

SEHATI PROGRAMME: Building the capacity of local government to implement, sustain and scale up 5 Pillars of STBM and sanitation marketing in Indonesia

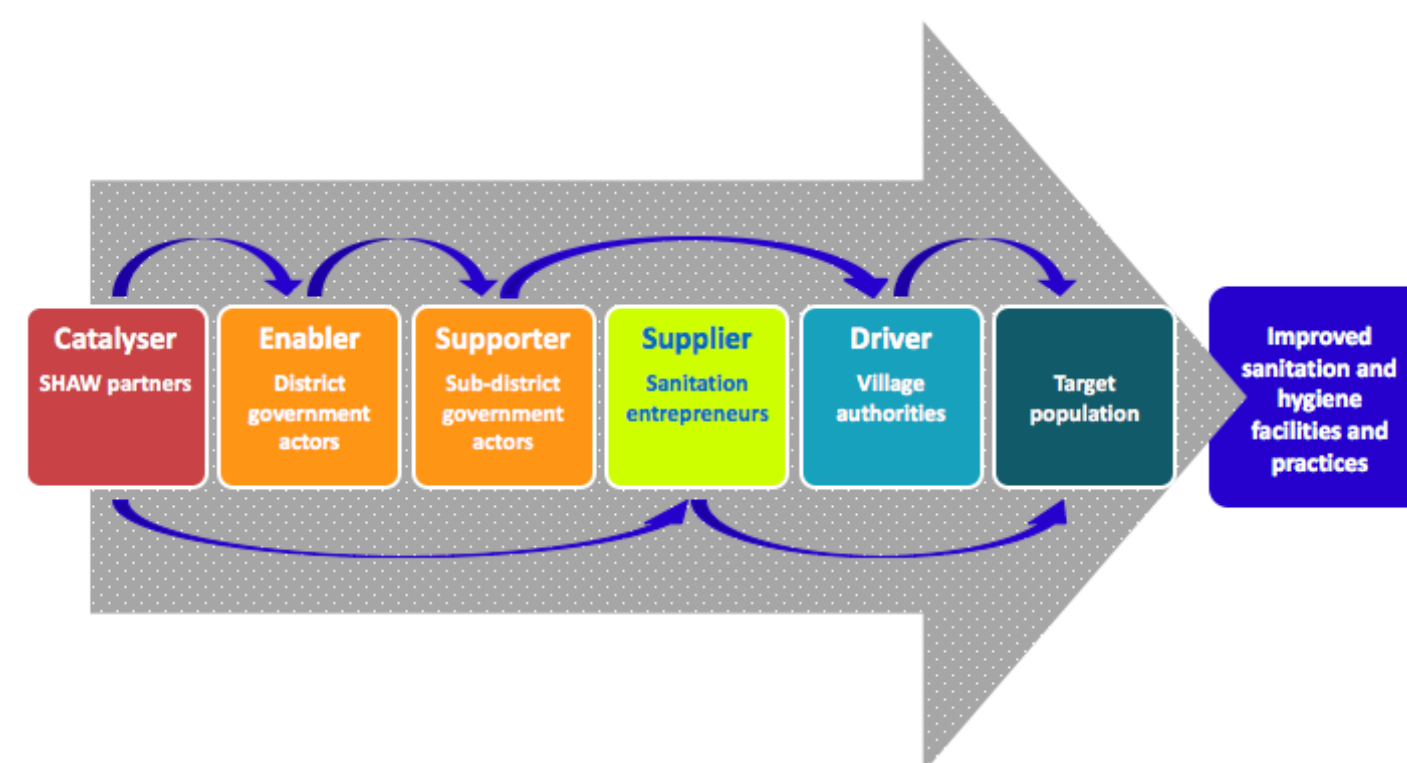
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BADCKGROUND & OBJECTIVE

- 57% of rural population in Indonesia do not have access to improved sanitation.
- Most government programmes tend to concentrate on construction of new infrastructure (STBM pillar 1: stop open defecation).
- Priority programmes seems to have been given to the quantity of facilities rather than their quality in the long run.
- SEHATI goal is to achieve district wide – access to, and utilisation of, sustainable and improved sanitation and hygiene facilities, and to contribute towards the government’s target of providing universal access to WASH for all by 2019.
- SEHATI aims to strengthen the capacity of the local authorities at district, sub-district and village level to implement a sustainable STBM 5 pillars in the community in order to achieve the national goal of universal access in 2019.

METHODS

- Works in 215 villages in 7 districts : Lombok Utara, Lombok Timur, Sumba Barat Daya, Sumba Tengah, Manggarai Barat, and Biak Numfor
- Quantitative research on capacity outcome monitoring and 5 pillars of STBM (adopted from Inspeksi Sanitasi).



RESULTS

- 6 out of 7 districts issued Bupati Regulation related to 5 pillars of STBM implementation
- 14,7 Billion spent from Kab to support 5 pillars of STBM in 7 districts in 2017 (SEHATI areas)
- 1,9 Billion spent from Kab to replicated 5 pillars of STBM in non SEHATI areas in 2017
- 345 sanitation entrepreneurs has been trained to manufacture sanitation related products and services.
- 18,317 products and services have been sold in 2017
- All districts have team to implements and support 5 pillars of STBM (POKJA AMPL, technical STBM team, village team)
- 489,835 people is triggered on demand creation process.
- 13 our of 215 villages are declared 5 pillras of STBM (one year intervention)
- 94 villages have been replicated

CONCLUSIONS

- The impact of this programme may take several years because staff rotation and political issues at district and village level often hamper the process of the programme.
- Government bodies have their own priorities programme
- It is necessary to advocate for STBM 5 pillars practises at national (POKJA AMPL) and district level (e.g. head of districts).

BIBLIOGRAPHY

[1] Basic Health Research 2013, Ministry of Health

Graphic/Image

