

**Community Led Total Sanitation with Zero Subsidy Home Latrine in Lebatukan sub district, Lembata district Nusa Tenggara Timur Indonesia**

**Background**

Situation of Infants and Children in Indonesia:

- Infant mortality (IMR) = 35 per 1,000 live birth
- Child mortality (U-5) = 46 per 1,000 live birth
- Major causes of infant mortality are Acute Respiratory Infections (ARIs), diarrhoea, neonatal tetanus, digestive tract and neural diseases including meningitis, encephalitis and typhoid
- Malaria and malnutrition are also underlying causes
- IMR in poor population is 1.5 times that of the rich
- Anemic condition of children make them more susceptible to mortality and morbidity

The project location in Lebatukan sub district, Lembata district province of Nusa Tenggara Timur Indonesia.



Map of project location

Sanitation situation in project location:

- Population 2.050 households
- Home latrine coverage 32%
- Malaria, Diarrhea and Roundworm and hookworm infestations are the mayor causes of children
- 41% of school children have Malaria even they look health and go to school
- 90% of school have no latrine for student
- Most of students do not practice regular bathing, hand washing and clipping nail

**Objectives of the project:**

- Increase the number of home latrine
- Increase the hygiene practices at school and community
- Reduce the diseases cause of poor sanitation and hygiene practices

**Activities:**

- Total sanitation campaign at community
- Provide and rehabilitation water system for community
- School sanitation and hygiene education at school
- Provide water system and hygiene facilities at school (such as hand washing and school latrines)

**Strategy**

- Provide and rehabilitation water system in community and “community should pay with build their own latrine” (we called *Barter program*) Commitment has agreed with community before project start
- Create children as agent of behavioral change in hygiene practice at school for positive pressure to increase hygiene practices at community

The project start at September 2006 in four villages out of 15 as pilot in Lebatukan sub district, Lembata district East Nusa Tenggara Indonesia and the project support by Plan Indonesia. There are two components in this project, hardware and software component. Hardware means sanitation facilities such as water system, latrines and hand washing facility. And software are strengthening community group to operation and maintenance water system, hygiene practices and government’s legislation.

**Total Sanitation Campaign at community**

Total Sanitation Campaign (TSC) follows an approach that mobilizes community to take their own initiative to stop open defecation and adopt hygienic practices at critical timings with or without external assistance, as they use toilets/ latrines for defecation. Total Sanitation Campaign (TSC) involves facilitating a process that:

- make communities understand faecal-oral route of transmission of diseases that results from open defecation;
- stimulate a collective sense of disgust and shame among community members as they confront the crude impacts of open defecation i.e. as they realize they are ingesting one another’s ‘shit’ as long as open defecation continues;
- makes religious leaders to speak regarding the value of cleanliness while worshipping or praying in churches;

- inspire people to stop open defecation, as they understand many more advantage relating to convenience, safety and security of having/using toilets;
- capacitate people with necessary skills to manage installation of toilets;
- help developing and enforcing village government's legislation to stop open defecation.



*Mapping and transect walk at Total Sanitation Campaign activities*



*Project staff promoting pit latrine with low cost*

### **Provide and rehabilitation water system for community**

Two of the pilot villages Lamatuka and Baopana have water system but the water system was broken because poor maintenance and another two villages Tapolango and Tapobaran have no water system but they have water resources at the hilly land. Before installing and rehabilitation water system staffs project train the community group to operation and maintenance the system. Community will provide local material and labors for the project. All system used gravitation system.

For rehabilitation water system the project fixed the pipe system build water storage and add tap water to make closer with the household. For new system project build the new water system for two villages.

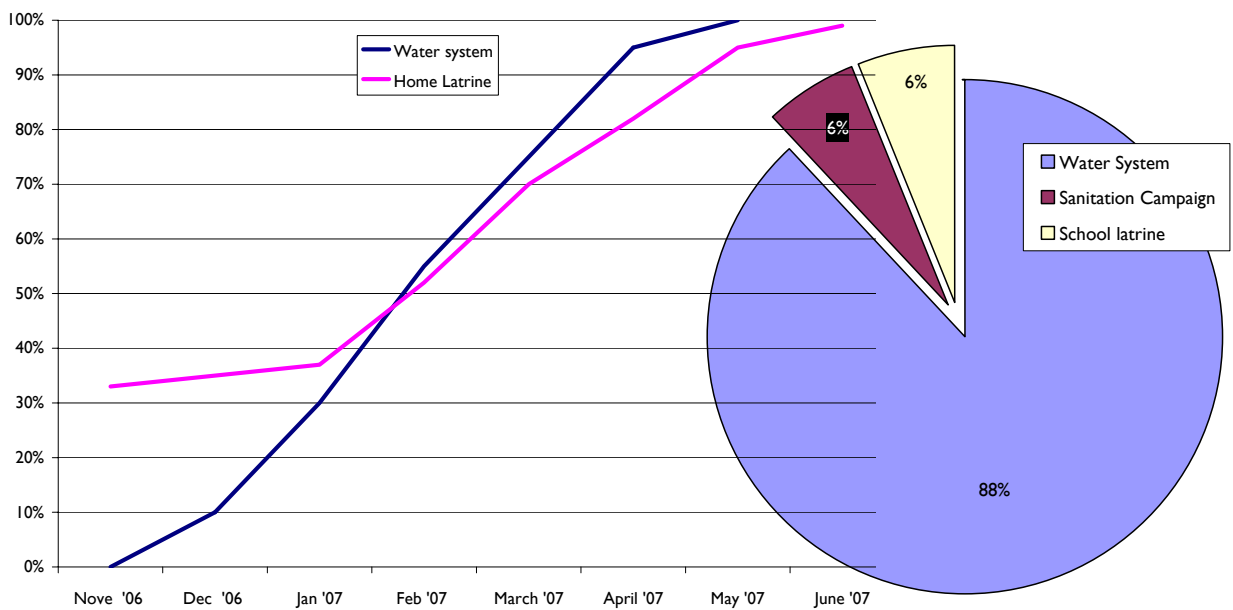
Primary school and pre school in the village got water from the village system to support school sanitation and hygiene education, school committee involved to install water system at school and rehabilitation and build school latrines.

**Village water system vs Home latrine**

The commitment with community to build their own latrines without any subsidy from outside was set up at ignition process at community total sanitation campaign. Community will build their latrine when the water system project start, staff project promote the design and model of home latrine.

Community find their own strategy to build their own latrine, like share the pit, working in group to help each others and village government support budget for very poor community to buy non local materials.

The graph below showed the progress installation water system and home latrine and the percentage of budget allocation







*Community home latrine before project started*



*Community home latrine after project implementation*



### School sanitation and hygiene education at school

To give positive pressure for community school sanitation and hygiene education implementing (SSHE) at school level. The project provide school latrine, hand washing facility and campaign hygiene practice trough demonstration and printing posters. Train the student as hygiene promoter to influence their friends trough child to child approach in hygiene practices. The student became agent for behavioral change in their community.



*Hand washing facility and Hygiene practices campaign at school level*



*Water system and school latrine*



### Scaling up

After piloting in four village the project scaling up to all village in Lebatukan sub district, workshop and parade at sub district level was conducted to share lessons learned from pilot villages. Lebatukan sub district have highest prevalence of Malaria so to scaling up the project used the Malaria issue with title “Combating Malaria with Total Sanitation”. District and sub district government involved trough health department.



*Workshop and parade at sub district level*

*Any information for this project please contact:*

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