and appropriate roles and responsibilities for different actors.

### Effectiveness

The ODF Bobonaro Initiative achieved an increase from 47% to 87% sanitation coverage in nine months (June 2015-March 2016), with 70% of toilets built classified as hygienic, an outstanding result.

The success of the initiative appeared to be attributed to motivational leadership and the institutional triggering process complemented by community triggering and follow up. Together, these initiated a new social norm for sanitation. The behaviour change campaign and supply chain

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<sup>1</sup> The PAKSI approach also includes Institutional Triggering (as per the PAKSI Manual).



components did not appear to have contributed to achievements, and were limited by their timing and design.

Key influencers of household decisions to build a toilet were embarrassment, as well as health, privacy and security for women and good citizenship for men. Key barriers to building a toilet were affordability or lack of nearby water. Areas for follow-up include strategies to ensure quality of community triggering and to encourage continued commitment of existing and new leaders. There was some evidence of soft coercion and threats from leaders which should be monitored and assessed for potential negative impacts on well-being and sustainability.

### **Expectations of sustainability**

The evaluation concluded that it was too early to tell if communities and their leaders will sustain the ODF status. There were positive signs that indicate potential for this. A key enabler for both communities and authorities has been the leadership and responsibility at all levels, establishing an environment that support the required behaviour change to achieve ODF and has significant potential to assist in sustaining ODF. Another key indicator of sustainability is that households have invested in an improved toilet, with 67% of households acquiring improved toilets, and indications that others are planning to further upgrade- these are positive signs. On the flip-side, not all *sucos* leaders were committed to the ODF program, with two *sucos* having no change, and others increase in coverage plateaued. There was evidence in a small number of *sucos* that leaders were requesting subsidies for households to build toilets. Hence not every community and every leader has fully taken responsibility for ODF status.

### **Cost Analysis**

The cost of implementing the Bobonaro ODF initiative resulted in a per *suco* cost of US\$24,510 and a per toilet cost of US\$178. This excluded one-off costs such as toilet design and development of the Tia Tina film. Based on the findings from evaluation of the Bobonaro ODF Initiative, there are options for reducing the cost in replicating the initiative in other locations.

### **Gender and Social Inclusion**

The evaluation assessed that attention to gender had been limited. From the available data it appeared that there was variable engagement of women in sanitation improvements. It was reported that BESIK designed strategies and activities with the intention of increasing women's active participation and decision making, including in the various roles delivering the program. However, these were more often not implemented as planned, with the pace of implementation impacting on the time the BESIK team were able to invest in ensuring the engagement of women in all aspects of the program. Engagement at community level made evident the ongoing importance of engaging women, as female participants reported clear gendered concerns linked to sanitation.

In terms of social inclusion, there were positive reports of people living with disabilities (PWD) engaging in the program, leading by example to other members of the community, however there was a slightly lower percent of PWD that had an improved toilet compared to those without a disability. In addition, it was widely reported that *chefe sucos* organised volunteer groups to assist people that did not have the means to build a toilet. There was evidence of social coercion through threats of withholding services, however the evidence showed that none of these threats were



carried out. Such findings suggest the need for monitoring of such behaviour to ensure poor or disadvantaged community members are not discriminated against.

### **Potential for Scale-Up**

The evaluation concluded that the Bobonaro ODF Initiative has definite potential to be scaled up across Timor-Leste. In terms of the suitability of the different actor roles, it appeared that the roles of Ministry of Health (MoH), the Municipal Health Services (MHS) in Bobonaro as the lead service delivery agency, and the Municipal Administration as leading the institutional commitment to ODF were appropriate. It was also clear that the Secretariat function was key to coordinating and providing practical support to the initiative and its success.

The quality of community triggering varied and in considering scaling up, requires consideration on how to improve relevant skills amongst facilitators. Across all 6 *Postos* the NGOs had varied levels of skills, particularly relating to triggering.<sup>2</sup>

The key factors critical for effective implementation in other municipalities include: (i) inclusion of both institutional triggering and quality community triggering (with targeted follow up for those who have not built a toilet); (ii) leadership by the Municipal Administrator and (iii) management support provided by Municipal Administration, the Municipal Health Services (MHS) and BESIK. Financial resources and sufficiently skilled staff further supported implementation quality.

A range of key considerations for scale-up are presented. These include the need to firstly sustain efforts to achieve ODF in Bobonaro. Secondly, effort is needed to build national-level commitment for creating ODF municipalities. Regardless of whether or not such commitment is achieved, there is opportunity to proceed with scale-up in municipalities with a conducive environment, and in particular where there is strong support from the leadership, as this should be a primary criterion to initiate the approach in new locations. The overall pace of scale-up requires attention, in terms of avoiding spreading national-level resources too thin, and to ensure availability of adequate numbers of quality facilitators. The approach must include both institutional triggering in combination with community triggering with follow-up at household level, and with attention to ensuring access for vulnerable households. Adequate resources will be required from national and municipal levels and an analysis of sanitation market for each municipality with targeted steps to facilitate linkages between suppliers and communities. Finally, improvements could be made to the accompanying behaviour change campaign and its timing.

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<sup>2</sup> BESIK managed four NGOs, UNICEF managed two, and World Vision undertook direct implementation.





# 1 INTRODUCTION

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## 1.1 Aims and scope

This evaluation examines the Open Defecation Free (ODF) Bobonaro initiative that took place in Bobonaro, Timor Leste between March 2015 and May 2016.

The **evaluation aims** were:

- To analyse the factors that enabled and limited the implementation and achievements of the ODF Bobonaro Initiative and consolidate any lessons learned
- To assess the ODF Bobonaro Initiative implementation processes, then provide recommendations on ways of adjusting the ODF Municipality Initiative when introducing to other municipalities.

Based on the evaluation terms of reference (See Annex 2), the **evaluation scope** covered four key areas for investigation relating to the ODF Bobonaro Initiative implemented from June 2015 to date, including:

1. **Effectiveness:** Assess the effectiveness of the ODF Bobonaro Initiative, and undertake a comparison the relative influence of the various campaign components and implementing partners, in order to understand the critical elements for sustainable ODF achievement.
2. **Sustainability:** Assess the likeliness of sustainability of ODF and the enablers that have supported progress and achievement of ODF and the potential for these to support sustained behaviour change.
3. **Cost Analysis:** As, a new approach, the ODF Bobonaro initiative has been intensively resourced, with considerable 'learning by doing'. It is recognized that a rollout to other Municipalities will not attract the same level of resourcing, and thus seek to understand the cost of this initiative and the minimum resourcing requirements for the rollout of all or part of it in other municipalities.
4. **Gender and Social Inclusion:** Assess the extent to which the initiative succeeded in both engaging women in sanitation improvements in their community; and benefited people living with a disability. BESIK and the MOH also seek to understand both the engagement of poor households in the initiative and the impact of the initiative for them.
5. **Potential for Scale-Up:** Assess the extent to which the roles and responsibilities of the various actors in the ODF Bobonaro Initiative can be more efficient, to support a scale up of the initiative into other municipalities. BESIK and the MOH seek to understand the key factors critical for effective implementation of the initiative in other municipalities.



## 2 THE BOBONARO ODF INITIATIVE

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### 2.1 Background

The Timor-Leste National Strategic Development Plan established a target of 100% coverage for basic sanitation by 2030. This aligns with the UN Sustainable Development Goal 6 which sets a target of sanitation and water for everyone, everywhere by 2030.

The 2010 Timor-Leste census placed access to improved sanitation in rural areas at 26% and in urban areas as 84%. The WHO-UNICEF joint monitoring program estimates for 2015 are with 7% and 36% of the urban and rural populations respectively practising open defecation.<sup>3</sup>

The Timor-Leste National Basic Sanitation Policy was approved in 2012. The Policy provides a sanitation ladder framework for increasing levels of sanitation and hygiene, the first step being “Open Defecation Free” (ODF) communities, commonly referred to as ALFA (ALFA is the tetum acronym of ODF – *Area Libre Foer Arbiru* (Defecation Free Area))

Since 2009, BESIK has worked with the Ministry of Health (MoH) in Timor-Leste to support rural communities having ‘sustainable and equitable access to and utilization of improved sanitation and hygiene facilities.’ A number of implementation models were developed prior to 2012, including PAKSI (*Planu Asaun Komunitade Saneamentu no ljiene*) a variation of Community Led Total Sanitation (CLTS) approaches as championed by Dr Kamal Kar and CLTS Foundation.

In 2013-2015 BESIK worked with MoH to implement a PAKSI program based on MoH-employed Sanitarians directly delivering the program. A 2015 evaluation of this initiative concluded that PAKSI alone could not achieve sustainable behaviour change in communities, and that several other elements were essential to create an enabling environment for the demand-creation activities to achieve results. They were:

- Sanitation Strategy: Engagement at municipal level was needed with Municipal, Administrative Post and community authorities to improve sanitation coverage
- Behaviour Change Campaign: A mass media campaign, along with ‘below the line’ community level events, to promote the construction of toilets.
- Sanitation Supply Strengthening: Affordable sanitation products accessible for those households who wish to build an improved latrine.

The Bobonaro ODF Initiative has a clear goal and roles for stakeholders, including strong local authority leadership roles and technical support from the MoH and Municipal Health Services.<sup>4</sup>

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<sup>3</sup> Source: WHO/UNICEF Joint Monitoring Program (JMP) (2015). This estimate is a trend drawn from other studies including the 2010 Census and the 2007 DHS.

<sup>4</sup> BESIK (Nov 2015) The Municipal Open Defecation Free (ODF) Initiative.



## 2.2 The Bobonaro ‘ALFA’ Initiative

In March 2015, a high-level meeting took place between the Bobonaro Municipal Administrator, the BESIK Program Director, the Director of Bobonaro Health Services, the MoH’s Head of Environmental Health, and Dr Kamal Kar to discuss the potential of, and benefits for, Bobonaro Municipality achieving “Open Defecation Free” or “ALFA” status.

Taking advantage of the positive response from the Municipal Administration, BESIK adapted the implementation strategy to build on the overwhelming support from the municipal and health leadership in Bobonaro. Adopting a more flexible and iterative approach, BESIK and MoH designed the “Bobonaro ODF Municipality” Initiative.<sup>5</sup> The initiative was designed to incorporate critical elements of the sanitation policy framework and in response to the learnings of the previous 2015 Sanitarian-led PAKSI evaluation.

The four main components of the ODF Bobonaro Initiative are:

- **Municipal-wide local leadership** – generated by “triggering” the authorities at each level within a Municipality, Administrative Post, *Suco*, and *Aldeia*, to lead the community engagement and monitor household toilet uptake (refer Figure 7);
- **Community triggering** - NGOs contracted by BESIK (& UNICEF) on behalf of MoH to implement PAKSI in the communities to “trigger” ending open defecation. World Vision implemented a house-to-house counselling approach, without triggering;
- **‘Uma Kompletu ho Sintina’** (A Complete Home is with a Toilet) - a behaviour change campaign aimed at changing social norms about what makes a complete home, focusing on ensuring that each house has a toilet; and
- **Sanitation Supply Strengthening** through marketing of toilet products through engagement of local stores and masons.

The Bobonaro PAKSI Secretariat (BPS) was established to provide leadership of the Bobonaro ODF Initiative, and to ensure coordination across the various stakeholders is maximise the quality of activities, verification of ODF status and overall performance monitoring. The BPS is co-chaired by the Municipal Administration and head of MHS and membership includes the DPHO, Municipal Administration Sanitation Officer, the DAA Sanitation Officer and a representative from Municipal Education. The BESIK team provided ongoing support the BPS. BESIK advised that the intention was to have a functioning BPS and that monitoring / verification activities can continue.

The MoH is the service delivery authority for PAKSI. The Municipal Administration provided office space for the BPS, and both the Municipal Sanitation Officer (Municipal Government) and the Municipal Public Health Officer (Municipal Health Services) worked closely with the BPS contributing significant time to the Bobonaro ODF Initiative – refer

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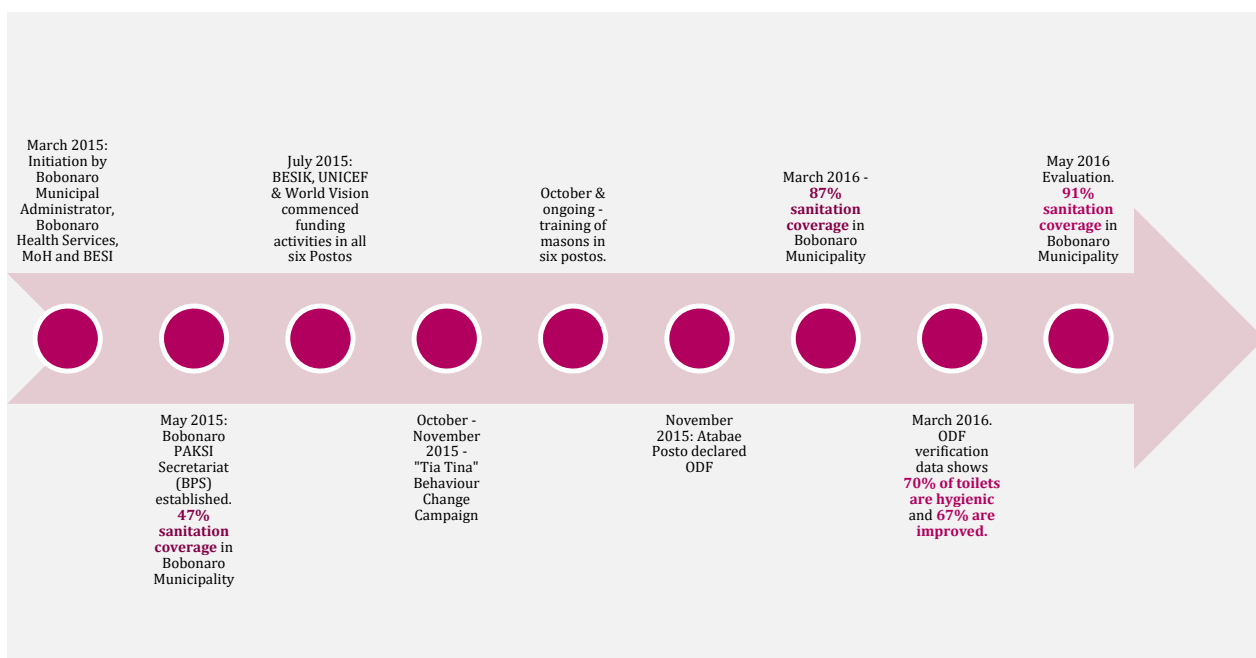
<sup>5</sup> The SHIP Adviser reported that a more flexible approach “enabled BESIK and the MoH to learn and take advantage of the strengths that emerged with the program”.



The ODF Bobonaro Initiative commenced in June 2015. BESIK contracted three NGOs (HealthNet, Maleadoi, and TimorAid) to implement PAKSI in four Administrative Posts. Collaboration with UNICEF and World Vision enabled coverage of all six administrative posts in Bobonaro Municipality.<sup>6</sup>

The MoH at national level and Municipal Health Services provided technical and quality support as well as managing the ODF verification system to confirm “ODF” status. The Bobonaro Municipal Administration provided overall coordination, establishing a secretariat and provided leadership to both Posto (sub-municipal) and local authorities who then engaged communities in changing their defecation practice.

The time sequence of the Bobonaro ODF initiative from March 2015 to date is shown in Figure 1.



**Figure 1: Time sequence of Bobonaro ODF initiative**

<sup>6</sup> UNICEF and World Vision assumed responsibility for PAKSI implementation in one Administrative Post each. Note, after undertaking triggering in 3 locations, World Vision staff felt that it was not effective, and thus focused on household visits to counsel families around building a toilet.



### 3 EVALUATION METHODOLOGY

This evaluation involved qualitative data collection (focus groups and key informant interviews) in Atabae, Balibo, Maliana, Bobonaro and Lolotoe as well as analysis of secondary data in the form of monitoring data and cost data from across all six *postos* (Atabae, Balibo, Cailaco, Maliana, Bobonaro and Lolotoe) (see Figure 2) The approaches used in each of these *postos* are shown in Table 1. Relevant methods and participation by different stakeholder groups are described in the sections below, as well as the limitations in the evaluation approach and key terminology used in this report.



Figure 2 Map of Bobonaro Municipality

Table 1 Summary of ODF Bobonaro approaches used

Implementing partner	Administrative Post	Institutional Triggering	PAKSI	HH visits promoting Sanitation & Hygiene	Sanitation & Hygiene BCC	Sanitation Supply
BESIK & Partners (Malaedoi, Health Net and Timor Aid)	Atabae	✓	✓		✓	✓
	Balibo	✓	✓		✓	✓
	Cailaco	✓	✓		✓	✓
	Maliana	✓	✓		✓	✓
UNICEF & partners (Servitilos & ETADEP)	Bobonaro	✓	✓			
World Vision	Lolotoe	✓		✓	(in 1 <i>suco</i> only)	✓

#### 3.1 Qualitative data collection

Qualitative data was collected through focus group discussions (FGDs), and key informant interviews (KIIs) with communities, government counterparts and partners, including 153 participants overall.



## Focus group discussions (FGDs)

The aim of FGDs was to gain in-depth understanding from women and men, and from *suco* leaders (members of the *Suco* Council, natural leaders etc) about their motivations to build a toilet, any barriers that prevented them doing so, and the motivations for community-led ODF. FGDs also provided information on women's engagement in the PAKSI process, and insight into the likely sustainability of the PAKSI process, and household toilets.

FGDs were undertaken across five *Posto Administrativos*, however in one *Posto*, the community had not been advised of the meeting, and thus the discussion was only with the community leaders (*suco* council)<sup>7</sup>. Communities were chosen to illustrate a range of interventions and overall results. The criteria included a mix of *aldeias* that had achieved ODF, and had not achieved ODF, and in a range of locations, both remote and closer to main roads.<sup>8</sup> Details of the relevant *aldeias* visited are provided in Table 2.

**Table 2 Focus Group Discussions (FGD) - Participant Summary**

FGD Location	Women	Men	Total
<b>Men/Women FGDs</b>			
Lolocolo, Atabae, Atabae (ODF)	8	10	18
Gole, Deudet, Lolotoe (ODF)	13	24	37
Falo-ai, Leohitu, Balibo	4	13	17
Ritabou, Ritabou, Maliana	5	4	9
Sub-total	<b>30</b>	<b>51</b>	<b>81</b>
<b>Community Leaders</b>			
Deudet <i>Suco</i> , Lolotoe (ODF)	2	9	11
Atabae <i>Suco</i> , Atabae (ODF)	1	5	6
Malalait <i>Suco</i> , Bobonaro (ODF)	0	11	11
Leohitu <i>Suco</i> , Balibo	0	4	4
Ritabou <i>Suco</i> , Maliana	2	5	7
Sub-total	<b>5</b>	<b>34</b>	<b>39</b>
<b>Total</b>	<b>35</b>	<b>85</b>	<b>120</b>

FGDs were undertaken with the *suco* leadership, and other key leaders involved. In all FGDs, traditional leaders were involved. None of the FGDs with the *suco* leadership included other natural leaders. A total of 120 community members (35 women and 85 men) participated in the FGDs – refer Table 2.

<sup>7</sup> In Bobonaro *Posto Administrativo*, in Malalait *Suco* there were no FGDs with men or women.

<sup>8</sup> One *aldeia*, Gole (*Suco* Deudet) had reported ODF in the days prior to the visit.



## Key informant interviews

A total of 33 key informant interview were undertaken at Posto, Municipal and National Level – refer and Annex 3.

Table 3 and Annex 3.

**Table 3 Key Informant Interviews**

Location	Key Informant Interviews with:
<b>Municipal</b>	Municipal Administrator Municipal Sanitation Officer, Administration Delegate – Municipal Health Services Municipal Public Health Officer
<b>Administrative Post</b>	Administrative Post (Administrator & CDO): Atabae, Bobonaro, Lolotoe Health Centre Manager: Atabae, Bobonaro, Lolotoe Water & Sanitation Posto Facilitator: Atabae and Bobonaro. Implementing NGO – ETADEP & World Vision Bobonaro PAKSI Secretariat – staff (5)
<b>National</b>	Head of the Environment Health Department. Director & Department Head, National Directorate for Basic Sanitation. NGOs: Malaedoi, Timor Aid, Health Net, UNICEF, WaterAid. BESIK staff (Team Leader, SHIP Manager & Coordinator, GESI PO, PFM Adviser)

## Gender assessment

The evaluation used a strengths based framework for assessing the engagement of women in the Bobonaro ODF initiative.<sup>9,10</sup> The framework includes the following four dimensions to assessing women's engagement:

- Participation and inclusion of women in the PAKSI activities;
- Decision making processes that enable women's (and men's) active involvement;
- Differences in work, skills and concerns between women and men are understood and utilised both in terms of the PAKSI implementation and its benefits; and
- Opportunities for enhancing gender equity are utilised.

<sup>9</sup> Halcrow G, Rowland C, Willetts J, Crawford, J and Carrard N (2010) Resource Guide: Working effectively with women and men in water, sanitation and hygiene programs.

<sup>10</sup> G Halcrow, C Rowland, M Bond, J Willetts and N Carrard. Working from strengths: Plan and SNV integrate gender into community led sanitation and hygiene approaches in Vietnam. <http://www.inclusivewash.org.au/case-studies>.



## 3.2 Cost Analysis

The cost analysis was largely drawn from expenditure data provided by BESIK and two of their partners. World Vision did not provide specific funding for the ODF initiative, using resources from ongoing rural development programs in Lolotoe to implement. UNICEF was unable to provide detailed budget information for partners.

The lead consultant also drew on expenditure information from two of BESIK's implementing partners: Health Net and Malaedoi – which account for the three of the four *Postos* implemented with BESIK funding support. Interviews with Government staff also sought to quantify any additional resources provided directly by Government.

An activity based cost analysis has been undertaken, in order to get a cost per component of the delivery model. A number of assumptions were made to undertake this cost analysis. All assumptions are included in Section 4.3.

## 3.3 Limitations

Given the available time and resources, the evaluation drew on primary qualitative data and secondary monitoring data provided by the BESIK program.

Variations in the quantitative data collected by the different implementation agencies limited our capacity to quantitatively measure how different components of the Bobonaro ODF Initiative influenced households to build toilets and progress towards ODF. This was a key question of the evaluation, and to address it, our evidence was largely limited to the qualitative data analysis, and prevented firm conclusions from being reached.

Regarding assessing the influence of campaign and supply side activities, the BCC campaign was only undertaken in one of the *aldeias* (Ritabou).

Similarly, it was difficult to fully assess the contribution that masons may have made to household decisions to build a toilet as in Atabae, the masons training was after ODF had been declared and in Bobonaro and Lolotoe, the masons training had not yet occurred at the time of the evaluation. Only two locations visited (Ritabou and Leohito *sucos*) were in locations where the masons training had taken place.<sup>11</sup>

For a number of *aldeias* the baseline data was collected *after* the date of triggering, in many cases more than a month later. The impact is that there is likely to be a higher percentage change than was actually recorded. For both Bobonaro and Lolotoe, there are no dates of when the baseline information was collected.

The cost analysis is only based on expenditure data from BESIK and two of their partners, as other data was not available. As a result, it was not possible to compare the costs of the

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<sup>11</sup> Data shows that the mason trained in Leohito *Suco*, has not been active after the training. In Ritabou there were two masons trained.





full range of delivery models, for example the component comprising household visits rather than triggering.

### 3.4 Terminology

Table 4 provides an explanation of terminology commonly used in the Bobonaro ODF Initiative.

**Table 4 Terminology used in the Bobonaro ODF Initiative**

Terminology	Explanation
Posto Administration	In this report, this will be referred to as its common term Posto. A posto is the sub-municipal level of government, led by a Posto Administrator. There are six <i>Postos</i> in Bobonaro Municipality.
<i>Suco</i>	<i>Suco</i> is defined as a large village, and it made up of a number of <i>Aldeias</i> . It has an elected <i>Suco</i> Council, with an elected <i>Suco</i> chief (in this report termed <i>chefe suco</i> ). There are 50 <i>Sucos</i> in Bobonaro Municipality.
<i>Aldeia</i>	An <i>aldeia</i> is a sub-village within the <i>Suco</i> , there are 193 <i>Aldeias</i> in Bobonaro Municipality. The aldeia chief (termed <i>chefe aldeia</i> ) is an elected role, and sits on the <i>Suco</i> Council. <i>Aldeias</i> can be located quite a distance from the <i>Suco</i> centre.
Bairo	A bairo in rural areas is a hamlet within an <i>aldeia</i> – they can be a remote collection of houses some distance from the centre of the <i>aldeia</i> , or the <i>aldeia</i> could be in two parts (often high and low) with each part considered a bairo.
Hygienic Toilet	The Timor-Leste Basic Sanitation Policy established criteria for a hygienic toilet – as a toilet that effectively separates excreta from human contact, and ensures that excreta does not re-enter the immediate environment. The SDG 6 aims to achieve safely managed sanitation for all. The definition of safely managed sanitation is in line with a hygienic toilet.
Improved Toilet	An improved toilet is from the MDG sanitation criteria and is defined as a pour-flush toilet (pit below or offset) or a pit toilet with a slab (& /or ventilation pipe).
Traditional toilet	Toilet built only with local materials – usually a very simple pit toilet.
Bobonaro PAKSI Secretariat	The BPS is responsible for leadership of the ODF Initiative and for coordination of municipal stakeholders critical to the implementation of PAKSI and to the achievement of ODF. Co-chaired by the Municipal Administrator and the head of Health Services. Members include the DPHO, the Municipal Sanitation Officer, the DAA Sanitation Officer and a representative from Municipal Education.



## 4 EVALUATION FINDINGS

The overall evaluation findings are that the Bobonaro ODF Initiative was a success. In the period from June 2015 to end of March 2016, a nine-month period, based on BESIK monitoring, access to sanitation increased from 47% to 87%. Between March 2016 and May 2016, reports of continued declarations of ODF by communities were evident. In May 2016, BESIK data showed a 91% coverage with 30 of the 50 *sucos* verified as ODF. Approximately 6 *sucos* have either not plateaued or not changed.

Additionally, in HHs with their own toilet, 70% of toilets were classified hygienic, a significant achievement, when compared to rates of hygienic toilets with previous CLTS-based sanitation program. For example, the 2016 Sustainability Study found in Liquica municipality, where there has been a significant investment in CLTS and sanitation marketing, in HHs with their own toilets, 44% of toilets were classified as hygienic.

The sections below address the four key evaluation areas, including:

- The relevant evaluative questions
- Key findings –from the qualitative data BESIK monitoring systems.
- Discussion – further elaboration of details from the evaluation activities, including feedback from the validation workshop

### 4.1 Effectiveness

***To what extent did each component of PAKSI influence the decision to: a) build a toilet and b) achieve community ODF?***

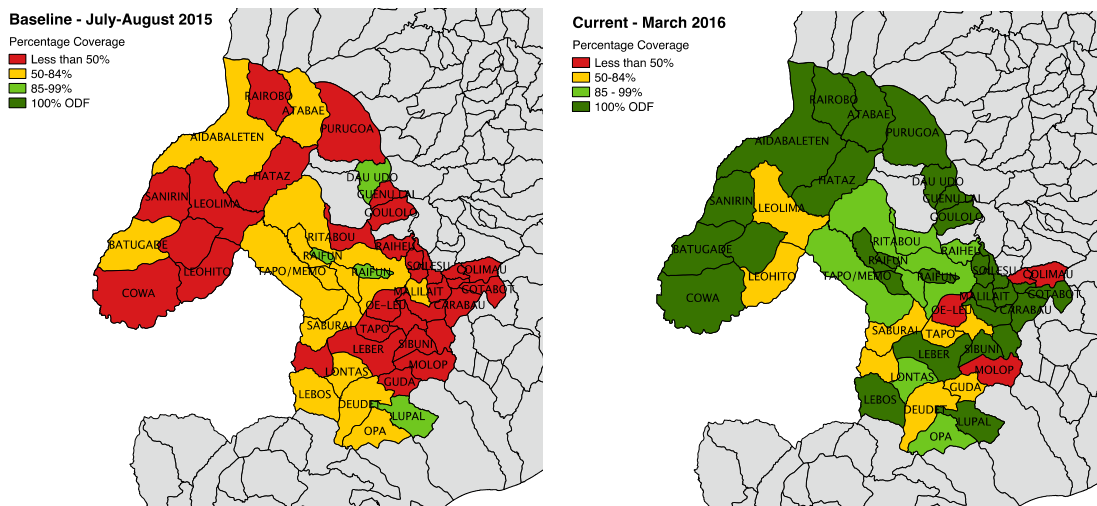
- ***What were key enabling factors or influences in household decisions to build toilets?***
- ***What were the key factors preventing households from building toilets and communities from achieving ODF?***

#### **Summary findings on effectiveness**

- The success of the Bobonaro ODF initiative appeared to be attributed to motivational leadership and the institutional triggering process complemented by community triggering and follow up. Together, these initiated a new social norm for sanitation.
- The behaviour change campaign and supply chain components did not appear to have contributed to achievements, and were limited by their timing and design.
- Key influencers of household decisions to build a toilet were embarrassment, as well as health, privacy and security for women and good citizenship for men.
- Participants reported that key barriers to building a toilet affordability or lack of nearby water. Data shows that where it takes more than 20mins to collect water, there was no significant difference between HHs building a traditional or pour flush toilet. For less than 20mins there were greater percentage of pour flush (refer Figure 10). Sand was often reported as a significant cost.
- Areas for follow-up include strategies to ensure quality of community triggering and to encourage continued commitment of existing and new leaders. There was some evidence of soft coercion and threats from leaders- these should be monitored and assessed for potential negative impacts on well-being and sustainability.



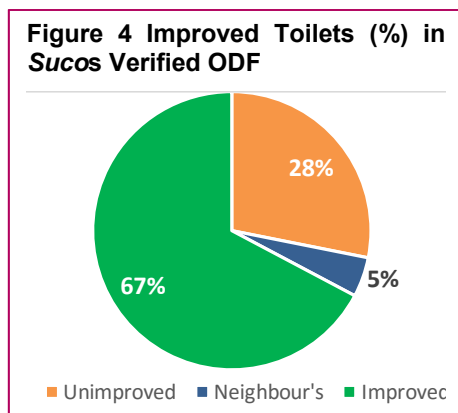
The evaluation aimed to understand why and how Bobonaro Municipality increased sanitation coverage so quickly and the extent that each of the four components of PAKSI contributed to this change. The relative increase in sanitation coverage in Bobonaro Posto varied from *suco* to *suco* in (see Figure 3).



**Figure 3 Bobonaro Municipality Change in Sanitation Coverage Rates<sup>12</sup>**

Achievements to date have been significant. Of those households that did not have a toilet in July 2015, 71% built a toilet in the 8 months to March 2016 (a total of 5,724 households). Of the 50 *sucos* in Bobonaro Posto, in July 2015, no *sucos* were ODF, although 2 *aldeias* had been declared ODF in Riafun *suco* in 2014. By March 2016, 28 *sucos* had declared ODF, with a further 7 *sucos* with 85% or greater coverage.<sup>13</sup> There were four *sucos* which showed 10% or less increase in coverage, with two of those *sucos* recording zero change.<sup>14</sup> Since March 2016, when the NGO contracts were completed, a further six *sucos* have declared ODF, following continued household visits by *suco* leaders.

In March 2016, in *sucos* that have been verified as ODF, 70% of the toilets were assessed hygienic (refer Figure 5 and Figure 6) and 67% were assessed as improved (refer Figure 4). This is a significant



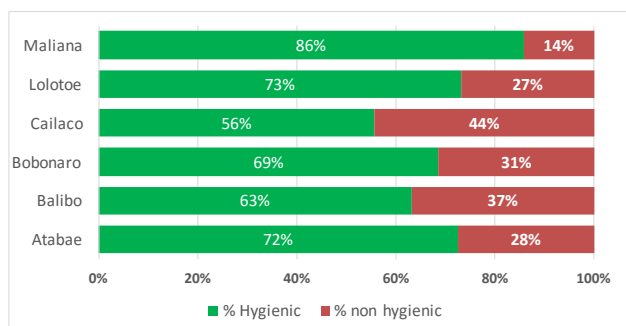
<sup>12</sup> Two *Sucos* – Miligu and Atudara in Cailaco Posto are blank as the triggering only commenced at the time of the evaluation. Note in the available *suco* maps – Atudara has two locations – hence the three gaps.

<sup>13</sup> At the time of the evaluation, a number of additional *sucos* reporting they had either achieved ODF, or further increased their coverage. For some *sucos* there was little change in coverage either during the initiative, or in the past few months.

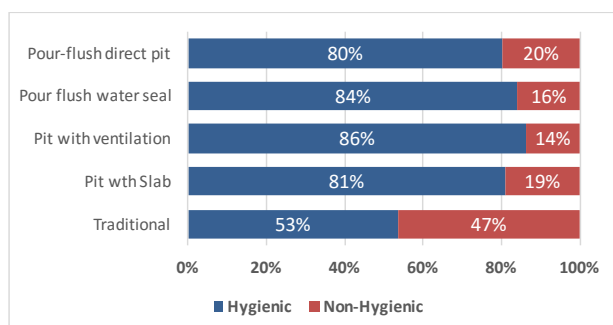
<sup>14</sup> This analysis does not include the two *sucos* in Caliaco Posto that have since decided to undertake community triggering. It also does not include any of the *sucos* in Lolotoe Posto as the baseline was undertaken well after the Bobonaro Initiative had commenced.



achievement. For example, in comparison, the recent Sustainability Study in Liquica, found that 34% of the toilets were hygienic.<sup>15</sup> The next phase of the Sanitation Improvement Strategy aims to achieve Hygienic *Sucos*, where 100% of toilets are hygienic. This is in line with the SDG Goal 6 target on Sanitation and Hygiene which aims for safely managed sanitation.<sup>16</sup> Refer to Figure 5 for data on hygienic toilets by Posto and to Figure 6 for data on hygienic toilets by toilet type.



**Figure 5 Hygienic and Non-Hygienic toilets – Verified ODF *Sucos* (March 2016)**



**Figure 6 Hygienic & Non-Hygienic toilets by toilet type - Verified ODF *sucos* (March 16)**

This section considers each of the four components of the Bobonaro ODF initiative, and provides available evidence on how each component influenced decisions at the household level, and motivated a community drive ODF.

### 4.1.1 Institutional triggering

The Initiative utilised a process of ‘institutional triggering’ of the Municipal Administration and subsequent cascade down to village leaders (see Figure 7). While the MoH is the Service Authority for PAKSI delivery, they worked closely with the Administration and local leadership structures. Community triggering activities were only initiated at the *aldeia* level

<sup>15</sup> Besik *et al* (March 2016) ODF Sustainability Study, Preliminary Results for Liquica – Slide 56.

<sup>16</sup> The definition of safely managed sanitation is “effectively separate excreta from human contact, and ensure that excreta do not re-enter the immediate environment” – this aligns the the definition of hygienic sanitation in the TL National Basic Sanitation Policy.



when local authorities and community leaders had been engaged through the institutional triggering process.



**Figure 7 Summary of Institutional Triggering**

## Findings

- *Institutional triggering was successful in engaging the range of leaders and key government actors in building their commitment to ending open defecation in Bobonaro Municipality, as evidenced by observing a strong commitment to ending open defecation by leaders and key government stakeholders based at Municipal, Posto and Suco levels. The leadership of the previous Bobonaro Administrator in motivating leaders and government actors across the municipality was widely reported and praised. It was reported and evident that leadership is continuing through the current Bobonaro Administrator.*
- *Commitment by leaders and key actors appeared to have contributed to household decisions to build a toilet and thus ultimately the community ODF status. FGD participants (men & women) reported that embarrassment was the key motivator in their decision to build a toilet. Men also reported that the importance of being seen to be a good citizen (men) was a motivator. There is evidence that there has been a change in social messaging from it being a private decision whether to open defecate to comprehensive messaging by leaders that every house must have a toilet. This change leads to change in social norms, and is most likely due to the results of institutional triggering. For example, community meetings involving health, education, the policy, electricity, church representatives, youth groups - all emphasising the same message that a house must have a toilet.*



- *It is plausible that a result of a municipality-wide institutional triggering is a change in social norms around the use of a toilet contributed to community ODF and through that posto level ODF. Suco leaders reported that they prohibited OD, and that the higher level commitment to ODF, gave them the authority to enforce this prohibition, which they did, through threatening to cut off electricity, withhold voting cards etc. All FGD groups mentioned knowledge of a law against OD, often a traditional law (*tarabandu*).*
- *There is evidence to suggest that institutional triggering requires a complementary community based activity to achieve ODF. For example, in Atabae, the leadership in the posto enthusiastically commenced the suco level triggering and holding community meetings aimed at ending open defecation from March 15 onwards. At July 15, there was 58% coverage, and at this point a local NGO was contracted to work with the posto and suco level leaders to undertake community triggering, with the posto achieving ODF by October 15. In Lolotoe, Institutional triggering combined with NGO supported HH-based counselling has led to a slower rate of declaring ODF, and at the time of the evaluation, 6 sucos (of a total of 7 sucos) were still to declare ODF.<sup>17</sup>*
- *Not all suco and aldeia leaders were committed to Bobonaro ODF at the outset, and efforts will be needed to continue to work with relevant leaders. There is evidence that some leaders have seen the change in sanitation coverage in neighbouring sucos and have since become engaged in process (e.g. in Meligo and Atudara sucos in Cailaco Posto). There were sucos where the leadership has not fully engaged are lagging. Further than this, the two sucos that have had no change in coverage, and those with a 10% or less change in coverage, have historically been reluctant to engage in government development programs due to political ideology. The Municipal Administrator is aware of the challenge and expressed his commitment to ongoing dialogue with the leaders to encourage their participation.<sup>18</sup> In Bobonaro Posto, the suco visited by the evaluation team the suco leaders reported that they had not participated in institutional triggering.<sup>19</sup> The suco leaders were also vocal regarding the need for an agency to provide sanitation materials.*
- *While the institutional triggering process has been successful, the commitment of leadership municipality-wide is likely to benefit from reinforcement in the future, to encourage the continued commitment of existing leaders and to engage new leaders. In addition, the following phase of the Sanitation and Hygiene Improvement Program aims to support the sucos of Bobonaro Municipality to achieve a hygienic suco status,*

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<sup>17</sup> World Vision staff provided updated data to the evaluation team which showed that across the six sucos remaining, only 47 HHs had not yet built their toilets. This data was not verified.

<sup>18</sup> Interview with Sr Zeferino Soares dos Santos, Bobonaro Municipal Administrator.

<sup>19</sup> This suco (Malalait) had achieved ODF, and had 81% coverage at baseline.



as per the National Basic Sanitation Policy. This next phase provides an opportunity to reinforce the commitment of leaders and government agencies across Bobonaro.<sup>20</sup>

## Discussion

All key informants expressed a strong view that the leadership of Sr Domingos Martins, the previous Municipal Administrator, contributed enormously to the success of the institutional triggering, and through this to the success of the overall achievement of increased sanitation coverage in Bobonaro. Key informants stated that the new Municipal Administrator, Sr Zeferino Soares dos Santos was continuing the required leadership.

In Bobonaro, institutional triggering was undertaken at four levels as described in Figure 7. Respondents reported that the first step of engaging the Municipal Administrator and inspiring the commitment to achieving ODF was crucial to the success of the Bobonaro ALFA initiative.<sup>21</sup> The leadership of the Municipal Administrator is required to successfully both trigger at other levels, but also to drive the implementation post-triggering. Respondents also reported that an important contributor to success was that the key actors in each level were actively involved in triggering the level 'below'.<sup>22</sup>

This reflects the importance of leadership at all levels throughout the hierarchy and the need for a structured/staged approach to starting from the top and working down. The evaluation team interviewed three Posto Administrators, two who were newly appointed. Key informants reported that the previous Atabae Administrator was very active, and the newly appointed Atabae Administrator voiced his commitment to continuing this role. For example, in Atabae, the institutional triggering motivated HHs to build toilets prior to the community triggering process starting. In Bobonaro Posto, the newly appointed Administrator deferred to the Posto based Community Development Officer – CDO. In Lolotoe, the CHC staff were actively engaged with the Administrator in mobilising *suco* leaders and the interview with the Deudet *Suco* Council demonstrated they were highly committed.

A strategy of the Bobonaro ODF Initiative was that community triggering only took place once the institutional triggering process was complete, and *suco* leaders were committed to support the community process. This was not found to always hold true. There were examples where community triggering occurred without *suco* level commitment, resulting in little or no change in coverage rates.<sup>23</sup> Another example (Malalait) showed that even though there was little or no *suco* level commitment, ODF has been achieved.<sup>24</sup>

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<sup>20</sup> There are new appointments of Posto Administrators across the country, and the *Suco* elections are anticipated to be held later this year.

<sup>21</sup> Interviews with the Director of Bobonaro Health Delegation, the Head of the Atabae CHC, Posto Administrators in Atabae and Lolotoe.

<sup>22</sup> Ibid.

<sup>23</sup> Colimau and Mali-Ubu *Sucos*.

<sup>24</sup> For example in Malalait, Bobonaro Posto – the *suco* leader told the evaluation team that there was no triggering, and he had not participated in the Posto triggering. However this *suco* had 91% coverage at the baseline.



The success of the institutional triggering was reflected in the resources committed to the Bobonaro ALFA Initiative by Municipal government agencies. The Bobonaro Municipal Health Services (MHS) committed the Municipal Public Health Officer (estimated at 50% of his time) to the initiative. The Municipal Administration committed the Sanitation Officer and provided space within the Administration offices for the PAKSI Bobonaro Secretariat.

The PAKSI Bobonaro Secretariat was seen as essential as a vehicle to ensure a “Municipality-owned” process. In particular, the Head of the MHS and the Municipal Administrator valued the coordination, mentoring and the monitoring support that the Secretariat provided. Both requested a way to maintain the secretariat function.

Institutional triggering was complimented by and enhanced a sanitation “movement”. The ODF initiative appeared well-known across the municipality with FGD respondents expressing there was a “rule” that every house has a toilet. Thus in effect the institutional triggering was a crucial part of the behaviour change campaign.

### Recommendations

1. Institutional triggering should be implemented at all four levels in other municipalities as it is the key component in the Municipal-wide ODF Initiative. To ‘trigger’ other Municipal Administrators requires motivational individuals – e.g. previous Bobonaro Administrator.
2. Develop strategies to trigger decision-makers in the MoH, State Administration and within the Prime Minister’s office to commit to Timor-Leste’s sanitation goals and to be active players to drive the sanitation campaign. Consider developing a short, clearly messaged film targeting government leaders on Bobonaro ALFA & how it succeeded.
3. Given the new Posto Administrators (and the possibility of new *chefe sucos*), if there are delays in commencing the ‘Hygienic *Suco*’ phase, it will be important for the Bobonaro Municipal Administration with the MoH to plan for further institutional triggering of all leaders – possibly using those who have been very engaged and successful to trigger those who have had less interest and success, and those Posto Administrators, and any other key actors that are new to their role.

### 4.1.2 PAKSI - Community and household behaviour change

**The PAKSI process.** As per the PAKSI manual the PAKSI process includes institutional and community level triggering, and then post triggering follow-up household visits to encourage those who have not yet built toilets. The manual recommends that the follow-up visit are led by the community and natural leaders, with support from the PAKSI team (in Bobonaro this was the implementing NGO, and often including key actors from the Posto or Municipality, or from the Secretariat). In all *Postos* except Lolotoe, PAKSI was implemented. In Lolotoe, World Vision focused on household level counselling to motivate households to build their toilet, and did not undertake community triggering.

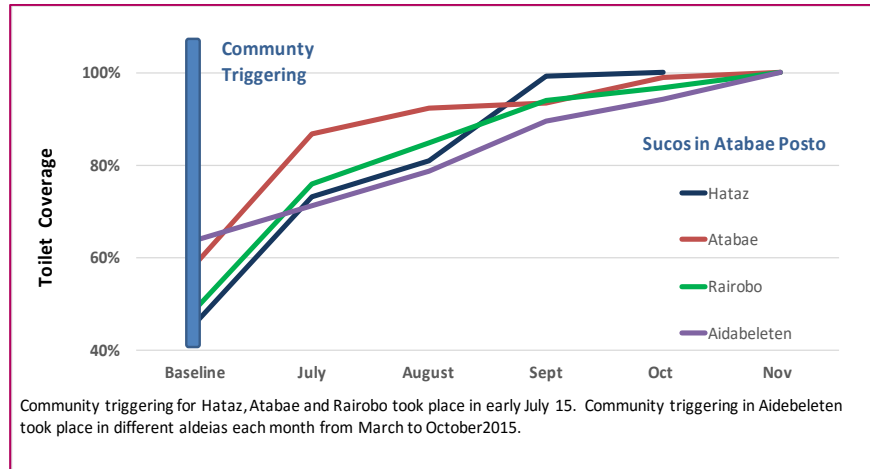
In three of the *aldeias* visited, the PAKSI full PAKSI process was implemented (Lolocolo, Faio-Ai and Ritabou) and in one *aldeia* (Gole), only HH visits had taken place.



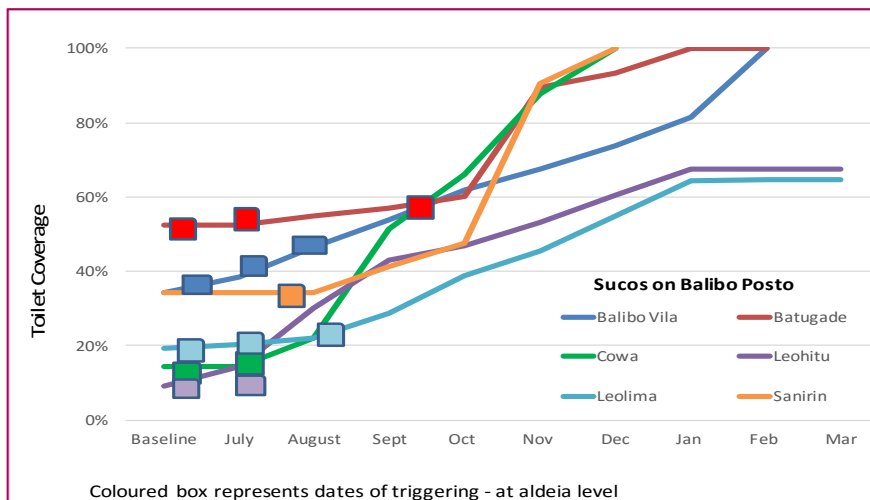


### Findings

- The evaluation found that in 15 *sucos* (from a total of 22 *sucos* with data<sup>25</sup>) the community-triggering has resulted in a marked increase in the numbers of households that decide to build a toilet – as evidenced in the coverage data. However, the coverage data also shows that post triggering follow-up is essential to achieve community ODF. Refer to Figure 8 and Figure 9 or examples of trends in toilet coverage in both Atabae and Balibo *Postos*. Note: In Sanorin *Suco*, in Balibo, the BCC event (92 adult participants) took place on the 28<sup>th</sup> October.



**Figure 8 Toilet Coverage (%) in Atabae Posto**



**Figure 9 Toilet Coverage (%) in Balibo Posto**

<sup>25</sup> Data on the monthly progress in sanitation is not available for either Lolotoe or Bobonaro *Postos*. In Maliana, one *suco* did not have monthly progress data.



- *There has been a transition in social norms<sup>26</sup> which is likely to have contributed to household decisions to build a toilet.* With the full PAKSI approach<sup>27</sup>, toilet behaviour, is seen as social behaviour, as opposed to a private behaviour. As a result of PAKSI, there is a growing community sentiment disapproving of open defecation. The desire by families to conform, is a strong driver for building a toilet.
- *In both men’s and women’s FGDs, the greatest motivator was the sense of embarrassment at not having a toilet (for a range of reasons).* For women a common secondary motivator was about the health of family. For men, a secondary motivator concerned dignity and been seen by others to do the best for their family, or to be a good citizen. This is further discussed in Section 4.1.5.
- *The evaluation found that the quality of triggering varied across partners,* however evidence was not available to determine if or how the varying quality of triggering led to varying results. However, the skills of the PAKSI facilitators will be a key area for consideration in the potential scaling up of the ODF Initiative across other districts of Timor-Leste.
- *It was not possible from the evaluation to determine if working with Natural Leaders contributed to households deciding to build a toilet, or to the number of women involved in the PAKSI implementation at suco and aldeia level.<sup>28</sup> BESIK reported that there were limitation in the ability of NGOs to identify and support natural leaders, thus the NGO partners tended to depend on the traditional leaders, who were already active in the role of motivating HHs to build their toilet. This approach then had implications in the engagement of women in the role of motivating HHs generally and more specifically, women. In addition to the suco council engagement it was reported that traditional leaders (lia-nain), catechists and the suco security officers were active change agents.<sup>29</sup>*
- The evaluation was not able to assess the extent the Quality Control team had influenced the quality of delivery.

*“When people visited our house, and we didn’t have a toilet, we felt embarrassed – as the others had all built a toilet...”*

Female participant, Lolocolo

<sup>26</sup> Social Norms are defined as “behaviours that are seen as desirable or legitimate in the shared view of societal members and whose violation elicits at least informal disapproval” - Robert E Scott, ‘the Limits of Behavioural Theories of Law and Social Norms’ (2000) *Virginia Law Review*, 1603, 1610.

<sup>27</sup> Institutional and community triggering followed by HH visits.

<sup>28</sup> One of the desired outcomes of engaging natural leaders was to increase the number of women in community-based PAKSI mobilisation.

<sup>29</sup> Reported in Atabae by the head of CHC, and the Posto Administrator. Also in Lolotoe in the meeting with the Posto Administrator, CHC and World Vision staff.



### Recommendations

4. The PAKSI process at community level should continue to include community based triggering and follow-up household visits.
5. Develop a strategy to ensure that there are sufficient PAKSI facilitators, including female facilitators, are available to effectively implement a scaled-up delivery of PAKSI. This could include both training and mentoring new facilitators (by the existing core group of experienced facilitators), and through utilising the existing core group in triggering, taking into account that they are currently employed in other locations.
6. Investigate options to more effectively utilise the skilled PAKSI facilitators through establishing a mechanism for community leaders to undertake the follow up HH visits.

## 4.1.3 Behaviour change campaign

### Findings

- *The evaluation found that the behaviour change campaign (BCC) did not extensively contribute to either household decision making to build a toilet or community commitment to achieve ODF* as the reach of the behaviour change campaign was limited. Overall, an estimated 13% of the Bobonaro population viewed the Tia Tina film (a total of 6,793 people - 2,150 women, 2,135 men and 2,508 children). Tia Tina's household visits were to approximately 4% of total households (395 households)<sup>30,31</sup> Only one community visited had heard of the BCC, but most of them had not attended (Ritabou). Apart from one *suco*, Sanerin, a review of the sanitation progress data in the *aldeias* where the BCC events had occurred, showed no indication of increased sanitation coverage in the period after the BCC events.
- *The timing of the BCC campaign appeared to be an issue.* The film and Tia Tina events were undertaken between October and November, which generally occurred months after triggering (on average two or more). It is likely that the process of deciding to build a toilet, or the communities was well underway by the time the film was shown – for example the events in Atabae occurred after the Posto had declared ODF.
- *Evaluation participants had had little exposure to the BCC campaign.* FGDs participants had not seen any TV spots however in two communities (Gole and Lolocolo), womens FGD participants (approximately 25%) had heard radio spots on Radio Komunidade Maliana. Their recall of the radio spots included progress towards ODF and advertising of sanitation products. At the community level, there was not a great awareness of the signboards (placed in all six *Postos*) and there was clear evidence as to whether they

<sup>30</sup> A total of 3,529 people lived in these houses.

<sup>31</sup> Report on Behaviour Change Activities, 15/1/2016.



influenced community commitment to gaining (& retaining) ODF.<sup>32</sup> It should be noted that The BCC events only took place in one of the communities visited as part of the evaluation (Ritabou *aldeia*, Ritabou *suco*, Maliana), however, in Ritabou, the FGD participants reported that they had not seen the film (Tia Tina).

- *There was evidence to suggest that using films to promote sanitation can raise awareness.* Two women's FGDs (Gole, Lolotoe and Lolocolo, Atabae) recalled that the implementing NGO had shown them the film *Zeta nia Domin*<sup>33</sup> and most participants in this were able to clearly recount the story-line linked to sanitation and hygiene practices – with a particular focus on the open defecation behaviour. Thus the evaluation found that the main reasons that the BCC did not extensively contribute to HH decision-making around toilet was due to the reach of the film and the timing of the showing the film (i.e. time after the triggering), and not necessarily the use of films *per se*.

#### Recommendation

7. Continue use of films and radio spots as a behaviour change and communication tool. The evaluation findings indicate that radio spots that are informative have a higher level of recall. The mechanism for showing films to community is likely to be more effective if undertaken at the time of triggering rather than afterwards. The evaluation findings indicate that women recalled key sanitation and hygiene messages from *Zeta nia Domin*.<sup>1</sup>

### 4.1.4 Sanitation supply strengthening

The Sanitation Supply Strengthening component was designed with four strategies:

1. Strengthening PAKSI Facilitator capacity to coach community members on improving toilet designs to optimize appropriateness, hygiene, durability, and aesthetics of household toilets;
2. Design and socialization of appropriate and affordable toilet models that use locally resourced supplies;
3. Training local masons in the promotion and technical aspects of toilet models; and
4. Linking stores in municipal and administrative post towns with communities to facilitate group orders and more cost-effective prices.

### Findings

- *The strategy to train masons to influence household decisions to build a toilet appears to have been unsuccessful due to lack of demand for their services, perceptions that their service should be provided for free and inadequate geographic coverage by the trained masons.* This was evidenced by:

<sup>32</sup> BESIK reported that the signboards were erected in January 2016, in the latter stages of the program.

<sup>33</sup> 'Zeta nia Domin' is a 1-hour film made under the first phase of BESIK, that looks at Sanitation, Hygiene and water management behaviours – through a love story format.



- Masons were trained in only fifteen of the fifty *sucos*, in the two *sucos* visited where masons had been trained FGD participants reported that they, or their family members, knew how to build a toilet. Of the four communities where FGDs were undertaken two were aware of the masons' work, however reported that they only work in their *aldeia*.
- BESIK data shows that as at May 2016, a total of 109 toilets had been built by masons, representing representing 3% of the toilets built during the Initiative.<sup>34</sup> Four of the masons reported that they built their toilets for family members, and were not paid – this represents 28% of the toilets built by masons (31 toilets). The data available shows that where the mason reported being paid for the toilet, 80% of those toilets were 'traditional' toilets. These findings need further investigation as more detailed data had only been collected for 46% of the toilets that masons reported building.<sup>35</sup>
- *While access to, and the cost of materials was reported by FGD participants to be a key constraint to building an improved toilet, there was evidence that households are building improved toilets, and accessing the local stores to purchase materials.* In the communities declared ODF, 64% of toilets were verified as improved toilets, including 43% having a pour-flush water seal.<sup>36</sup>
- *There was evidence that general stores have increased sales and are re-stocking toilet pans, however detailed sales data was not available.* In Lolotoe, the general store reported selling 100 ceramic pour-flush toilets in the previous few months, with the owner waiting for a further order to arrive.<sup>37,38</sup> The store in Lolotoe was not part of the BESIK linking sanitation suppliers with masons.
- *Sanitation product information channels through masons was not a successful promotion strategy, as less than a third of the *sucos* had masons trained under the program.* Masons appear to have focused on their own *aldeia* within the *suco* as FGD participants reported not knowing about masons.
- *There was no evidence that PAKSI facilitators coached community members on toilet designs.* In FGDs, participants reported that they had family members that knew how to build toilets. As above there is evidence that households have invested in improved toilet designs. Appropriate and affordable toilet models were designed through funding support from BESIK, and masons were trained how to build them.<sup>39</sup>

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<sup>34</sup> The four *postos* are Atabae, Balibo, Cailaco and Maliana, where during the intervention until March 16, 3,546 toilets were built.

<sup>35</sup> Data on the type of toilet built and the payment received was only available for 50 toilets, of the 109 toilets reported by masons, as them having being involved in building.

<sup>36</sup> Analysis is based on the verification data for *sucos* that have declared ODF – a total of 34 *sucos*.

<sup>37</sup> Pers comms – Lolotoe General Store owner 5<sup>th</sup> May 2016

<sup>38</sup> It is estimated that approximately 575-600 toilets have been built in Lolotoe during the Initiative, thus the 100 ceramic pans is approx. 17% of toilets built. In the women's FGD in Gole (Lolotoe), a number of participants reported buying their pour-flush bowl in Maliana, as it was cheaper than Lolotoe.

<sup>39</sup> Pers Comms – Heather Moran (2<sup>nd</sup> May 2016)



However there was no evidence of the extent, and by whom, these were socialised; and whether the toilets built by the masons followed these designs.<sup>40</sup>

## Discussion

The evaluation observed two toilets built by masons, which utilised the toilet models designed by Plan International and partners. These were demonstration toilets built for two widows, one who was old with failing sight in Dedeut *Suco*, Lolotoe. The toilets were as per the model (a pour-flush above pit), and the toilet for the elder woman did not have any additional accessibility features. The costs of these demonstration toilets indicate that the costs of toilet materials in Bobonaro Municipality is at the lower end of the range of toilet costs in Timor-Leste – which is a consideration in scaling up the initiative. The two toilets built in Lolotoe (a remote Posto) were reported to cost \$130 each, the cost ranges according to the PLAN International study, for the same toilet was \$123 (in Baucau) to \$233 (in Lautem).<sup>41</sup> The available data on the costs toilets built by masons (some voluntarily) shows improved toilets ranged from \$150 - \$280, however this data has little information as regards the toilet model.

NGO staff reported that the masons did not receive income for their work, and they provided assistance for free to others to build their toilets.<sup>42</sup> The BESIK Sanitation Supply program officer reported that of the 15 masons, 4 masons reported they did not receive payment, 3 did receive payment and 8 have not reported.<sup>43</sup>

In all communities, the costs of materials, sand and transport were identified as key challenge to improving their toilets, and there was some evidence that households were purchasing materials bit-by-bit in order to improve their toilets.<sup>44</sup>

BESIK, with WaterAid trialled the SaTo toilet pan, providing 48 to suppliers at a cost price of \$4 each, with a sale price of \$6 each. The SaTo pan is low cost, easy to transport, easy to keep clean, and while it is pour flush, uses less water than a water seal toilet.<sup>45</sup> However, only 20 of the SaTo toilet pan were sold. The most popular product (47% of households) is the ceramic pour flush toilet bowl which costs between \$13 - \$45.<sup>46</sup> BESIK reported initial negotiations undertaken with stores in all *postos*, resulting in verbal agreement by store owners to transport materials to *sucos*, provided that the order was large enough. The size of the order was not defined. BESIK assessed that while there was an initial agreement, the follow-up activities to link communities with stores was not successful and recommended that this aspect of the project delivery be strengthened in any future program.

<sup>40</sup> BESIK reported anecdotal evidence that masons did not use round pits when building toilets post training.

<sup>41</sup> The Study included costing based on three locations: Baucau, Lautem and Aileu. This model ranged from \$123 (in Baucau) to \$233 (in Aileu).

<sup>42</sup> Interviews with Malaedoi, Health Net and Timor Aid. April 16.

<sup>43</sup> BESIK supported a Sanitation Supply Program Officer who was based in the Bobonaro PAKSI Secretariat.

<sup>44</sup> In a number of communities, sand was reported as costing \$60.

<sup>45</sup> <http://www.rdmag.com/article/2015/08/american-standard-s-sato-safe-toilet>

<sup>46</sup> BESIK data on the prices of sanitation materials available at general stores in Bobonaro Municipality.



### Recommendations

8. Facilitate greater linkages with general stores though encouraging stores to produce a one-page flyer (with their phone number) detailing their sanitation products and costs.
9. Investigate the options to encourage stores to link transport with their sales and if appropriate, include options purchasing (and transporting) sand, or encouraging households to share the costs of transport in community planning for ODF.
10. Investigate the sustainability of mason businesses, given that the expectation to play a significant role in the next phase of sanitation and hygiene implementation i.e. the hygienic *suco*.

## 4.1.5 Household decisions to build a toilet

### Findings

- The evaluation found that a key enabler was the creation of a social environment where there was an expectation that each household should have a toilet, and that those that did not build a toilet reflected poor social behaviours such as lack of dignity, lack of responsibility etc. The engagement of municipality-wide leaders (through institutional triggering) appears to have provided a level of authority to the behavioural change, and is likely to have contributed to the extent that local leaders were involved – refer Section 4.1.1.
- Both women and men reported that the strongest driver in their decision to build a toilet was a feeling of embarrassment that they did not have toilet, that others know that they do not have a toilet. The engagement and commitment of leaders and key government actors, from municipal to community level, was key to bringing this change in social norms.
- Secondary drivers for women were the importance of keeping their family healthy. Women also talked about privacy, and a feeling of security. Women reported that having a toilet made an enormous difference to them at the time of menstruation, particularly for those women who had an improved toilet, as being able to wash properly was seen as a big advantage.<sup>47</sup> Ease at time of menstruation was reported as an advantage of having a toilet rather than a motivator to build one, possibly as menstruation is rarely discussed with men. Secondary drivers for men, was sense of an expectation that as a good citizen, or as a responsible person in the community, you would build your family a toilet.
- Women reported that older children have encouraged their parents to build a toilet. When asked women said that if a younger child suggested building a toilet, they would listen to them, as the child would have received this information from the teacher (who

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<sup>47</sup> The benefit of a toilet during menstruation was raised by women, without the interviewers specifically questioning about this topic.



is considered a respected person). None of the participants recalled younger children discussing the need to build a toilet.<sup>48</sup>

- In each of the FGD meetings with community members there was reference to ‘soft’ coercion where threats were made, or conditions were made to people who did not build a toilet. *Chefe sucos*, who clearly felt that it was their responsibility to ensure everyone had a toilet, and often their reputation, reported they used threats to convince households to build a toilet.<sup>49</sup> There was no evidence that these threats were ever carried out.
- Women reported that they influenced their husbands in making the decision to build a toilet. Building a toilet was either a joint decision or made by the husband. For married or partnered women, to build a toilet, husbands/male partners needed to agree, as they were generally involved in the building of the toilet.
- The main barriers mentioned by participants were that families did not have the financial means to purchase materials to a toilet, or that they did not have water close by – a pour-flush toilet is the desired option for a toilet, participants reported that families were not willing to build a dry toilet.<sup>50</sup> Three of the *aldeias* visited mentioned that the *chefe suco* organises volunteer groups to assist those who do not have the means to build their toilet. Participants reported that they, or family members know how to build a toilet.

## Discussion

### *Why build a toilet?*

The primary reasons raised by both women’s and men’s focus groups for building a toilet are outlined in Table 5.<sup>51</sup> The evaluation team explored what motivation was strongest – for both men and women the strongest motivations was embarrassment. For women the second motivator was about the health of your family, for men it was about being a good citizen. Women widely reported that they influence their husbands around the decision to build a toilet. Women and men generally said that the decision to build a toilet is a joint decision, with some women saying the final decision was their husband’s.

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<sup>48</sup> BESIK has supported partners to undertake child-focused triggering at primary schools. This component was not included in the evaluation.

<sup>49</sup> This was discussed in a number of locations the evaluation team visited e.g. in Atabae, threat to cut electricity, in *Suco Deudet*, threat to take their voting card

<sup>50</sup> There is no data available on the percentage of households that have not built a toilet and have a great distance to water. Analysis of the PAKSI Bobonaro verification data showed 15% of those that had built a toilet, took 20 minutes or more to collect water, however there is no data, in order to compare to the time to collect water for all HHs in Bobonaro municipality.

<sup>51</sup> In asking this question, facilitators initially requested the reason for building a toilet and then later in the discussion fed these reasons back to the group and asked people individually to respond to the one that emotionally or ‘from their soul’ triggered them to build their toilet. This question aimed to get elicit the key emotional driver. Interestingly while health was often given as the first reason for building a toilet initially, when later probing for the emotional driver, embarrassment or shame was by far the most common, for both men and women.





Social norms are behavioural ‘rules’ that are “legitimate in the shared view of societal members”.<sup>52</sup> The ODF Initiative through institutional triggering aims to influence social norms relating to defecation – i.e. a home must have a toilet, and that open defecation is not acceptable, and disapproved of. Community triggering and the follow-up HH visits for late adopters, are tools to use social norms to motivate changed behaviour.

**Table 5 Motivators for household to build a toilet**

Women
<ul style="list-style-type: none"> <li>✓ Feeling of <b>embarrassment</b> or shame. There was a general acceptance that using a clean toilet is the right thing to do, good for your family's health and the community's health – thus if you did not use a toilet – it was embarrassing, particularly if people came to your house, either as visitors, or when those doing the counselling came and talked to you about building a toilet.</li> <li>✓ <b>Privacy</b> – women felt that privacy was important particularly for women and girls. They mentioned that during menstruation, they wanted an improved toilet, so they could wash properly. Women expressed a fear that people might take a photo (from their phone) of women open defecating or bathing in the open (one group reported hearing that this had occurred).</li> <li>✓ <b>Children encouraged them</b> – children studying at high school, or university were now accustomed to using a toilet. Participants were asked if their younger children (at primary school) asked them to build a toilet, if they would listen to them. In all groups, women agreed they would, as the children would likely have been informed by a teacher, who is seen as a person of authority and knowledge.</li> <li>✓ <b>Health</b> – most women mentioned health as a reason for building a toilet, and that if they did not use a toilet, it caused illnesses in their children. This linked to the embarrassment, as they knew this causal factor, and felt ashamed that if they didn't build a toilet they were not addressing this risk – the “good mother” motivation.</li> <li>✓ <b>Chefe suco and/or Chefe aldeia</b> told them that they must build a toilet. This was linked an awareness that they would be continually told (or threatened) to build a toilet. As noted above <i>chefs</i>, would often make threats such as cutting electricity, or holding back your voting card. As voting cards are required to collect pension or social security payments, this threat tended to impact on the more vulnerable community members. Most groups were aware of a ‘rule’ that each house must have a toilet, and a sense that if you did not build a toilet, it could be embarrassing or create problems for you. Some participants reported that catechists also told families to build a toilet.</li> <li>✓ <b>Security</b> – women expressed security as a concern, particularly around walking into dark areas. Participants reported hearing of incidents that had happened (in other locations).</li> </ul>
Men
<ul style="list-style-type: none"> <li>✓ <b>Embarrassment</b> – they felt that it was undignified to open defecate, for you and your family. It is embarrassing If you cannot provide a toilet for your family.</li> <li>✓ <b>Being a good citizen</b> – you can show you are responsible member of the community if you have a toilet, as using a toilet is “what responsible people/ good citizens do”. This was closely linked to the concern that people (leaders) will keep telling you to build a toilet, if you have not already built one, and this impacts on your standing in the community. This was closely linked to the orders and influence of the <i>chefe sucos</i> (and in some cases <i>chefe aldeais</i>)</li> <li>✓ <b>Older children encouraged</b> (or even demanded) their parents build a toilet, as they have used one elsewhere, don't want to open defecate.</li> </ul>

<sup>52</sup> Robert E Scott, ‘the Limits of Behavioural Theories of Law and Social Norms’ (2000) *Virginia Law Review*, 1603, 1610.



### ***What are the barriers to building a toilet?***

During the FGD, two questions were asked, one asked participants to reflect on those people who were slow to build a toilet, and identify what had been the barrier for them. In communities that were not yet ODF, any participants that had not yet built a toilet were also asked – over all the FGDs there was only two people that had not built a toilet yet. FGD participants reported that not having the means to build a toilet was the major reason for households not building a toilet. In 3 of the 4 *sucos* where community discussions took place community leaders had organised volunteers to assist those who could not build a toilet. These three *sucos* had all been declared ODF. The messaging that others could assist those who do not have means, was reported at *Posto* and at Municipal level as well.<sup>53</sup> The other main reason given for households not building a toilet was that their water supply was a great distance. There is a clear preference for pour flush toilets.<sup>54</sup> Interestingly no participants mentioned the common geological challenges that exist in Timor-Leste to building a toilet such as a high water table, soft-sand, hard rock.

The verification data showed that 28% of households had an unimproved toilet (a basic pit toilet). With respect to building an improved (or a permanent) toilet, a number of barriers were reported through the FGDs:

- Vulnerable groups with limited means to build a toilet (elderly, widows, female headed households, people with a disability etc), others have assisted with a simple toilet
- Poorer families that cannot not afford the material to build an improved toilet
- There is no water nearby to flush the toilet as a barrier to building a permanent toilet.
- In one community visited, they reported that they were waiting for an agency to give them materials to improve their toilet.<sup>55</sup>

As mentioned in Section 0, households reported that they or family members/friends knew how to build a toilet, and thus technical knowledge was not expressed as a barrier.

As part of the evaluation, the links between time taken to collect water (walk there, collect water and walk back) and the type of toilet build was analysed. As data source is from the verification of ODF *sucos*, there is not data for HHs that do not have a toilet. The analysis found that for those households where it took 20 minutes or more to collect water slightly more built a dry toilet to a pour flush, in the type of toilet they built, whereas for those who took less time to collect water (less than 20mins) a greater number built a pour flush toilet – refer Figure 10.

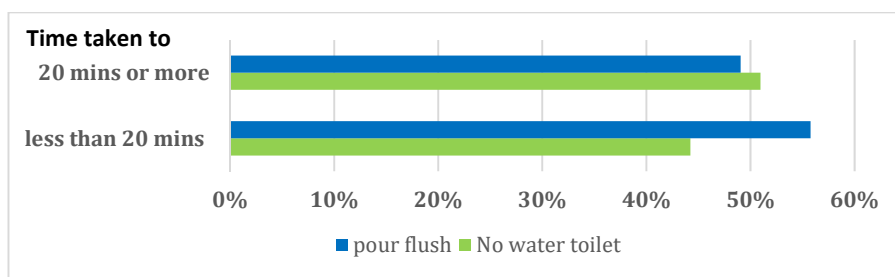
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<sup>53</sup> Interviews with the Atabae Posto Administrator, the Municipal Administrator, and the Municipal Sanitation Officer.

<sup>54</sup> The preference for pour flush toilets is reinforced through the findings of the ODF Sustainability Study undertaken by BESIK and other partners in 2016.

<sup>55</sup> In the one *suco* meeting that did not mention, the *chefe suco* had not participated in the institutional triggering. This was the same *suco* meeting that requested an agency provide materials to improve toilets.





**Figure 10 Type of Toilets and Distance to Water**

**Recommendations**

11. Investigate options to facilitate further changing social norms around toilet use – linked to the behaviour change and communication recommendation above.
12. Continue to investigate appropriate options to support vulnerable households to transition from an unimproved toilet to an improved toilet. Drawing on experiences in the region and engaging MSS and Municipal Administration are underway and should be continued.
13. Consider a strategy for locations where geological features impact on the construction of the pit e.g. sandy soils, high water table, solid rock.
14. Further investigation into the child-focused triggering could identify whether this activity is having any impact on influencing parents to build a toilet.

## 4.2 Sustainability of the ODF Initiative

*What were the enablers that motivated the community and authorities to assume responsibility for achieving and maintaining ODF?*

*What is the likelihood of the ODF change achieved in Bobonaro being sustained over time?*

- *Does the community value their ODF status? Why?*
- *To what extent has the community (including community authorities) demonstrated responsibility for achieving / maintaining ODF?*

**Summary findings on sustainability**

- It is too early to tell if communities and their leaders will sustain the ODF status.
- A key enabler for both communities and authorities has been the leadership and responsibility at all levels, establishing an environment that supported the required behaviour change to achieve ODF and with potential to assist in sustaining ODF.
- Investing in an improved toilet is a key indicator of sustainability, and 67% of households had invested in improved toilets, and indications that others are planning to further upgrade- these are positive signs.
- Not all *suco* leaders were committed to the ODF program, with two *sucos* having no change, and others increase in coverage plateaued. Evidence of a small number of *Suco* leaders requesting subsidies for households to build toilets. Hence not every community and every leader has taken responsibility for ODF status



## 4.2.1 Enablers of achieving and maintaining ODF

### Findings

- *A key enabler for both communities and authorities has been the leadership at all levels, establishing an environment that enable the behaviour change required to achieve ODF. Municipal leadership has supported stronger engagement at the Posto level – not only in the Administration, also with Health Services and other line agencies. The municipal leadership has motivated the majority of chefe sucos to engage in 'ALFA Bobonaro'.*
- *If attitudes towards safe defecation practices continue to strengthen, i.e. it is not socially acceptable to open defecate, then it is more likely that behaviour change linked to hygienic defecation practices will be sustained. For attitudes to safe defecation to continue to strengthen, there needs to be continued and expanded leadership – including national level leadership.*
- *The ODF Initiative has built up momentum, resulting in some sucos that initially were not interested, becoming engaged and requesting PAKSI implementation.<sup>56</sup> There are, however, some sucos that have not engaged, or where the increase in coverage has plateaued.<sup>57</sup>*
- *Respondents reported that effective collaboration across local level government contributed to a sense of “campaign” which served as a motivator to leaders and their communities to achieve ODF. It is not known the extent to which this “campaign” environment will continue in terms of sustaining ODF.*

*“We previously implemented PAKSI, however it wasn't successful as we were implementing alone – now we are a team with the Posto Government and the suco and aldeia leaders – now we are having success.”*

Director, Community Health Centre, Atabae.

*“The Municipal Administrator showed passion, and he ensured that the whole administration (posto and suco) were committed to ALFA Bobonaro”*

Director, Implementing NGO

Mario and Estafania initially had enough money to make a cement slab for their toilet, which they built after the triggering event in July. Keen to upgrade, they have now purchased a ceramic bowl, & are now seeking funds for the sand and cement required to install.



**Figure 11 Toilet Upgrade**

<sup>56</sup> Interviews with the Municipal Administrator and Director of an implementing NGO.

<sup>57</sup> Drawn from an analysis of coverage data and interview with the Municipal Administrator.



## 4.2.2 Can Bobonaro's ODF status be sustained?

### Findings

- *It is too early to tell if communities and their leaders will sustain this effort.*
- *Household investment in improved toilets bodes well.* Using ODF verification data - 67% of toilets were classified as improved and 70% were classified as hygienic. Investing in an improved toilet is an indicator of sustainability. Improved toilets are easy to keep clean, and thus continued use more likely. Improved toilets, generally have a significantly longer lifespan than a traditional toilet.
- *There was some indication from field visits of households improving their toilet, even for those who built their toilet since triggering.* On the other hand, as noted above, in one *suco*, a request was made for materials to improve toilets.

### Discussion

Drawing firm conclusions concerning sustainability on the basis of this evaluation was not possible within its scope, however it is possible to derive some indications for each of the two evaluation questions.

***Does the community value their ODF status?:*** The FGDs found that in three of the five *sucos* visited, the *chefe sucos* and to a lesser extent the *suco* council members were proud that their community had attained ODF.<sup>58</sup> In two *sucos* visited, women recognised the need for everyone in the community to be using a toilet, to achieve health outcomes. Given the few communities visited, the findings are anecdotal rather than evidence-based. In one *Suco* visited, the *chefe suco* was ensuring that all toilets had doors and roofs, so that people would continue to use them.<sup>59</sup>

***To what extent has the community (including community authorities) demonstrated responsibility for achieving and maintaining ODF?:*** The evaluation team considered investments in improved toilets as an indicator of maintaining ODF. The verification data found that 67% of toilets were improved, i.e. household has invested in sanitation materials. When asked if they would replace their toilet, participants responded they would, and there was some evidence of HHs rebuilding toilets. There were some instances of households further improving their toilets as they gained more resources – refer Figure 11.

### Recommendations

15. As appropriate, provide facilitation support to Municipal and *Posto* level administrations to convince those communities, or sections of communities that are harder to change. This may also require more time.
16. Further investigation into the sustainability of the Bobonaro ODF would provide useful lessons in scaling up – this could be through re-verifying a sample of *aldeias* in a period of time, to determine whether the ODF status has remained and why or why not.

<sup>58</sup> Source - FGDs in Deudet, Atabae and Ritabou *Sucos*.

<sup>59</sup> *Suco* Deudet, Lolotoe.



## 4.3 Cost analysis

*In a resource constrained environment, what are the critical elements for sustainable ODF achievement? What was the cost per ODF aldeia / suco achieved through the initiative?*

*What was the cost of the different components of the initiative?*

- a. *PAKSI - How did expenditures vary between NGO partners and to what effect? What are critical financial needs for NGO PAKSI implementation?*
- b. *Sanitation Behaviour Change Campaign (SBCC) – What is the cost of private sector suco level campaign delivery, including basic production costs? What could the cost of NGO suco level campaign delivery be?*

*What components with costs should the government plan for the implementation of the ODF Municipality Initiative in another municipality?*

### Summary findings of the cost analysis

- The cost of implementing the Bobonaro ODF initiative resulted in a per *suco* cost of US\$24,510 and a per toilet cost of US\$178. This excluded one-off costs such as toilet design and development of the Tia Tina film.
- Based on the findings from evaluation of the Bobonaro ODF Initiative, there are options for reducing the cost in replicating the initiative in other locations.
- For two of the implementing partners, the per *aldeia* costs were similar at \$2,600.

### 4.3.1 Summary of cost of the ODF Bobonaro Initiative

#### Findings

The cost analysis uses disaggregates costs by component, with the costs per component provided in Table 6. The total costs are also presented as per *suco* and per toilet costs.

Cost information was primarily drawn from data from BESIK expenditure. The evaluation also sought information from all municipal government stakeholders as to the resources they had provided to the Bobonaro ODF initiative. Stakeholders reported that staff time was their primary commitment. This included the Sanitation Officer, from Municipal Administration (at least 30%), the Public Health Officer from MPS (at least 50%) and at the posto level, both the Community Development Officer (Posto Administration) and key staff from the CHC, including the recently appointed family doctors provided time to the initiative. In addition to staffing the Bobonaro Administration provided office space for the PAKSI Secretariat. Some transport and fuel was provided by municipal agencies however these costs were largely supported by BESIK.

The initiative was largely funded by BESIK. The total cost below includes costs such as developing the Tia Tina film and undertaking research on toilet models. These costs will not be included in future activities.



**Table 6 Cost Analysis of Bobonaro ODF Initiative - all costs.**

	<i>Total Cost</i>	<i>Per Suco Cost</i>	<i>Cost per toilet built</i>
<i>Institutional Triggering <sup>(1)</sup></i>	92,124	4,005	26
<i>PAKSI – Community <sup>(1)</sup></i>	186,626	8,114	53
<i>Behaviour Change Component <sup>(1)</sup></i>	99,690	3,742	24
<i>Sanitation Supply <sup>(2)</sup></i>	87,599	302	3
<i>Secretariat <sup>(2)</sup></i>	63,149	1,263	11
<i>BESIK &amp; DSA Support Costs <sup>(2)</sup></i>	354,172	7,083	62
<b>Total Costs</b>	<b>\$883,360</b>	<b>\$24,510 <sup>(4)</sup></b>	<b>\$178 <sup>(3)</sup></b>
<b># of Sucos (4 postos)</b>	23		
<b># of additional toilets – 4 sucos</b>	3,546		
<b># of Sucos (6 postos)</b>	50		
<b># of Additional Toilets - 6 sucos<sup>60</sup></b>	5,725		

## Notes

1. Costs divided over the 4 *Postos* where BESIK funded implementation. That included 23 *sucos* and 3,546 additional toilets built.
2. Costs divided over the all 6 *Postos* as BESIK provided overall support including sanitation supply. That includes 50 *sucos* and 5,725 additional toilets built.
3. It is likely that the unit cost per toilet will be less, as toilet numbers are from March 2016. It is likely that by June 2016, increased numbers of toilets have been built across all 6 *postos*.
4. If including the one-off costs, the cost per *suco* was \$26,552 and per toilet was \$195.

### 4.3.2 Cost for community triggering and follow-up

It is also useful to consider the costs in relation to the investment in community triggering and household follow-up, led by NGOs, as this is a significant cost component of the overall cost per toilet. The cost per toilet for the NGOs is provided in **Error! Reference source not found.** This cost includes both institutional triggering at *postos* and *suco* level, community triggering and follow-up. The evaluation team were provided with the actual expenditure by Malaedoi and Health Net – for both NGOs, total expenditure per *aldeia* was approximately \$2600 for the 9 months contract.<sup>61</sup> Table 7 below provides analysis as per the BESIK contract with the three NGO partners. The outlier in in the unit costs is Timor Aid, which is likely due to the higher baseline coverage in Maliana (hence less opportunity for additional toilets to be built) as compared with other areas.

<sup>60</sup> This does not take into account those who have built a toilet since March 2016.

<sup>61</sup> This expenditure takes into account all costs related to the initiative, it does not take into account the management fee paid to the NGOs, and the assets (motorbikes etc) purchased by BESIK to undertake the program.



**Table 7 Cost per Toilet during the Initiative**

	Malaedoi	Health Net	Timor Aid
Posto triggered (% increase)	Atabae (42%) & Cailaco (59%)	Balibo (60%)	Maliana (17%)
Number of <i>sucos</i> triggered	10	6	7
Number of toilet's built	758 + 448 = 1206	1627	713
Cost per toilet built	\$63	\$49	\$145

### 4.3.3 Scaling up the ODF Initiative – cost analysis.

Drawing on the analysis of the effectiveness of the Bobonaro ODF Initiative, some options for aimed at more efficient delivery have been discussed. These will require more detailed analysis as part of the design of the scale-up, in summary are as follows:

- *Secretariat*: the BPS had five staff members. In scaling-up the ODF initiative the secretariat staff could be reduced to one or possibly two staff. BESIK management believed that by BESIK funding more staff, that the municipal agency staff (MoH, Municipal Administration and Water and Sanitation) took less responsibility for managing the secretariat activities.<sup>62</sup> It is proposed that the verification is undertaken by a nationally based team, possibly a team that is contracted to provide quality control to the triggering process, and then lead the verification process.<sup>63</sup>
- *Technical support*: would be provided by a small technical team, of two to three people based at national level, drawing in additional expertise as required.
- *PAKSI implementation*: The Bobonaro ODF Initiative contracted three NGOs for nine months. The BESIK team propose that either NGOs or specialist national consultants (with triggering expertise) to focus on the institutional and community level triggering process, and that follow-up household visits are undertaken by the *suco*-level leaders. This would likely result in a reduced cost in implementing PAKSI. While this will require more detailed analysis than is possible through the evaluation, it is proposed that the NGOs or contracted triggering teams, are contracted for a period of up to six months, and cover a whole Posto. Budgets would be developed on either a per *aldeia* cost, with a variable based on *suco* (or *posto*) coverage levels (refer point below).<sup>64</sup>
- *Coverage rates*: where *Postos* (or *Sucos*) have a coverage above a defined percentage, an alternative approach to PAKSI implementation would be to undertake institutional triggering at *posto* and *suco* level, followed by a more focused household visits.<sup>65</sup> For further efficiency this approach may be able to be included as a component of the

<sup>62</sup> Pers Comms – Heather Moran, BESIK Sanitation Hygiene Implementation Program (SHIP) Adviser

<sup>63</sup> Ibid.

<sup>64</sup> While in Bobonaro, data shows some *Postos* with higher level of baseline coverage than other, the costs related to coverage rates at baseline and endline have not been analysed as detailed expenditure information was only available for two *Postos* (Atabae and Cailaco).

<sup>65</sup> Given previous intensive activities, it is thought that at least three municipalities: Aileu, Liquica and Ermera have high rates of toilet use. This data will be confirmed once the census results are available.





hygienic *suco* program. While this evaluation has not investigated the details of the design of this strategy, it is likely to be more cost effective.

*Delivery of BCC activities:* the NGOs could show films, followed by targeted discussion sessions at the same time as undertaking community triggering (or at the time household's visits for those with high levels of coverage). This is likely to be more cost effective than the approach used in ODF Bobonaro, and also result in more timely BCC activities.

## 4.4 Gender and social inclusion

*To what extent did the initiative succeed in engaging women in playing a substantial role in sanitation improvements in their community?*

*To what extent did the initiative benefit people living with disabilities?*

*What was the impact on poor households of engaging in toilet construction through the ODF Bobonaro initiative? Did they 'want' to be part of it, or did they feel coerced?*

### Summary findings on gender and social inclusion

- From the limited data available it appears that there was variable engagement of women in sanitation improvements.
- BESIK designed strategies and activities with the intention of increasing women's active participation and decision making, including in the various roles delivering the program. However, these were more often not implemented as planned, with the pace of implementation impacting on the time the BESIK team were able to invest in ensuring the engagement of women in all aspects of the program.
- Women reported clear gendered concerns linked to sanitation.
- There were positive reports of people living with disabilities (PWD) engaging in the program, leading by example to other members of the community, however there was a slightly lower percent of PWD that had an improved toilet compared to those without a disability.
- It was widely reported that *chefe sucos* organised volunteer groups to assist people that did not have the means to build a toilet. There was evidence of social coercion through threats of withholding services, however the evidence showed that none of these threats were carried out. This area requires monitoring to ensure discrimination against the poor or disadvantaged is avoided.

## Findings

### **Engagement of women in sanitation improvements**

- *From the data available, the engagement of women in sanitation improvements at the community level was variable.* Women's participation in triggering events has been variable, with data available for Atabae, Balibo and Cailaco Postos – refer to **Error! Reference source not found**.8. The PAKSI manual includes a range of steps to



increase women’s involvement including engaging including encouraging the *chefe* to include women in the process.<sup>66</sup>

- *BESIK designed a number of strategies to strengthen women’s participation however engaging women has proved a challenge* as follows:

- PAKSI trainings conducted by BESIK in March and in April-May included significant focus on the importance of engaging women in PAKSI. BESIK requested NGOs recruit female facilitators.<sup>67</sup>
- BESIK aimed to increase women’s participation through engaging natural leaders with limited success, primarily as the *chefe sucos* and *chefe aldeais* (who are all male) took on the leadership role, reducing the space for natural leaders to play a role.<sup>68</sup>
- The challenges in engaging women in the sanitation supply activities were also evident, particularly given that women are not traditionally involved in these types of activities in Timor-Leste. While one was female was trained, her engagement in ongoing sanitation supply activities was minimal.<sup>69</sup>
- BESIK staff reported that the pace of the Bobonaro ODF Initiative limited capacity to continually assess and adjust implementation to increase women’s engagement.
- The ODF initiative in each municipality aims to be implemented over short timeframe (one year, or less). In terms of the investment required to build confidence of women, the timeframe provides a challenge.
- The PAKSI manual identifies strategies to work with men and women, to increase the role of women as decision makers.

Posto	%
Atabae	29
Balibo	53
Cailaco	44

**Table 8 Women's participation in triggering**

- *Gendered dimensions of household decision making were evident.* Women reported that they influence the decision around investing in a toilet through jointly discuss building a toilet with their husbands. Husband are generally the final decision maker.
- *Gendered dimensions of sanitation needs and experiences demonstrate the need for strengthened attention to women’s decision making.* Women reported concerns such as menstrual hygiene, privacy, security and a desire to provide a healthy environment for their families were motivations to build a toilet – although the strongest motivator was a feeling of embarrassment that they did not have a toilet, when asked.
- *Understanding and valuing the differences in work, skills and concerns:* BESIK supported initiatives to increase women’s engagement, however the pace of engagement of the ODF initiative, has prevented a more focused approach on women’s engagement, including an investment in understanding differences and strengthen the skills of community facilitators to implement strategies to build a respect and value for the roles and views of women and men. The FGDs revealed that there are different

<sup>66</sup> The CLTS Manual for Timor-Leste - A Facilitator’s Manual for Community Sanitation and Hygiene Planning- Book 1.  
<sup>67</sup> The percentage of female PAKSI facilitators ranged from 25% to 33% across the three NGOs contracted by BESIK.  
<sup>68</sup> *Pers Comms.* Heather Moran, BESIK.  
<sup>69</sup> The program focused on training those who were already masons.



motivations for building a toilet, such as menstrual hygiene management, privacy and security.

- *The majority of NGO staff delivering PAKSI were male.* A special skill set, is required to ‘trigger’ communities and from discussions with BESIK and NGOs, it appears that the skilled facilitators were primarily male. The secretariat team, and key government actors, are also primarily male. The BESIK Gender Program Officer was involved in a range of activities including training natural leaders, support for PAKSI triggering and as a member of the Quality Control Team (QCT).
- *Opportunities for enhancing gender equity:* Women have benefitted from sanitation benefits as a result of the ODF initiative. Women in FGDs reported that privacy, and a feeling that they are doing well for their family as key benefits. However, given the time constraints, the evaluation was not able to assess whether there has been enhanced gender equity as a result of the initiative, or if women have been recognised and valued for their contribution to the Bobonaro ODF success.

### **People with a disability (PWD).**

- *Lower levels of coverage were observed for households with PWD:* From the ODF verification data there are slightly differing rates for households having an improved toilet between households which have a person with a disability.<sup>70</sup> For homes where a person with a disability lives, 62% had an improved toilet, while for those families without a person with disability, 68% had an improved toilet.
- *There was no evidence of increased open defecation by household with PWD:* The ODF verification data identifies any households who were still open defecating at the time of verification. There was insignificant difference between PWD and those without a disability - 3.13% of PWD were still open defecating as compared to 2.98% of people without a disability.
- *PWD were active in changing behaviours:* NGO staff reported that PWD were active in organising their own toilets, and were often more enthusiastic than those without a disability.
- Key informants expressed that a significant achievement was that people with a disability (PWD) were active in organising their own toilet. In four of five communities, *chefe sucos* organised for volunteers to assist those without means, including for PWD. All interviewed respondents noted that PWD all now had access to a toilet.
- The verification data showed that in terms of late builders of a toilet (i.e. those who were still open defecating at the time of verification) showed little difference between those people with a disability (3.13%) compared to without a disability (2.98%).<sup>71</sup>

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<sup>70</sup> 14% of the HHs verified for ODF had a person with a disability resident at the house.

<sup>71</sup> An analysis of the verification data found that overall approximately 3% of households had initially not built a toilet, at the time of verifying ODF. The verification team would then return to check those houses had built a toilet.



- Due to time limitations, the evaluation was not able to interview a range of PWD and thus not possible to reflect their voice on the benefits of the initiative.
- The home of an elderly women with limited sight was visited, this toilet was built by the masons as part of their training. It was very well built toilet, however had steps, and features such as a guiding rope. The woman however, did say she very satisfied with the toilet and that the steps were not a problem.

### ***Engaging poorer households***

- *Action to include poorer households was observed:* It was widely reported that *chefe sucos* organised volunteer groups to assist people without the means to build a toilet.
- *Coercion is a potential concern and requires monitoring:* Two *chefe sucos* reported that they used threats to encourage households to build toilets, although there were no reports of the threats being carried out. One *chefe suco* said that he threatened to withhold people voting card if they did not build a toilet – voting cards are used to collect the pension, *bolsa da mãe* (mother's payments) etc and thus it is likely that this threat targeted poorer households.
- BESIK also reported anecdotal evidence that *chefe's* are encouraging/influencing HHs to use their *bolsa da mãe* payments to build toilets.
- It was not possible for the evaluation team to meet with poorer households to determine whether there was a pattern of coercion across communities.

It is difficult to provide a comprehensive analysis of how poor households were engaged within the time available for the evaluation. A range of interviewees and FGD participants reported that volunteers were organised to support those that do not have means. However, there was some evidence that some community leaders, were coercing household to build a toilet. One *chefe suco* explained that he threatened household that had not yet built toilets, by holding back their voting cards. This would primarily affect those who are collecting the pension or social service payments. While these threats were not carried out, they appear to have targeted at more vulnerable and poor households.



**Recommendations**

18. Undertake a comprehensive gender analysis of the Bobonaro ODF Initiative, learning from the efforts undertaken, identifying opportunities to strengthen active engagement of women in both in the implementation and delivery of future ODF initiatives.
19. In investigating options for subsidies and/or rebates, it will be important to implement specific designs for people with a disability and ensure the mechanism include criteria that appropriately identifies disability.
20. Discussion is required with municipal, posto and *suco* leadership on the implications of using threats against more marginalised groups – providing options for alternative strategies they could use, such as the organising volunteer groups.
21. Further investigate option to use existing GoTL pension mechanisms as a means for targeting the sanitation subsidy to more marginalised and poorer households.
22. Design strategies to effectively engage household decision makers and families on considering the challenges for the elderly and pregnant women in using a squat toilet.



## 5 POTENTIAL FOR SCALE UP

*How appropriate and sustainable are the roles that different stakeholders assumed for the ODF Bobonaro Initiative? How can these responsibilities be made more efficient for scale up into other municipalities? (Review roles and responsibilities documentation)*

*What are the key factors critical for effective implementation of the initiative in other municipalities?*

### Summary findings on potential for scale-up

- › The Bobonaro ODF Initiative has potential to be scaled up across Timor-Leste.
- › The roles of MoH, the MHS in Bobonaro, as the lead service delivery agency and the Municipal Administration as leading the institutional commitment to ODF were both appropriate, however the Secretariat was key to coordinating and providing practical support to the initiative and its success.
- › Across all 6 *Postos* the NGOs had varied levels of skills, particularly relating to triggering.
- › The key factors critical for effective implementation in other municipalities include:
  - Inclusion of both institutional triggering and quality community triggering (with targeted follow up for those who have not built a toilet)
  - Leadership by the Municipal Administrator supported by management support, financial resources and sufficiently skilled staff aimed at quality implementation.

### 5.1.1 Findings on the roles of different stakeholders

- *The roles and responsibilities of the Bobonaro Administration and the Bobonaro Health Services Delegate were appropriate, with both the leadership and staff in both government agencies demonstrating a high level of commitment.* Both the Municipal Administrator and the Director of the MHS reported that they would like to see the PAKSI Secretariat continue, particularly around coordinating inputs to motivate the remaining communities to achieve ODF. In municipalities where NGOs or other agencies are active in the sanitation sector, the secretariat services could be provided by that agency. The PAKSI secretariat was a significant investment, and while having a secretariat with a focus on ensuring quality to delivery is recommended, there are options to reduce the costs of the Secretariat over the period from baseline until Municipal achievement of ODF – refer 4.3.3.
- *Results-based costing was over-priced, however did ensure a level of commitment by NGOs to achieve outcomes:* BESIK contracted three NGOs to support the implementation of PASKI across four *Postos*, a total of 23 *sucos* and 102 *aldeias*. Results based contracting has worked well from the NGO perspective however the BESIK team believes the actual expenditure to deliver PAKSI is likely to be lower than that initially budgeted and contracted. In the future service contracts will be able to be



based on both coverage rates.<sup>72</sup> Discussions with BESIK and observations from the evaluation found that there were differences in the performance of NGOs.<sup>73</sup>

- *The Secretariat was a key, critical function for the initiative:* The establishment of the Bobonaro PAKSI Secretariat, funded by BESIK, was reported by key informants as key to coordinating the initiative and providing overall support to monitoring. The Municipal Administration and the Delegate for Municipal Health Services both provided part-time staffing inputs.<sup>74</sup> The Secretariat, coordinated the various initiatives between government and contracted providers, and supported the collection of progress and verification data.<sup>75</sup> As the Secretariat is fully donor funded, ideally there would be some contribution to its funding by the MoH and the relevant Municipal Administration. The Bobonaro Secretariat had a full time staff of five – working closely with the MoH Public Health Officer and Municipal Sanitation Officer. Further investigation may find that the number of full-time personal on the Secretariat could be reduced.
- *The Evaluation team was not able to assess the impact of the quality control.* In terms of sustainability, while their costs relating to the visits were fully funded by BESIK, all were employed with other organisations, the MoH or BESIK, thus their salaries were covered.

### 5.1.2 Possible barriers to replication

- Municipal administrators either are not committed to sanitation, or do not have the same leadership skills as the Bobonaro Administrator.<sup>76</sup>
- With national elections planned for April – June 2017 (Presidential and then Parliamentary) and *suco* council elections are anticipated for the later in 2016, the focus of key government and village level leaders are to be more on political processes than on achieving ODF.
- That the Ministry of State Administration does not see ODF Municipalities as a priority, and thus Municipal Administrators are less likely to engage in the process.
- In other locations in Timor-Leste, geological features have impacted on the construction of the pit toilets e.g. sandy soils, high water table, solid rock.<sup>77</sup> These barriers were not raised during FGDs in Bobonaro, however if in other municipalities they may impact on HH decision (or capacity) to build a toilet.
- The evaluation findings indicate that the cost of sanitation materials in Bobonaro are

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<sup>72</sup> The 2015 Census data which includes sanitation coverage rates is likely to be available during the latter part of 2016.

<sup>73</sup> The evaluation team was not able to assess NGO performance in any detail, with an overall assessment based on the achievements in the communities they worked in.

<sup>74</sup> The Municipal Sanitation Officer estimated 30% of his time was spent on the Bobonaro ODF Initiative, while the Municipal Public Health Officer estimated he spent 50% of his time on the Bobonaro ODF Initiative. Both played a highly valued role in the Bobonaro ODF initiative working within the activities of the Secretariat.

<sup>75</sup> Coverage information was provided to the PAKSI Secretariat for the four *postos* where NGOs supported by BESIK were implementing, however not provided for the two other *postos*.

<sup>76</sup> Administrators and Posto Administrators have been, or are being newly appointed across the country.

<sup>77</sup> As experienced by the lead evaluator through her work in other municipalities in Timor-Leste.



reasonably low compared to other areas of Timor-Leste.<sup>78</sup> This may impact on the investment in improved toilets, which in itself, can impact on toilet use.

### 5.1.3 Key considerations for scale-up

Based on the evaluation findings, the following key considerations have been developed for scaling-up the ODF Initiative to other municipalities, or across all of Timor-Leste.

#### Sustain efforts to achieve ODF in Bobonaro

1. Bobonaro Municipality while close, is not yet ODF. It will be important to provide the support for the final push to achieve ODF, in terms of the messaging aimed at engaging national actors and other municipalities around achieving ODF. Bobonaro has at least two *sucos* where there has been no change in coverage and a further nine where an initial increase has plateaued since the beginning of 2016, and thus strategies should be employed to address the relevant barriers to household decisions and/or community led ODF in these locations.

#### The last households to adopt improved sanitation behaviours

2. In Bobonaro, as in other municipalities, there is evidence of some communities, and some households, where there remains a challenge to achieve improved sanitation behaviours – for example in two *sucos* there continued to be very high rates of open defecation, others there was an initial increase and then this plateaued. In these situations, further strategies are likely to be required and further understanding of the barriers to change.

#### Build higher-level commitment for ODF Municipalities

3. It is recommended that where Municipal Administrators have expressed interest in achieving an ODF municipality their locations are priority for scaling-up. Additionally, those Municipalities that already have high sanitation coverage e.g, Ermera, Aileu and Liquica, could also be seen as a priority.
4. Ideally, gaining a commitment at national level to end open defecation by the Prime Minister, the Minister of Health and Minister of State Administration, would serve to drive social transformation nationally, and encourage Municipal Administrators become a part of the change. This would ideally, see government funds invested in basic sanitation and achieving ODF, where currently there are almost no funds invested. While this is ideal, and it is important to continue to work towards this, the process of engaging with motivated Municipal Administrators can continue regardless. As more Municipalities become ODF, this is likely to increase the momentum and confidence that achieving full sanitation coverage is possible.

#### Secure full commitment and leadership from the Municipal Administration

5. The MoH should continue as the service authority. At the national level, ideally overall leadership of ALFA would be both the MoH and the Ministry of State Administration

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<sup>78</sup> As compared to prices noted in the PLAN International research on toilet models.





(MSA). The Municipal Administrator should take the political lead, building the motivation and involvement of key actors. The MHS and Municipal Administrator ideally will work as a team, with the MHS responsible for the technical oversight.

6. For successful institutional triggering in a given municipality, clear commitment of the Municipal Administrator to provide both the required leadership and resourcing is essential. Achieving this full commitment is likely to require triggering as per the top level shown in Figure 7. The ex-Municipal Administrator of Bobonaro would be an ideal candidate to lead on that triggering process with other Municipal Administrators.

### **Actively manage the pace of scale-up**

7. Based upon the need for sound management, sufficient resources and skilled facilitators, it is recommended that national scale-up be phased. A balance will need be sought between the capacity to implement a high quality ODF mobilisation across the country, and the momentum (and sense of urgency) that is likely if the national and municipal level triggering is successful.<sup>79</sup> To maintain the momentum, one option is to stagger the start date. For example, three municipalities commence together, and six months later, another three commence.<sup>80</sup> To avoid losing the opportunities for engagement from the momentum, it will be important to not spread the delivery over too long a period.<sup>81</sup> As shown in Bobonaro, while twelve months to achieve ODF is ambitious, it is achievable, and in the case of municipalities that already have high sanitation coverage, achieving ODF in a shorter period would be realistic.<sup>82</sup>
8. The evaluation found varying levels of skills among the implementers of the Bobonaro ODF Initiative – refer Section 0. Thus in addition to financial resources, the MoH, most likely with donor support will need to invest in training and mentoring to develop a core groups of well-trained, quality, confident facilitators to undertake both institutional and community triggering.

### **Conduct community triggering and follow-up household visits**

9. As part of the current Bobonaro ODF, the implementing NGOs undertook the initial triggering, and continued to assist with household visits in the post-triggering period. The NGO contracts finished in March 2016, and BESIK has supported *suco* based leaders to undertake the follow-up or remaining HHs without a toilet. This strategy is succeeding – for example six *sucos* have declared ODF between March and June 2016. In scale-up phase, it would be plausible for a triggering team/or NGOs with skilled

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<sup>79</sup> To a lesser extent this occurred in Atabae Posto, where leaders were enthusiastic, and commenced triggering, prior to other components of the initiative being in place (NGO support for triggering, the BC events, training of masons). In this case, they were successful in rapidly achieving ODF in less than 6mths.

<sup>80</sup> This staggered approach, would allow 6 months more intensive focus on institutional and community based triggering, which requires skilled facilitators, before moving on to another set of municipalities – to achieve 12 Municipalities would take 2.5 years. These timelines are propositional and would need to be agreed based in financial and human resource, and municipality (particularly municipal administrator) interest.

<sup>81</sup> The ‘campaign’ element refers to the whole of municipality commitment to achieving ODF, as opposed to a Behaviour Change Campaign through targeted events.

<sup>82</sup> Aileu, Liquica and Ermera Municipalities all have high levels of coverage.



triggering staff to undertake the initial triggering at community level (in addition to their triggering at Posto and *Suco* level), then support the first round of household visits with the *suco* leaders. *Suco*-based leaders would then continue household counselling until ODF is achieved. Options to resource this approach, require further investigation however include results-based contracting, funding through existing Municipal funding mechanisms, and direct financing.

10. Where a high level of coverage exists such as a Posto is already at 80% sanitation coverage, a different strategy such as utilizing institutional triggering, and not undertaking further community triggering is likely to be more effective and appropriate.
11. Establish skilled triggering teams, with a particular focus on ensuring skilled women in the team, these could be either triggering teams, experienced NGOs or a mix of both.

#### **Ensure access to sanitation for vulnerable households**

12. The TL Basic Sanitation Policy provides for the “provision of incentives and credit options ... to poor households” to encourage poor households to upgrade from basic to hygienic toilets. BESIK has been (and ATLPHD is likely to continue) looking at options including considering a rebate via existing social security programs, or looking at targeted incentive programs that have recently been undertaken in the region.<sup>83</sup>
13. The proposed support to vulnerable households, aimed at supporting vulnerable households with unimproved toilets to obtain improved toilets will require very clear criteria as to who the subsidy is available for. This is likely to require a strategy to clearly communicate the criteria. The communication strategy would include informing *chefe sucos* of both the criteria and rationale for the criteria.

#### **Ensure MoH and municipalities make available the necessary resources**

14. Both the Bobonaro MHS (the PAKSI service delivery agency) and the Bobonaro Municipal Administration committed resources to the Bobonaro ODF at municipal and posto level. It will be critical for ownership and leadership that other municipal agencies resource a sanitation scale-up in their municipality – through appropriate motivated staff, a location for a secretariat and commit the time of decision makers within the agencies to drive the implementation plan for to achieve ODF.
15. Ideally, through the Sanitation Road Map, the Ministry of Health, can both increase their available budget to scaling up sanitation and engage donors to contribute to the plan to achieve nation-wide ODF refer Section 4.3 for cost analysis.
16. It is recommended that Municipal-based Secretariats are established and reduced to one (or two) staff members for a defined period of time to facilitate the implementation of the ODF. The period of secretariat support would be pre-agreed based on the coverage rates and the size of the municipality. The Secretariats would be supported by a national level technical team.

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<sup>83</sup> As targeted subsidies were not part of the Bobonaro ODF Initiative, these have not been evaluated.



17. It will be important for the Ministry of Health, in collaboration with Municipal Administration to develop a system for ongoing verification, for a specific period of time post ODF declaration at the Municipal level.<sup>84</sup>

#### **Improve delivery of behaviour change communication (BCC)**

18. Delays in the BCC activities and their limited reach likely affected their influence on household decisions to build toilets. However, women did recall messages from films, indicating that they are useful means to promote improved sanitation and hygiene behaviours. An option could be that either the triggering teams or the Implementing NGOs show films (such as *Tia Tina*, *Zeta nia Domin*) as part of triggering.<sup>85</sup>

#### **Sanitation supply strengthening**

19. The cost (as noted above) and the availability of sanitation materials may differ across municipalities, requiring analysis of the sanitation market as part of the scale-up efforts. For each subsequent municipality, such analysis should inform strategies to ensure availability of affordable products to communities. As noted in the recommendations, actively facilitating links between existing suppliers and communities soon after the triggering event may support household investment in durable toilets and strengthen the supply chain.

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<sup>84</sup> There was evidence of open defecation in a community that the evaluation team visited, although that community had not yet been verified for the first time.

<sup>85</sup> *Tia Tina* and *Zeta nia Domin* – are two existing films that focus on improved sanitation and hygiene practices. *Tia Tina* was developed as part of the Bobonaro ODF Initiative.



## ANNEX 1 LIST OF ABBREVIATIONS

ALFA	<i>Area Libre Foer Arbiru /Defecation Free Area</i>
BCC	Behaviour Change and Communication
BESIK	Be, Saneamentu no Ijiene iha Komunidade (Community WASH)
BPS	Bobonaro PAKSI Secretariat
CDO	Community Development Officer (based at Posto level)
CLTS	Community Led Total Sanitation
ETADEP	<i>Emá Mata Dalan ba Progresu (A Timorese NGO)</i>
FGD	Focus Group Discussion
GESI PC	Gender and Social Inclusion Program Coordinator
GMF	<i>Grupo Manajmen ba Fasilidade /Water Management Committee</i>
HH	Household
KII	Key Informant Interviews
MDG	Millennium Development Goal
MHS	Municipal Health Services
MoH	Ministry of Health
MSS	<i>Ministério dos Serviços Sociais /Ministry of Social Services</i>
NGO	Non-Government Organisation
OD	Open Defecation
ODF	Open Defecation Free
PAKSI	<i>Planu Asaun Komunidade Saneamentu no Ijiene/ Community Action Plan for Sanitation and Hygiene</i>
PFM	Public Financial Management
PSF	Family Health Promoters
PWD	People with a Disability
SDG	Sustainable Development Goal
SHIP	Sanitation and Hygiene Improvement Program (BESIK)



## ANNEX 2 TERMS OF REFERENCE

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### *Terms of Reference Evaluation Consultant Open Defecation Free Municipality Initiative*

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Bee, Saneamentu no Ijiene iha Komunitade (BESIK) is funded by the Government of Australia through the Department of Foreign Affairs and Trade (DFAT) to provide assistance to the Government of the Democratic Republic of Timor-Leste (GoTL) for the development of sustainable rural water supply, sanitation and hygiene (RWASH) services. The second phase of BESIK, managed by Aurecon, has been funded over four years, and is now entering its last six months. A new program funded by DFAT, the Australia Timor-Leste Human Development Program will follow BESIK and include RWASH activities.

Since 2009 BESIK has worked with the Ministry of Health (MoH) in Timor-Leste to support rural communities having ‘sustainable and equitable access to and utilization of improved sanitation and hygiene facilities.’ A number of implementation models were developed prior to 2012, including PAKSI (Planu Asaun Komunitade Saneamentu no Ijiene) which is one variation of Community Led Total Sanitation (CLTS) approaches as championed by Dr Kamal Kar and [CLTS Foundation](#). Timor Leste has a National Basic Sanitation Policy with increasing levels of sanitation and hygiene, the first step being “Open Defecation Free” (ODF) communities.

In 2013-2015 BESIK worked with Ministry of Health to implement a PAKSI program based on Ministry of Health-employed Sanitarians directly delivering the program. A 2015 evaluation of this Sanitarian-led PAKSI program concluded that PAKSI alone could not achieve sustainable behavior change in communities, but that several other elements were essential to create an enabling environment for the demand-creation activities to achieve results. They were:

- Sanitation Strategy: Engagement at municipal level was needed with Municipal, Administrative Post and community authorities to improve sanitation coverage
- Behavior Change Campaign: A mass media campaign, along with ‘below the line’ community level events, to promote the construction of toilets.
- Sanitation Supply Strengthening: Affordable sanitation products accessible for those households who wish to build an improved latrine.

In March 2015, a high level meeting was held between the Bobonaro Municipality Administrator, the BESIK Program Director, the Director of Bobonaro Health Services, the Ministry of Health’s Head of Environmental Health, and Dr Kamal Kar to discuss the potential of, and benefits for, Bobonaro Municipality achieving “Open Defecation Free” or “ALFA” status. There was overwhelming support from the municipal and health leadership in Bobonaro and other sanitation sector partners for BESIK and MoH to design the “ODF Municipality” Initiative for implementation in Bobonaro. The initiative was designed to incorporate critical elements of the



sanitation policy framework and in response to the learnings of the previous 2015 Sanitarian-led PAKSI evaluation.

The main components of the ODF Bobonaro Initiative are:

- Local authority leadership, which is generated by “triggering” the authorities at each level within a Municipality, Administrative Post, *Suco*, and *Aldeia*, to lead the community engagement and monitor household toilet uptake;
- NGOs contracted by BESIK on behalf of Ministry of Health to implement PAKSI in the communities to “trigger” ending open defecation;
- ‘Uma Kompletu ho Sintina’ (A Complete Home is with a Toilet) - a behavior change campaign aimed at changing social norms about what makes a complete home, focusing on ensuring that each house has a toilet; and
- Sanitation Supply Strengthening through marketing of toilet products through engagement of local stores and masons.

The ODF Bobonaro Initiative commenced in June 2015. BESIK contracted three NGOs (HealthNet, Maleadoi, and TimorAid) to implement PAKSI in four Administrative Posts. Collaboration with the initiative from partners UNICEF and World Vision enabled coverage of all 6 administrative posts in Bobonaro Municipality. The organizations assumed responsibility for PAKSI implementation in one Administrative Post each.

The Ministry of Health at national level and Municipal Health Services provided technical and quality support as well as managing the ODF verification system to confirm “ODF” status. The Bobonaro Municipal Administration provided overall coordination, establishing a secretariat and provided leadership to engage communities in changing their defecation practice through the influence of submunicipal local authority.

Sanitation improvement progress has been rapid over eight months. Toilet coverage has increased from 47% to 90%. 24 *sucos* and 90 *aldeias* have achieved “ODF” and at least 10 more are projected to be ODF verified in the next 4 months. 5,154 additional toilets have been built providing sanitation to approximately 26,000 people. Compared to national rates of ODF achievement and toilet uptake, this rate of success is unparalleled.

While NGOs implemented the PAKSI triggerings and BESIK and the MoH provided significant technical support, the local government has led the change at community level and coordination at the different administrative levels.

Given these results, and to show to the current and future stakeholders how the ODF Municipality Initiative can be scaled-out to other municipalities, it is essential to understand why and how Bobonaro Municipality increased sanitation coverage so quickly. It is also important to understand why some *aldeias* / *sucos* are slow, while others are so fast in attaining ODF status once triggered.

Therefore BESIK and the MoH would like to evaluate the ODF Bobonaro Initiative looking at the reasons for its successes, compiling lessons learnt and the challenges in extending it to other municipalities.



<b>Responsible to:</b>	<b>BESIK Program Team leader</b>
<b>Relationships:</b>	Works in consultation with Sanitation and Hygiene Improvement Program Manager; ALFA Bobonaro Manager, Head of Environmental Health Department (MOH), Research Support STA,
<b>Work Duration:</b>	28 days - commencing mid-April. To be completed by end of May
<b>Location:</b>	Dili with travel to Bobonaro District
<b>ARF Level:</b>	C3

### AIMS OF THIS EVALUATION:

1. To analyse the factors that enabled and limited the implementation and achievements of the ODF Bobonaro Initiative and consolidate any lessons learned
2. To assess the ODF Bobonaro Initiative implementation processes, then provide recommendations on ways of adjusting the ODF Municipality Initiative when introducing to other municipalities.

### SCOPE OF EVALUATION

**Effectiveness:** Assess the effectiveness of the ODF Bobonaro Initiative by comparing the relative influence of the various campaign components and implementing partners. Ensure the following comparisons in this assessment: 1) ODF and non-ODF communities, 2) BESIK supported and World Vision and UNICEF supported communities. Key questions to be answered include:

1. To what extent did 1)PAKSI, 2) BCC campaign, 3) sanitation supply activities, 4) local authority influence the decision to a) build a toilet and b) achieve community ODF
  - What were the key enabling factors/influences in household decisions to build toilets?
  - What were the key factors preventing households from building toilets and communities from achieving ODF?
2. What is the likelihood of the ODF change achieved in Bobonaro being sustained over time?
  - Does the community value their ODF status? Why?
  - To what extent has the community (including community authorities) assumed responsibility for achieving / maintaining ODF?
  - What were the enablers that motivated the community and authorities to assume this responsibility
3. In a resource constrained environment, what are the critical elements for sustainable ODF achievement?

**Cost Analysis:** The ODF Bobonaro initiative has been intensively resourced, as it was a new approach and there was considerable 'learning by doing' through implementation in Bobonaro. BESIK and MOH recognize that rollout to other Municipalities will not attract the same level of resourcing. BESIK and MOH need to understand the cost of this initiative and the minimum resourcing requirements for the rollout of all or part of it in other municipalities.

4. What was the actual cost of the entire initiative, including MoH and BESIK/NGO/Agency management costs?



5. What was the cost per latrine built through the initiative?
6. What was the cost per ODF *aldeia* / *suco* achieved through the initiative?
7. What was the cost of the different components of the initiative, including:
  - PAKSI – Assess the actual financial needs of the PAKSI implementation. How did expenditures vary between NGO partners and to what effect? What are critical financial needs for NGO PAKSI implementation?
  - Sanitation Behaviour Change Campaign – What is the cost of private sector *suco* level campaign delivery, including basic production costs? What could the cost of NGO *suco* level campaign delivery be?
  - Supply – What is the cost of linking private sector (stores, masons) with communities for toilet building / maintenance?
  - What are the key costs for engagement and support of Municipal Government in the initiative:
    - Institutional triggerings
    - Coordination meetings
    - *Suco* and *aldeia* level monitoring
    - *Suco* ODF verifications
8. What components with costs should a government procurement plan for the implementation of the ODF Municipality Initiative in another municipality?

### **Gender and social inclusion**

9. To what extent did the initiative succeed in engaging women in playing a substantial role in sanitation improvements in their community?
10. To what extent did the initiative benefit people living with disabilities?
11. What was the impact on poor households of engaging in toilet construction through the ODF Bobonaro initiative? Did they ‘want’ to be part of it, or did they feel coerced?

### **Potential for Scale-Up**

12. How appropriate and sustainable are the roles that different stakeholders assumed for the ODF Bobonaro Initiative? How can these responsibilities be made more efficient for scale up into other municipalities? (Review roles and responsibilities documentation)
13. What are the key factors critical for effective implementation of the initiative in other municipalities?

## **METHODOLOGY**

The evaluation should begin with a desk review of program implementation reports and results, relevant ODF Bobonaro Initiative documents, and official government sanitation related documents. BESIK has a Research Support consultant who can provide support to analysis of data.

Key informant interviews and focus groups will provide most of the information for the evaluation with field visits to implementation sites in Bobonaro Municipality. The evaluator will be responsible for proposing the best approach for finding information from key informants at all levels (national, municipal, administrative post, *suco*, and *aldeia*) and representing different stakeholders (government, local authority, implementer, community).





## OUTPUTS

- Evaluation Plan
- Evaluation Report (no more than 20 pages not including annexes)
- Revised Sanitation Sector M&E Matrix (April 2015 draft provided) to reflect SDGs and ALFA Municipality implementation.
- Two page summary document of report with key recommendations for scale-up. The target audience should be national and municipal level government
- Power point presentation of evaluation results to MoH, MoSA, and BESIK
- Procurement plan for the ODF Municipality Initiative, including:
  - GoTL Goods and Services costs
  - Costed Scope of Services for engagement of 1) PAKSI NGOs and 2) Private Sector implementation of the Sanitation Behaviour Change Campaign

## INDICATIVE TIMEFRAME ASSESSMENT

Activity	Days
Desk Review	2
Evaluation Plan drafted and approved	2
Cost Analysis	2
Development of an ODF Municipality Initiative procurement plan	3
Meet with national level stakeholders	2
Field visits	5
Analyse monitoring data, interviews, and field visits	3
Data analysis of results based on implementation packages	2
Draft Evaluation Report (no more than 20 pages not including annexes), incorporate feedback	3
Two page summary document of report with key recommendations for scale-up. The target audience should be national and municipal level government	1
Power point presentation of evaluation results to MoH, MoSA, and BESIK	1
Revised Sanitation M&E Matrix	2
<b>Total</b>	<b>28 days</b>

## SELECTION CRITERIA

- Minimum five years of experience in either the evaluation or management of development programs, preferably in the WASH sector and/or those involving government in implementation mechanisms
- Demonstrated experience in conducting a cost analysis as part of an evaluation activity
- Demonstrated ability to analyse and synthesize information from a variety of sources
- Demonstrated ability to produce high quality analytical reports in English

## PERSONAL ATTRIBUTES

It is essential that the Adviser can establish effective working relationships with key stakeholders. This requires genuineness of approach and integrity in order to build mutual respect and trust. The key personal attributes of such a person include:



- Ability to support a flexible and varied team
- Sensitivity to other cultures and the ability to act appropriately
- Flexibility, responsiveness, discipline and patience; and
- Ability to work according to agreed principles and model the desirable behaviours including cooperation, a focus on the wider goals and able to handle any conflicts appropriately and constructively.
- Support to the development of a corporate culture which is gender and disability inclusive, and health work and safety.



## ANNEX 3 LIST OF MEETINGS

Name	Organization
Sr Zeferino Soares dos Santos	Bobonaro Municipal Administrator
Sr Alfredo Martins	Bobonaro Municipality Sanitation officer
Sr Victor Soares Martins	Head of Bobonaro Health Services
Sr Gil Bernardo Vicente	Bobonaro Public Health Officer
Sra Ana do Rosario Assis Belo	Director, Atabae Community Health Centre
	Administrator, Atabae Posto
Sr Almiro Pereira dos Reis	Administrator, Lolotoe Posto
Sr Pedro Ensul	Secretary, Lolotoe Posto
Sr Florencio da Costa Ensul	Program Officer, World Vision
Sr Helder dos Santos	Program Officer, World Vision
Sr Jose Araujo Amaral	Director, Lolotoe Community Health Centre
Sr Rui Bere-Mau Barros	Administrator, Bobonaro Posto
Laurentina Goncalves	CLTS Facilitator, ETADEP Bobonaro
Sra Tomasia Soares	Head of Environmental Health Department
Sr Joao Piedade	Director, National Directorate for Sanitation
Sr Nelson	Program Manager, National Directorate for Sanitation
Sr Rene Van Dongen	Deputy Country Director, UNICEF



Sr Rudolfo Pereira	WASH Program Manager, UNICEF
Sr Alex Grumbley	Country Director, WaterAid
Sr Marcos Ramos	Director Malaedoi
Sr Carlos Belo	Director Health Net
Sr Florentino Sarmiento	Director, Timor Aid
Sra Michelle Whalen	BESIK Team Leader
Sra Heather Moran	BESIK Sanitation & Hygiene Implementation Program Manager



## ANNEX 4: EVALUATION QUESTIONS & ANALYSIS

Evaluation Area	Evaluation Questions (EQ)	Data Collection & Analysis
spellch	<p>1. To what extent did 1) PAKSI, 2) BCC campaign, 3) sanitation supply activities, 4) local authority<sup>86</sup> influence the decision to:</p> <p>a) build a toilet and</p> <p>b) achieve community ODF?</p> <ul style="list-style-type: none"> <li>• What were the key enabling factors/ influences in household decisions to build toilets?</li> <li>• What were the key factors preventing households from building toilets and communities from achieving ODF?</li> </ul>	<ul style="list-style-type: none"> <li>• Analyse secondary data from implementers (WV, UNICEF &amp; BESIK) and the implementation components to understand their relative influence on (i) change in coverage (ii) speed of change in coverage (iii) achievement of ODF.<sup>87</sup></li> <li>• To investigate effectiveness of Institutional Triggering local authority) - utilise feedback from women's FGDs, community/natural leaders and KIIs with key implementers/partners.</li> <li>• Through KIIs identify any differences in delivery of PAKSI/sanitation promotion.</li> <li>• Enablers &amp; barriers will be identified from the ODF Sustainability Study (ODF SS). FGDs with women &amp; with leaders, will be used to understand which factors were most influential in those cases.</li> </ul>
	<p>2. What is the likelihood of the ODF change achieved in Bobonaro being sustained over time?</p> <ul style="list-style-type: none"> <li>• Does the community value their ODF status? Why?</li> <li>• Did they 'want' to be part of it, or did they feel coerced?</li> <li>• To what extent has the community (including community authorities) assumed responsibility for achieving / maintaining ODF?</li> <li>• What were the enablers that motivated the community and authorities to assume this responsibility?</li> </ul>	<ul style="list-style-type: none"> <li>• Draw on factors for maintaining ODF status from the ODF SS.</li> <li>• Through FGDs with women and community leaders investigate these questions.</li> </ul>

<sup>86</sup> In discussions with BESIK, as Institutional Triggering is new component to increasing access to sanitation (not previously used in other municipalities), BESIK has expressed an interest in ensuring a sound understanding of the extent that local authorities have influenced decision making.

<sup>87</sup> UNICEF and WV did not implement the BCC and Sanitation components. Note: the BCC campaign was in one *suco* in Lolotoi Posto Administrativo, WV used a HH visit approach for sanitation.



<p><b>Cost Analysis:</b> BESIK and MOH need to understand the cost of this initiative and the minimum resourcing requirements for the rollout of all or part of it in other municipalities.</p>	<p>3. In a resource constrained environment, what are the critical elements for sustainable ODF achievement?</p>	<ul style="list-style-type: none"> <li>• Qualitative data from FGDs and KIIs – most influential, perceptions of community members, experience of implementers/partners.</li> <li>• Through KIIs identify any differences in delivery of PAKSI/sanitation promotion.</li> <li>• Analyse secondary data – identify If different results where different mix of components implemented.</li> </ul>
	<p>4. What was the actual cost of the entire initiative, including MoH and BESIK/NGO/Agency management costs?</p>	<p>Analysis of BESIK expenditure for the ODF Initiative</p> <p>Determine any additional MOH and/or municipality level costs?</p>
	<p>5. What was the cost of the initiative per toilet?<sup>88</sup></p>	<ul style="list-style-type: none"> <li>• Utilise data on how many HHs built a toilet as a result of the program</li> <li>• Costs that related to the original 'initiative development' will not be included, since these are once-off costs.</li> <li>• Component costs will be separately identified (i.e. PAKSI, BCC, IT, SSA)</li> <li>• An 'activity based costing' approach will be utilized, to have a common unit of analysis and apportion other costs to this.</li> </ul>
	<p>6. What was the cost per ODF <i>aldeia</i> / <i>suco</i> achieved through the initiative?</p>	<ul style="list-style-type: none"> <li>• Undertake by <i>aldeia</i>, for the Procurement plan as '<i>aldeias</i>' are more comparable – quite a variance in <i>Suco</i> size.</li> </ul>
	<p>7. What was the cost of the different components of the initiative, including:</p> <ul style="list-style-type: none"> <li>• PAKSI – Assess the actual financial needs of the PAKSI implementation. How did expenditures vary between NGO partners and to what effect? What are critical financial needs for NGO PAKSI implementation?</li> </ul>	<p>Analysis of partner expenditure.<sup>89</sup></p> <p>KIIs - partners &amp; implementers as to minimum cost they can deliver PAKSI, and other components. Through KIIs identify any differences in delivery of PAKSI/sanitation promotion.</p> <p>Analyse WV costs relating to HH promotion, further assess cost-effective</p>

<sup>88</sup> Change proposed, as would not collect data on the HH costs of building a toilet – the focus is on the service delivery costs to achieve ODF (by toilet). We suggest is that estimated costs are also calculated by *aldeia*, and '*aldiea*' is then used a unit in developing the procurement plan. The *aldiea* would include an average number of HHs.

<sup>89</sup> As Output Based Contracting has been used for BESIK partners, BESIK has requested this information. 2 partners will provide, likely one will not. Requested same information from WV and UNICEF. UNICEF has tentatively agreed to meet & provide data.



<b>Gender and social inclusion</b>	<ul style="list-style-type: none"> <li>Sanitation Behaviour Change Campaign (SBCC) – What is the cost of private sector <i>suco</i> level campaign delivery, including basic production costs? What could the cost of NGO <i>suco</i> level campaign delivery be?</li> </ul>	options for SBCC, in light of achievements.
	8. What components with costs should a government procurement plan for the implementation of the ODF Municipality Initiative in another municipality?	Essential components of ODF Initiative drawn from EQ3 above, costs drawn from analysis, inputs into appropriate costs from EQs 5-7.
	9. To what extent did the initiative succeed in engaging women in playing a substantial role in sanitation improvements in their community?	Women’s and community leader FGDs. KIIS with partners, - how women were engaged?
	10. What was the impact on poor households of engaging in toilet construction through the ODF Bobonaro initiative? Did they ‘want’ to be part of it, or did they feel coerced?	Review and analyse available secondary data. Possible interviews with HHs with PWD. FGDs with Community Leaders
<b>Potential for Scale-Up</b>	11. How appropriate and sustainable are the roles that different stakeholders assumed for the ODF Bobonaro Initiative? How can these responsibilities be made more efficient for scale up into other municipalities? (Review roles and responsibilities documentation),	KIIs – partners and implementers. Analysis of FGDs
	12. What are the key factors critical for effective implementation of the initiative in other municipalities?	KIIs – partners and implementers. Analysis of FGDs

