



Sustaining Open Defecation Free and Moving Towards Safely Managed Sanitation

Introduction

The Government of Indonesia (GoI) aims to meet the universal access of sanitation by 2019. By 2030, it aims to meet the Target 6.2 of the Sustainable Development Goal (SDG) to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

The Joint Monitoring Program for Water Supply and Sanitation (JMP) tracks progress towards the SDG. The latest JMP report stated that there were still more than 30% of Indonesia population without access to improved sanitation and there were 12.45% of population practicing open defecation (OD). Although having progressive result, there were only 23 of 530 districts/cities achieving Open Defecation Free (ODF) status in 2018. Looking more detail at the facilities used by the households in those 23 ODF districts/cities, only 3.6 million households (76%) had access to permanent healthy latrine facilities while others used semi-permanent or sharing facilities. Permanent healthy latrine refers to goose-neck individual latrine with either individual or communal septic tank equipped with infiltration well or connected to sewerage system (SPAL). These facilities are still lagging behind the safely-managed sanitation facilities to be achieved in 2030.

What is Safely-Managed Sanitation?

A private improved facility where fecal wastes are safely disposed on-site or transported and treated off-site and equipped with a hand washing facility with soap and water (WHO, 2016).

Key Findings

- Strong commitment, robust leadership of the highest leader of local government, integration or channeling STBM to district/city priority development programs, quality data, tailored and innovative demand creation have been working well to achieve and sustain the ODF status.
- Insignificant change in sanitation ladder, limited technology options to address different social environmental condition, irregular data updating, disconnect sanitation supply chain, low awareness on regular pit emptying, and gender and disability equity for sanitation access are some challenging factors in sustaining and leveraging the current ODF status to safely managed sanitation.
- There are unclear definition, target, indicators and technical guideline about safely managed sanitation. It is important that the national government fill in this knowledge and policy gap to improve quality of sanitation access and achieve the SGD target 6.2 for people and planet prosperity.



Problem Statement

The Government of Indonesia established the Community-Based Total Sanitation (Sanitasi Total Berbasis Masyarakat or STBM) to accelerate sanitation access forwarding three strategies namely enabling environment, demand creation and supply improvement. The STBM consists of 5 (five) pillars, namely stop open defecation, hand washing with soap, drinking water and food management, domestic solid waste management and domestic liquid waste management. While there is general knowledge on how districts/cities achieve the ODF status, knowledge on how they sustain this status and leverage it into safely-managed sanitation is still lacking. Significant knowledge gap must be filled before comprehensive, practical, evidence-based policy and program guidance can be made available.

An Empirical Study

To improve the evidence-base, the SNV partners with CCPHI conducted an empirical qualitative study in three locations to: 1) assess "what works" and "what challenges" the post ODF strategy and 2) assess future priority in the post ODF situation to move toward safely-managed sanitation.

The study was conducted in November and December 2018 in Pacitan, Semarang and Sleman. Pacitan District of East Java was selected because it was the first ODF district in Indonesia, achieved with robust support from development partners and represented rural population. Sleman District of Yogyakarta achieved the ODF status in 2017 through local government and community collaboration. It represented semi-urban population. Semarang City of Central Java achieved the ODF status in 2018 through mobilizing its fiscal capacity. It represented urban population.

Sustaining Open Defecation Free What Works?

Robust leadership of the local government to integrate STBM implementation to district/city priority programs and mobilize social and financial capital. It took less than a year for Semarang to achieve the ODF status after the Mayor pledged his commitment to eliminate OD, tailed the ODF achievement to city strategic programs,

rejuvenated the Healthy City Forum as the front-liners to achieve ODF and mobilize its fiscal capacity to accelerate access. To sustain the ODF status it achieved in 2014, Pacitan continue mainstreaming sanitation issues through leaders' communication and refreshed and established sanitation movement through ear-catching jargons such as Santun Mapan (Total Sanitation for Pacitan People) and Gerindulu Mapan (Integrated Movement for a Prosper Pacitan Community). The district government of Sleman strengthened Academic, Business, Community and Government (ABCG) networking to sustain the ODF status by tailoring the benefit of improved sanitation to support other priority programs such as Tourism Village, Stunting and Healthy Indonesia Program with Family Approach (PIS-PK). Integration with other programs also comes in data utilization. The Sleman Sanitation Acceleration Program (PPSP) has regularly conducted Environmental Health Research Assessment (EHRA) since 2005. The findings have been used to strengthen STBM implementation and advocate the importance of community education and promotion before implementing infrastructure development.

Improved Data and strengthened monitoring system. The accuracy and novelty of data is highly important to ensure appropriate delivery of a program. The three locations have a By-Name-By-Address (BNBA) data on households' sanitation access. To ensure proper distribution of subsidy and stimulant and to prevent any social jealousy, the BNBA data in Semarang is equipped with social economic status of each household and verified by the health/surveillance cadres. To ensure regularity of data updating and quality of data collection, Sleman developed two Standard Operating Procedures (SOP) for ODF monitoring and engaged Health School Polytechnic of Yogyakarta (Poltekkes Yogya) for data collection in some locations. In Pacitan, some villages which were projected to achieve the 5 (five) pillars STBM status established an ODF taskforce nurtured by village midwife to update data. The financing for this taskforce derives from the village budget.

Tailored and innovative demand creation. With low fiscal capacity and good social capital such as communality and adherence to the leaders, Pacitan sustained the traditional Community-Led Total Sanitation (CLTS) method for demand creation forwarding triggering elements

such as shaming, afraid of disease contamination, afraid of sin, etc. To sustain ODF and to achieve the 5 pillars STBM status, Pacitan created demand through village competition and community festivals. It also targeted each Community Health Centre (Puskesmas) to have 3 (three) 5 pillars STBM villages by 2021. In contrary, Semarang created demand through full and partial subsidy for latrines. According to the City Health Office, the last mile community (about 9,000 people) already had sufficient awareness on improved sanitation but some, especially the urban poor, needed subsidy to purchase latrines, which could easily be fulfilled by the City. The City allocated IDR 7 billion from local budget (APBD) to accelerate sanitation access and achieve the ODF status. In Sleman, complimentary to health cadres, a Perceptive Children Movement (Tanggap Bocah or TABO) was established in 2016 to achieve and sustain ODF. Post ODF, this movement continued addressing other STBM pillars and promoting clean and healthy lifestyle including dengue and nutrition. Design of the health promotion behavior as well as supporting tools such as TABO handbook were developed by the District Health Office with support from the health polytechnics school.

What Challenges?

Insignificant change in sanitation ladder. The STBM monitoring system recorded slow change of non-permanent (JSSP) and sharing to permanent latrines (JSP). There were only 339 households (0.01%) moved from JSSP to JSP in Sleman since its ODF (2017) to February 2019. The rate is better in Pacitan with almost 5% improvement from 2014 to February 2019. Besides some technical crash to access the STBM monitoring system, the informants acknowledged that the data had not been updated regularly as it was seen less important compare to their other activities.

Limited technology options, inactive sanitation entrepreneur and unmeasured capacity of masons. Different environmental condition such as density, limited space and topography are among the issues hindering households to construct improved latrines.

The promoted goose-neck latrines with 3-3-1 or 2-2-1 septic tank were seen ineffective in water scarcity area such as in mountainous villages in Pacitan. A heavy and big built-in bio septic tank was rejected in narrow-space houses in high land area of Semarang. The study also found that there was still improper knowledge of masons on safe septic tank construction which could lead to disease contamination. There were no active sanitation entrepreneurs working in study areas although all districts/city stated that they have trained some people to be sanitation entrepreneurs.

Low awareness on regular pit emptying and gender and disability equity for sanitation access. Although service for sludge emptying were available in the three study locations, people only emptied their septic tank when it is clogged or full. An awareness for regular pit emptying has not been created. Similar with this, an awareness for gender and disability equity for sanitation access have not been created even though the SGD requires special attention to the need of women and those in vulnerable situations in the provision of sanitation access.

Moving Towards Safely Managed Sanitation

The main objective of a sanitation system is to protect and promote human health by providing a clean environment and breaking the cycle of disease. To ensure that sanitation facilities are able to prevent disease contamination, it is important for people to have access to safely managed sanitation that is access to private improved facility where fecal wastes are safely disposed on-site or transported and treated offsite and equipped with hand washing facility with soap and water. On-site facility requires regular or on-call desludging for further treatment such transport it to Waste Water Treatment Plant (IPLT) or transform it into fertilizer.

The government has set up targets to achieve the SDG however the indicator number 6.2.1 (proportion of population using safely-managed sanitation, including hand washing with soap) is not yet available. There



are at least three line ministries bear the responsibility to address sanitation: Ministry of Health for behavior change and STBM, Ministry of Public Works and People's Housing for infrastructure and Ministry of Education and Culture for sanitation at school. Corresponding to the unfirm indicators and insufficient guidance from the national government, the study found that the definition, indicators and strategy to achieve safely-managed sanitation have not been well disseminated and understood by the local government.

Although limited, this study finds that Sleman and Semarang have made first steps towards safely managed sanitation. District government officials in Sleman have better awareness about safely managed compared to Semarang and Pacitan. Sleman allocated IDR 8,141,000,000 for 5 (five) communal waste water installation and 1,197 household connection for sewerage system in 2018. It is in the process of issuing a Local Regulation on Domestic Waste Water Management where regular emptying, at least in the piloted households with communal connection, should be done every three-years. To improve district capacity to treat sludge, Sleman is currently constructing an IPLT in Prambanan. The Semarang has incorporated sustainable STBM in

the city Mid Term Development Plan (MTDP) 2017-2020 harnessing efforts to improved quality of latrines, developed Long Term Development Plan (LTDP) for the expansion of communal sewerage system, built IPLT and piloted regular emptying in some locations, especially under national program such as KOTAKU and through development partner such as IUWASH. The concept of safely-managed sanitation was less understood in Pacitan. Majority of respondents perceived it as 5 (five) pillars STBM. There is no specific policy made to leverage current sanitation status to the safely managed however to some extent rural communities have local wisdom to treat the sludge of their pit latrines such as to dry and use it as fertilizer. Unlike two others, Pacitan did not have any IPLT.

Achieving the ODF status and maintaining it are challenging. Sharing experience of a district/city to achieve ODF is essential to increase the number of ODF districts/cities in Indonesia. Leveraging the ODF status to safely managed sanitation is even more challenging. A clear definition on safely managed sanitation facilities equipped with target and implementation guideline by the national government is essential to improve quality of access and achieve the SDG target.



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