

THE READINESS OF WONOSOBO AND BANJARNEGARA TOWARDS OPEN DEFECATION FREE REGENCIES

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Abstract

Introduction: Open defecation is defined as the practice of defecating in fields, forests, bushes, rivers, beaches, or other open areas, causing soil, water, and air contamination. This can cause environmental pollution and diseases (diarrhea and pneumonia, etc.). Banjarnegara and Wonosobo are the two districts with the lowest percentages of Open Defecation Free (ODF) in Central Java. This study aimed to determine the readiness of Banjarnegara and Wonosobo to become ODF regencies. **Methods:** This descriptive study used a qualitative approach. Data collection was conducted through Focus Group Discussions (FGD) with policy actors responsible for accelerating ODF in Wonosobo and Banjarnegara. **Results and Discussion:** This study found that Wonosobo and Banjarnegara were constrained by five issues: policies/regulations and strategies, institutional arrangements, financing, planning and monitoring, and capacity building. A situation analysis involving the Working Group on Housing and Settlement Areas (Pokja PKP) for Wonosobo and Banjarnegara found the ODF's main obstacles, namely coordination and commitment (supply), and community behavior (demand). **Conclusion:** The readiness of Wonosobo and Banjarnegara as ODF regencies needs to be reviewed, especially the commitment of regional leaders to institution-strengthening policies and public education.

INTRODUCTION

Sanitation is a serious global problem. This finding is supported by the presence of numerous individuals who continue to engage in open defecation. The World Health Organization (WHO) Determined Indonesia as a country that occupies the second rank with the highest number of open defecations in 2020. This condition causes approximately 150,000 Indonesian children to die every year because of diarrhea and other diseases resulting from poor sanitation. WHO and UNICEF, through the Joint Monitoring Program (JPM) in 2021, reported that 6.1% of Indonesia's population still practiced open defecation.

The national percentage of access to latrines has reached 81% (30,789 ODF villages). One of the government's targets in the 2020-2024 National Medium-Term Development Plan (RPJMN) and the 2020-2024 Ministry of Health Strategic Plan is to achieve 0% open defecation and 90% access to proper sanitation in villages. This target includes 15% access to safe sanitation by the end of 2024 (1).

Central Java Province needs to accelerate its efforts to increase access to better sanitation, especially safe sanitation, and the elimination of open defecation by 2024. With an ODF rate of 5.06%, the total population of Central Java Province is among the top five in Indonesia. In addition, the percentage of safe sanitation in Central

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Java Province (10.51%) is ranked in the top five in 2021. Even so, the Central Java government has committed a big challenge by setting a target of 20% by 2024 (2).

Banjarnegara and Wonosobo were chosen as research subjects because they had the lowest ODF percentage among the 33 other regencies/cities in Central Java. This problem is especially acute in rural areas, where half of the population still practices open defecation. Based on data from the Central Java Provincial Health Office in January 2022, ODF villages in Wonosobo totaled 89 (34%) out of 265 villages, while ODF villages in Banjarnegara numbered 132 (47%) out of 278.

Open defecation behavior is detrimental to public health because feces are known as living media for *Escherichia coli* bacteria, which have the potential to cause diarrheal disease. This is as stated by previous studies which showed that there is a relationship between open defecation behavior and the incidence of diarrhea. People who behave ODF are not in the toilet/ behave wrongly will experience diarrhea four times compared to people who behave defecation properly (3).

A study in Nigeria showed that approximately 88% of diarrhea in children was caused by open defecation (4). In addition, children living in areas with open defecation experience growth disorders. More than 610 million school-age children are at a high risk of worm infection (5). Worm infections are mainly caused by unhealthy behaviors, including not washing hands before eating and after defecating, not cleaning nails, playing barefoot in muddy ground, open defecation, poor sanitation of food sources, and other socioeconomic factors. It was also found that in Kenya that people who still practiced open defecation lived in rural areas and were illiterate/semi-literate (6).

Therefore, it is important to create ODF communities to achieve optimal health and nutrition in children. Currently, most WASH facilities are built by households, without the supervision and enforcement of government regulations. Some of the biggest challenges are the increasing inequality in access to proper sanitation in rural areas and low awareness of the importance of sanitation (7).

The lack of demand from the community has prevented the government from acting and guaranteeing the availability of safe sanitation services. As a result, achieving the SDGs target becomes even more difficult because the government does not prioritize financing for safe sanitation when at the same time public financing is not available simultaneously (8). This problem is exacerbated by weak institutional capacity to plan and

deliver sanitation services. Therefore, it is necessary to build local governments' capacity to identify alternative sources of financing as well as the capacity of local institutions to provide sustainable sanitation access and services. Based on this background, this study aims to determine the readiness of Banjarnegara and Wonosobo to become ODF regencies.

METHODS

The current research was a descriptive study using a qualitative approach to understand the actual condition of a phenomenon by describing it in detail and depth. This study was conducted during the Banjarnegara and Wonosobo Regencies (9). Data collection was conducted through Focus Group Discussions (FGD) with policy actors responsible for accelerating ODF in Wonosobo and Banjarnegara. These policy actors came from the Working Group on Housing and Settlement Areas (*Pokja PKP*) of Central Java, Wonosobo Regency, and Banjarnegara Regency, with members from the Regional Secretariat, Development Planning Agency at Sub-National Level (*Bappeda*), Directorate General Bina Marga and Human Settlement Services, Health Office, Village Community Empowerment Service Population and Civil Registration, Department of Environment and Forestry, Office of Education and Culture, ISDA Bureau, and Office of Public Housing and Residential Areas. This study was conducted in June, 2022. The data obtained in this activity are then analyzed using content analysis techniques (content analysis) before being presented in a report form.

RESULTS

The data collection process based on a situation analysis of Enabling Environment Building Blocks (EEBBs) was needed to accelerate ODF in Wonosobo and Banjarnegara at the governance level. EEBBs are a series of interrelated sectoral functions that enable governments, communities, and private partners to develop five important aspects of sustainable and effective water and sanitation services: sector policy/strategy, institutional arrangements, sector financing, planning, monitoring, and capacity development (10).

Policy

Policy can be utilized to address the acceleration of the ODF in Wonosobo and Banjarnegara Regency. Based on the FGD results, Wonosobo did not have a specific policy to accelerate ODF. Therefore, it was difficult to push solutions and support-related efforts from the regency to the village level, as shown in the following excerpt:

“In my region, we are still in the process of drafting the Regent Regulation on Community-Based Total Sanitation.” (R, 2022)

Based on this statement, Wonosobo was still in the process of drafting the Regent Regulation on Community-Based Total Sanitation (STBM). The condition is in line with the condition in Banjarnegara, the Regent of Banjarnegara, which issued a policy to encourage the ODF program in all villages throughout Banjarnegara. This became the basis for related Working Groups and field officers (sanitarians) to encourage the implementation of such a policy. The following information suggests the following:

“Some people are indicated to having toilet without septic tank.. Instead, they use their feces to feed catfish. We will formulate the strategy together in accordance with the existing issues and it is important to have coordination with all related parties.” (S, 2022)

Based on the statement above, the low effectiveness of the ODF program was caused by unimproved latrines, where people chose not to build septic tanks and instead throw their feces directly into the catfish ponds.

Institutional Arrangements

Cross-sector collaboration between stakeholders is very important in influencing changes and achieving open defecation (4). Based on the FGD results, as shown in the following excerpt:

“Wonosobo does not have an institution that is directly responsible for accelerating ODF. Currently, Wonosobo has only focused on slum areas and environmental sanitation issues.” (L, 2022)

Based on the statement above, Wonosobo formed its *Pokja PKP* but was still focused on handling housing in slums and environmental sanitation issues such as solid waste. Meanwhile, collaboration among *Pokja PKP* Banjarnegara members needs to be improved. During the program, *Pokja PNPN* merged into *Pokja PKP* and involved four sectors, as shown in the following excerpt:

“The Health Office works alone to accelerate ODF, there is no assistance from related sectors.” (S, 2022)

Based on the statement above, the Health Office felt that they were still working alone and received a lack of cross-sectoral support. Some assistance arrived but was still sporadic and not related to one another, such as unstructured access to assistance from CSR.

Financing

The community assumes that making latrines that meet the requirements requires high costs, open defecation is practical, and the house is close to the ditch. Wonosobo relied only on the state budget and a small portion of the regional budget, since ODF was not yet a priority. Wonosobo has access to allocation funds from the state budget for drinking water and sanitation, drinking water and sanitation grants, and special allocation funds for stunting interventions. The funds accessed were not designated as assistance funds for individual or household septic tanks. Therefore, synergy must be managed to meet the targets and avoid overlap. The following excerpt suggests:

“It is hoped that there will be regulations governing the allocation of village funds for ODF acceleration.” (R, 2022)

Since 2020 Banjarnegara has received assistance from the Governor of Central Java and the CSR of Budha Tsu Chi, which was then used to build 4,000 units of latrines. Banjarnegara also received a small grant for the construction of latrines from the Indonesian Ministry of Housing and Urban Affairs. Meanwhile, funds from Banjarnegara's regional budget were very limited.

Planning, Monitoring, and Review

Planning is useful as a guide for the implementation of promotive and preventive health services. Wonosobo has not carried out tiered supervision to monitor ODF development per village. The Village Community Empowerment Service (PMD) in collaboration with the Family Welfare Movement (PKK) recorded 25 villages with extreme poverty out of 89 villages in total, as the following excerpt suggests:

“There needs to be assistance intended for several areas. Assistance can be done by forming community cadres and funding action plans. In the village, mentoring will be more effective if it is done directly, meaning that the implementers live side by side in the intended village. There is even a latrine gathering through which villagers can take roles based on their abilities.” (L, 2022)

Based on the above statement, the formation of community cadres and a fundraising action plan were carried out. Cadres assist health workers in improving the ability of the community to live healthy lives. Sementara itu and Banjarnegara prepared a road map containing targets, strategies, resource requirements, and financing towards ODF Banjarnegara. Furthermore, supervision is arranged based on the roadmap and the achievements of each region.

Capacity Development

Wonosobo needs to raise the awareness of its community by developing knowledge and skills. It is also important to order people to switch from open defecation practice to latrines, as well as to encourage the need for a standard septic tank. The following information suggests the following:

“Frontliners still have insufficient knowledge and skills to eradicate open defecation.” (L, 2022)

Based on the statement above, the knowledge and skills of frontliners in developing innovations to eradicate open defecation are still lacking. In Banjarnegara, socialization to persuade the community to stop open defecation was carried out sporadically on various occasions, as the following information suggests:

“Conducting a comparative study at Temanggung Regency to accelerate ODF.” (S, 2022)

Based on the statement above, *PKP Pokja* needed examples from other regencies similar to Banjarnegara, such as Temanggung, to develop effective strategies for accelerating ODF through comparative studies. It is necessary to increase the capacity of policy actors and the cross sectors responsible for ODF acceleration.

DISCUSSION

Wonosobo had the lowest number of ODF villages compared with the 34 other regencies in Central Java. There were at least 70,000 families in Wonosobo that did not have latrines or septic tanks. However, further investigation is needed to determine the exact number of people practicing open defecation and those with unimproved toilets (toilets but no septic tanks or pits for feces containment). The percentage of open defecation was estimated to be much smaller than that of households with unimproved latrines. Of the 15 sub-districts, only three (Kaliwiro Sub-district, Leksono Sub-district, and Sukoharjo Sub-district) were categorized as ODF.

The number of households that did not have latrines and septic tanks in Banjarnegara was 90,000. Of the 20 sub-districts. Only three of these (Susukan Sub-district, Kelampok Sub-district, and Sigaluh Sub-district) were categorized as ODF. Open defecation is not only caused by economic issues, but also by low awareness of healthy sanitation and bad habits such as throwing feces from toilets into fishponds. Therefore, a discussion based on Enabling Environment Building Blocks

(EEBBs) was needed to accelerate ODF in Wonosobo and Banjarnegara at the governance level.

Policy

Policies can be used to select and show the most important choices to strengthen life in both government and private organizations (10). The government must prioritize the enforcement and implementation of ODF policies (4). Governments should prioritize ODF, establish and implement laws that promote latrine use, and penalize non-compliant communities. This finding is in line with the literature that argues that imposing fines on people who throw feces into rivers can make people more obedient (11).

Wonosobo is still in the process of drafting the Regent Regulation on Community-Based Total Sanitation (STBM). In line with this regulation, the government, through Regulation of the Minister of Health no. 852 of 2008 concerning Community-Based Total Sanitation, implemented a special program called ODF to address diarrhea-based diseases in all provinces. This program sets priorities and allocates resources for implementation, which is reflected in the currently limited supporting regulations. The strategy for implementing or enforcing the law was baseless because of the non-existent supporting policies and regulations. Communication strategies (radio jingles, posters, and seminars) were considered capable of promoting ODF, and the importance of defecating in the latrine to the community (4). In Nigeria, some communities campaign for sanitation, helping instill changes in behavior and creating awareness to stop open defecation in the community (4). Therefore, regional leaders must advocate for the importance of ODF to the community to ensure norm changes among them.

In Banjarnegara, the Regent of Banjarnegara issued a policy to encourage the ODF program in all villages. Therefore, a more effective strategy needs to be devised by raising public awareness of the importance of septic tanks, use of healthy toilets, and coordination across all parties. This finding is in line with a study that stated that some septic tanks were not up to standard and that some people prefer to dispose of their feces in fishponds (12).

Institutional Arrangements

Cross-sector collaboration between stakeholders is very important in influencing changes and achieving open defecation (4). In addition, emphasis on SDGs during cross-sector collaboration can increase awareness of the benefits of providing adequate access to washing for the community (13).

Wonosobo formed a sanitation task force to accelerate ODF. The task force was responsible for STBM activities and the dismantling of latrines at the subdistrict level. However, these activities have stopped since Covid-19 until now. In addition, Wonosobo received assistance from the Indonesia Urban Water, Sanitation, and Hygiene (IUWASH) to strengthen safe sanitation operators and increase awareness of the community through the formation of community cadres. Wonosobo had formed its *Pokja PKP* but was still focused on handling housing in slums and environmental sanitation issues such as solid waste. *Pokja PKP* is a strategic platform that encourages cross-sectoral collaboration to accelerate ODF. Cross-sectoral collaboration must create ODF as their goal or target, including the division of roles and responsibilities and a shared vision. However, Wonosobo does not yet have an accountability and monitoring system for achieving ODF targets at each level. Therefore, Wonosobo must form such a system to maximize ODF acceleration more effectively.

Meanwhile, collaboration among *Pokja PKP* Banjarnegara members needs to be improved. During the program, *Pokja PNP* merged into *Pokja PKP* and involved four sectors: the Health Office felt that they were still working alone and received a lack of cross-sectoral support. Some assistance arrived but was still sporadic and not related to one another, such as unstructured access to assistance from CSR. Cross-sector collaboration is important in influencing changes in people's behavior to achieve open defecation (4). This finding is in line with a study that states that collaboration with various parties, such as government and private institutions, can help solve ODF problems in Banaran Hamlet, Babad Village (14). ODF acceleration will be difficult as long as effective coordination mechanisms are not in place to enhance multi-stakeholder collaboration and to prepare the groundwork for a shared vision (15). However, Banjarnegara did not start from scratch, considering that the working group and PKP forum had already been established. They just need to develop their focus on accelerating ODF. It is hoped that the ODF will become a shared vision of the members of the Banjarnegara working group. The circular letter issued by the Banjarnegara Regent can be followed by setting ODF targets and those in charge at each level to make the ODF acceleration more effective. In addition, specific rules to encourage or force households that still dispose of their feces in fishponds also need to be issued.

Financing

The community assumes that making latrines that meet the requirements requires high costs, open

defecation is practical, and the house is close to the ditch, which is an important condition to pay attention to in an effort to stop open defecation behavior, which will have implications for reducing disease morbidity and mortality due to poor sanitation. Therefore, to increase the community's participation in providing sanitation facilities, which is a component that is needed by the community, the community must provide sanitation facilities such as the provision of healthy latrines and the use of clean water facilities so that with latrines, the disease transmission rate will decrease.

Wonosobo relied only on the state budget and a small portion of the regional budget, since ODF was not yet a priority. Wonosobo has access to allocation funds from the state budget for drinking water and sanitation, drinking water and sanitation grants, and special allocation funds for stunting interventions. The funds accessed were not designated as assistance funds for individual or household septic tanks. Therefore, synergy must be managed to meet the targets and avoid overlap. Based on Wonosobo's Regent Regulation No. 4 of 2022 regarding policies for the use of village funds, there are no specific provisions regarding the percentage of funds that should be allocated to building latrines (16). For this reason, it is hoped that there will be regulations governing special allocations taken from village funds to accelerate ODF. In addition, Wonosobo has not utilized many alternative funding sources, such as BAZNAS, CSR, or the Village Fund, to finance access to sanitation, although efforts to access these funds were initially made by the Health Office. The *Pokja PKP* for Central Java, especially Wonosobo, is expected to help this program through its CSR forum, providing access to financing from BAZNAS, CSR, and Village Funds. In addition to alternative financing from CSR and BAZNAS for low-income families, efforts are needed to encourage the use of village funds through target agreements and build citizen independence.

Since 2020, Banjarnegara has received assistance from the Governor of Central Java and CSR of Budha Tsu Chi, which was then used to build 4,000 units of latrines. Banjarnegara also received a small grant for the construction of latrines from the Indonesian Ministry of Housing and Urban Affairs. Meanwhile, funds from Banjarnegara's regional budget were very limited. Therefore, in addition to alternative financing (BAZNAS and CSR), a special strategy is needed to encourage community independence through sanitation investments. Village governments need regulations as a basis for allocating budgets to support the acceleration of ODF. It is hoped that local governments will prioritize budgets to accelerate ODF (17). One of the biggest obstacles to ODF

is the lack of funds for building improved latrines (18). Moreover, in Bangladesh, several determinants of health are socioeconomic, environmental, and cultural (19). This means that the availability of adequate infrastructure is also influenced by the number of available funds owned by the community and government.

Planning, Monitoring, and Review

Planning is useful as a guide for the implementation of promotive and preventive health services. This will make it easier for officers or executors to not only implement but also speed up the process of a particular programme (20). SOP and regulatory support are needed to increase the coverage of ODF villages, considering that SOPs can make work easier and more focused. In an ODF program, supervision needs to be carried out so that progress is clear and the public is not left unaware (21).

Wonosobo has not carried out tiered supervision to monitor ODF development per village. The Village Community Empowerment Service (PMD) in collaboration with the Family Welfare Movement (PKK) recorded 25 villages with extreme poverty out of 89 villages in total, and the formation of community cadres and a fundraising action plan were carried out. Cadres assist health workers in improving the ability of the community to live healthy lives. In the case of defecation that does not have a negative impact on the community and environment, the role of health workers includes providing periodic counseling on the benefits of healthy latrines, the negative effects of open defecation, and providing guidance to the community to increase awareness and willingness to own and use healthy latrines. If the intensity of counseling is not continuous or insufficient to build confidence, then the role of the officer cannot form a belief, and the role of the officer cannot form public confidence in changing open defecation practices (22). However, OD problems can not only be solved by changing behavior; physical or material stimulants are also required (23). If OD issues are not included in the regional general planning, it is hoped that there will be other documents, such as the City/District Sanitation Strategy or the road map to ODF Wonosobo, which contains targets, strategies, resource requirements, and financing, which can be used as a new basis for the ODF program. There were many successful examples related to behavior change towards ODF in Wonosobo, which have not been widely disseminated. Therefore, learning workshops and other related efforts must be prioritized to inspire the movement toward ODF Wonosobo.

Following up on the circular letter issued by the Regent, Banjarnegara prepared a road map containing

targets, strategies, resource requirements, and financing towards ODF Banjarnegara. Furthermore, supervision is arranged based on the roadmap and the achievements of each region. It is hoped that the regent will also be involved in this process. Several STBM monitoring practices have been conducted by several sanitarians, together with village heads (24). Although STBM data collection has been conducted, it is still necessary to map and collect data on families who do not yet have a latrine and do not have a septic tank. Implementers can involve universities around Banjarnegara Regency for thematic monitoring. There were many successful examples related to behavior change towards ODF in Banjarnegara, which have not been widely disseminated. Therefore, learning workshops and other related efforts must be prioritized to inspire the movement toward ODF Banjarnegara.

Capacity Development

Wonosobo needs to raise the awareness of its community by developing knowledge and skills. It is also important to order people to switch from open defecation practice to latrines, as well as to encourage the need for a standard septic tank. The knowledge and skills of frontliners in developing innovations to eradicate open defecation are still lacking. Therefore, cross-sector discussions are needed to foster collective awareness, which is useful for accelerating ODF. Organizing stakeholders and clarifying their respective roles can increase public awareness of open defecation issues (14). In addition, community participation in STMB programs greatly influences changes in ODF behavior. Most villagers already had latrines and were no longer open to defecation. The community was already aware that open defecation was prohibited and was not good for health. However, they have not changed their habits. People opt to defecate openly in rivers and ponds because they do not have latrines or unsafe hygiene habits (25). Some people already had latrines but did not have a septic tank. This channelled sewage into the river near their houses. This is evidenced by a study that suggests that people have difficulty abandoning the habit of open defecation because of cultural factors (26). Therefore, a persuasive approach is required to exemplify some real impacts. Moreover, capacity building must be provided for the community and implementers by learning from other regions that have successfully implemented ODF.

In Banjarnegara, socialization to persuade the community to stop open defecation had been carried out on various occasions sporadically *PKP Pokja* needed examples from other regencies similar to Banjarnegara, such as Temanggung, to develop effective strategies

for accelerating ODF through comparative studies. It is necessary to increase the capacity of policy actors and the cross sectors responsible for ODF acceleration.

A situation analysis based on the Enabling Environment Building Blocks (EEBBs) was required to accelerate ODF initiatives in Wonosobo and Banjarnegara at the governance level. This analysis encompasses the sectors of policy/strategy, institutional arrangements, sector financing, planning, monitoring, and capacity development.

It is noted that in Wonosobo Regency, there exists a policy by the Regent of Wonosobo related to the movement of healthy sanitation practices within the community. Additionally, commitment-building efforts have been undertaken at the district level, extending to commitment-building at the sub-district level for areas that have not yet achieved the ODF status. To expedite progress, commitment strengthening and district-level data review activities have been conducted by inviting representatives from villages, sub-districts, and health centers to confirm data accuracy and commitment to achieving ODF status by 2023. In terms of financing, support from the provincial government is expected to assist in the construction of sanitation facilities. Commitment-building activities are facilitated by the assistance of donors through initiatives.

In Banjarnegara, the Acting Regent issued a circular letter on the acceleration of the ODF. In this institutional setup, the PKP Working Group, led by the Regional Development Agency, serves as the primary coordinator of the ODF acceleration program, ensuring that all activities involve stakeholders. Additionally, there have been training sessions for all public health center sanitarians to facilitate ODF acceleration and triggering in Pekalongan, benchmark visits to Boyolali, and develop a regional technical plan for ODF acceleration, followed by evaluation activities. In terms of funding, it is sourced from local governments, provincial governments, and CSR.

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CONCLUSION

Based on a situation analysis using the Enabling Environment Building Blocks approach, Wonosobo and Banjarnegara were constrained by five main problems: policies/regulations and strategies, institutional arrangements, financing, planning and monitoring, and capacity building. A situation analysis

involving the Working Group on Housing and Settlement Areas (*Pokja PKP*) for Wonosobo and Banjarnegara found the ODF's main obstacles, namely coordination and commitment (supply), and community behavior (demand). In conclusion, the readiness of Wonosobo and Banjarnegara as ODF regencies needs to be reviewed, especially the commitment of regional leaders to institution-strengthening policies and public education.

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