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Local Government Strategies for Enhancing Community Sanitation: A Study of the Geser Si Jahat Program

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Abstract

There are 2.5 billion people in the world who lack access to proper sanitation, and the health impacts of Open Defecation (ODF), such as diarrhea, can cause death. In Bekasi City, only nine out of 56 sub-districts have an open defecation-free (ODF) status. The Local Government, through the Bekasi City Health Office, in collaboration with USAID IUWASH PLUS, formed the Geser Si Jahat program. Although studies on community sanitation programs are common, few have focused on governance innovations to improve community sanitation in urban areas. Through a case study, this study explores how Bekasi City's governance innovations improve sanitation quality. Data were collected by interviewing government actors, Non-Governmental Organizations (NGOs), and local communities; observing program implementation; and analyzing policy documents, mass media articles, and archival records. The results showed that visionary leadership, trustworthiness, and stakeholder support influence proactive leadership. Civil society strongly influences bottom-up collective demands, represents common interests, and resolves conflicts by revitalizing sanitation forums. Technical management innovation occurs in planning, implementation, and supervision. Spatial participation realizes coordinated communication, opens equal opportunities across genders, and utilizes the media. This study implies that improving community sanitation quality requires the involvement of stakeholders. Applying a constructivist paradigm it provides insights into how government programs are perceived and adapted at the community level, enriching public administration and governance studies with context-specific knowledge that emphasizes local cultural and social dynamics.

Keywords: community-based total sanitation; Geser si jahat; governance; local government; sanitation.

Introduction

In the Sustainable Development Goals (SDGS), sanitation issues are the focus of target number 6, namely "Ensure availability and sustainable management of water and sanitation for all" in realizing proper sanitation for all (Jung et al, 2017). This target is related to the implications of poor water and sanitation availability, which

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can lead to disease and death, especially in countries with low incomes that are increasingly at risk for toddlers (Troeger et al., 2017). The target of realizing proper sanitation in global cooperation consists of various sectors, including Water Air Sanitation And Hygiene (WASH) organizations, community organizations (Civil Society), central government, cooperation between countries, banks, local companies, universities, and other institutions (Setty et al., 2018). The lack of proper sanitation and the practice of sharing these facilities can increase the risk of diarrhea, which tends to be high, especially in urban slums and other high-density areas (Heijnen, 2014).

Indonesia is one of the countries with complex sanitation problems. In other words, many areas in Indonesia are not yet free from sanitation problems. The government has launched universal access in the 2014-2019 RPJMN. In 2019, community access to clean drinking water and sanitation can reach 100%, but the achievement in 2018 only reached 69.27%, meaning that 30.73% needs to be met to improve sanitation and drinking water. T h e concept of Community-Based Total Sanitation (STBM) in Indonesia has four pillars: stopping ODF, washing hands with soap, managing household drinking water and food, securing household waste, and securing household liquid waste (Ministry of Health 2018). Meanwhile, for rural and urban areas in Indonesia, it is equally bad to look at sanitation data per decade; for example, 36% of the population in rural areas still practice Open Defecation (ODF) and 14% in cities that practice the same thing (Patunru, 2015). In Indonesia, the gap in access to sanitation between the richest 60% and the poorest 40% of the population is 19% in urban areas; thus, an estimated 95% of waste from feces pollutes the environment and increases the risk of 27% of the poorest two-fifths of Indonesia's population consuming contaminated and unsafe drinking water (Mason et al. 2018). In addition, the data show that ODF was still carried out by one in eight people (12%) in 2015. Regarding the total number of disease cases that occurred in 2015, ODF was particularly high in the poor category (24%), rural areas (20%), and low-education groups. At the provincial level, the comparison of the population that still practice ODF is less than 1% in DKI Jakarta and more than 33% in Papua (Susenas, 2015).

This study focuses on the study of ODF in urban areas or urban areas, considering that urban areas tend to have high density, poverty rates, and limited land, so it is necessary to plan for proper sanitation management (Rizani, 2019). Sanitation problems in urban areas are related to unhealthy urbanization and migration, so they can increase the number of slums with minimal land along with the problems of poverty and chaotic spatial planning, so that poor sanitation is the impact of this problem (Jamaludin, 2017). The population of people in rural areas with a percentage of around 65% of the population of Indonesia while 35% in urban areas, with this quantity, sociologically, rural communities tend to be closer in terms of kinship systems and social structures to work together, help each other and deliberate which are part of the

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tradition so that a communal empowerment approach can be an alternative to every policy, but in sociological terms, urban communities have challenges in realizing proper sanitation, this is because urban communities are more individualistic and tend to break away from collective collectives while sanitation problems are difficult to handle without cooperation between the government and the community (Jamaludin, 2015).

Bekasi City is included in the Jabodetabek region, along with Jakarta, Bogor, Depok, Tangerang, and South Tangerang, which together serve as metropolitan buffer zones for Indonesia's capital. Although sanitation problems are present in other Jabodetabek cities, Bekasi City was selected for this study because of its rapid urban growth, high population density, and significant disparity between infrastructure development and community sanitation practices. According to the 2020 Population Census, Bekasi City has a population of approximately 2.5 million, ranking it among the most densely populated cities in Indonesia (Badan Pusat Statistik Kota Bekasi, 2021). Despite this expansion, the city continues to face sanitation challenges as reported by the Bekasi City Health Office. In 2020, 47 out of 56 urban villages had not yet reached Open Defecation Free (ODF) status (Dinas Kesehatan Kota Bekasi, 2020). Compared to other cities in Jabodetabek, such as Depok and South Tangerang, which have demonstrated higher levels of household sanitation access (Bappenas, 2020), Bekasi encounters distinct challenges where sufficient sanitation services have not accompanied urban growth. This scenario makes Bekasi City an ideal case for examining the impact of governance innovations, such as the "GESER SI JAHAT" program, in tackling public health issues through community involvement and enhanced policy enforcement.

Margahayu Village is one of the targets of 47 villages that are not yet Open Defecation Free (ODF), empowerment so that this problem can be resolved refers to data collection conducted by the Health Office in January 2019 there were 250 families who were still defecating then in January 2020 there were 151 families who were still defecating through the GESER SI JAHAT program intervention (Gerakan Seribu Rupiah Siapkan Jamban Sehat) as a form of empowerment carried out by the Bekasi City Health Office, Karang Kitri Health Center, USAID IUWASH PLUS (United States Agency International Development Indonesia Urban Water Air Sanitation Hygiene Protection For All), Sanitation Forum and the community. The decrease in defecation is in line with increasing public awareness of building septic tanks independently as an impact of triggering and socialization, which is part of the GESER SI JAHAT program (Karang Kitri Health Center, Margahayu Village, 2020). Changes in the empowerment process in the GESER SI JAHAT program to reduce the number of ODF researchers using the theory of government governance innovation. According to Sumarto (2009), government governance innovation consists of four dimensions, first, a new type of leadership can be seen from the proactive role of the head of the sanitation forum with

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guidance intervention by the government and USAID IUWASH PLUS in mobilizing the community to realize proper sanitation in Margahayu Village; second, civil society in the formation of a sanitation forum; third, technical management innovation in the planning, implementation, and supervision process and; fourth, participation space in the process of opening up the widest possible role for the community to be involved.

Studies have demonstrated the crucial impact of innovative local governance in enhancing public health, particularly in the realm of sanitation. For instance, Hadi and Alfitri (2017) investigated community-based sanitation initiatives in Indonesia, revealing notable enhancements in health and hygiene indicators as a result of local government efforts. Susilawati and Wijaya (2019) assessed the efficacy of participatory governance in upgrading sanitation facilities and concluded that active community engagement and transparent governance practices were essential for program success. The Thousand Rupiah Movement to Prepare Healthy Latrines (“GESER SI JAHAT ”) program in Bekasi City exemplifies innovative governance aimed at tackling sanitation challenges. Prior research has also underscored the significance of affordable, community-centered approaches in achieving lasting sanitation improvements (Sijbesma & Christoffers, 2009). Expanding on these insights, this study sought to examine how the specific tactics employed in the Thousand Rupiah Movement to Prepare Healthy Toilets (“GESER SI JAHAT ”) program contributed to enhanced sanitation outcomes, and to identify lessons applicable for broader implementation in other regions.

The research on the Thousand Rupiah Movement to Prepare Healthy Toilets "GESER SI JAHAT" program in Margahayu Village, Bekasi City, utilizes a constructivist paradigm, which focuses on understanding social phenomena through the meanings and experiences of those involved (Creswell, 2013). This approach is suitable for examining innovative governance practices aimed at enhancing community sanitation quality, as it allows for the exploration of perspectives and interactions among various stakeholders such as government officials, community leaders, and residents. The constructivist perspective supports the idea that knowledge is formed through social processes and contextually dependent (Lincoln & Guba, 1985). Consequently, this research aims to address the following question: How are local government strategies for implementing the "GESER SI JAHAT" program perceived, applied, and adapted by the community, and what social dynamics affect the success of this sanitation initiative? This aligns with this study's goal of clarifying how local government strategies are perceived, implemented, and adapted within the community. By employing a constructivist paradigm, this study explores the complexities of governance innovations and their effects on public health, offering comprehensive and detailed insights into the subjective experiences and social dynamics that contribute to the success of sanitation initiatives.

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METHOD

Participant Selection

This study adopted a case study approach. In its use, case studies do have certain limitations, however, scholars agree that the case study approach can fill the gap between theoretical perceptions and practical reality (Patton & Appelbaum, 2003; Rynes & Gephart Jr, 2004). A case study is a research method that investigates contemporary phenomena in depth and a real-world context, especially when the boundaries between phenomena and context are not visible about the Thousand Rupiah Movement to Prepare Healthy Toilets ("GESER SI JAHAT") program in Margahayu Village, Bekasi City (Yin 2018).

This study involved participants consisting of two government actors, one non-governmental organization (NGO), and one community group. Government actors are leaders in related institutions, namely the Head of the Health Office and the Head of the local Puskesmas. The actor from the non-governmental organization was the Sanitation Forum organization. Community representatives were also recruited to provide their views on the programme.

We selected participants based on gender, age, work experience, marital status, and education (Table 1). The government actors selected were leaders or policymakers in local government institutions related to sanitation, namely, the Head of the Health Office and the Head of the Puskesmas. This study aims to explore the experiences of governance innovation in community sanitation. The actors involved were representatives from the Sanitation Forum and the community, in which we tried to explore how they were involved in community sanitation development efforts.

Data Collection and Analysis

The data were obtained through semi-structured interviews. We started by making arrangements to meet and conduct interviews. Previously, we sent permission letters to relevant government agencies, NGOs, and community groups. After the schedule was set, we prepared a place to conduct interviews. Interviews were conducted with each participant for approximately 45-60 minutes focusing on questions about community sanitation development and how governance innovation is implemented. We used the concept of governance innovation as a guide to confirm sanitation development in the Thousand Rupiah Movement to Prepare Healthy Latrines ("GESER SI JAHAT") program in Margahayu Village, Bekasi City (Sumarto, 2009). Through governance innovations, this study seeks to explain dimensions related to sanitation development, such as new types of leadership, civil society strengths, technical management innovations, and participation spaces.

We sought permission to collect information on government actors through formal permission letters to the relevant agencies and explained the purpose,

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procedures, benefits, and potential risks of the research. In addition, we sought to safeguard personal data and sensitive information that could threaten personal safety. Likewise, we tried to make participants from NGOs and communities comfortable and willing to share valuable experiences for the progress of this study. To maintain privacy and security, each participant was asked to sign a consent form. This study relied on theoretical propositions, grounded data, and developed case descriptions, and used both qualitative and quantitative data. This study followed the theoretical propositions that led to the case study, which formed the data collection plan and analytical priorities (Yin 2018). Data analysis uses explanation building, which analyzes the case study data by building an explanation of the case. This involves establishing a series of putative causal relationships regarding how or why something has happened. The explanation was constructed through a series of iterations that compared the data with the initial propositions.

Table 1. Participant Social Demographics

Participant Characteristic	Gender	Age	Work Experiences	Marital Status	Education
Government actor	M/F	25-60	≥2	Married	bachelor
Non-government organizations	M/F	25-60	≥2	Married	bachelor
Community groups	M/F	25-60	≥2	Married	≥high school graduate

Results and Discussion

The empirical progress of the GESER SI JAHAT program is reflected in the decline in ODF figures in Margahayu Village, as shown in Figure 1.

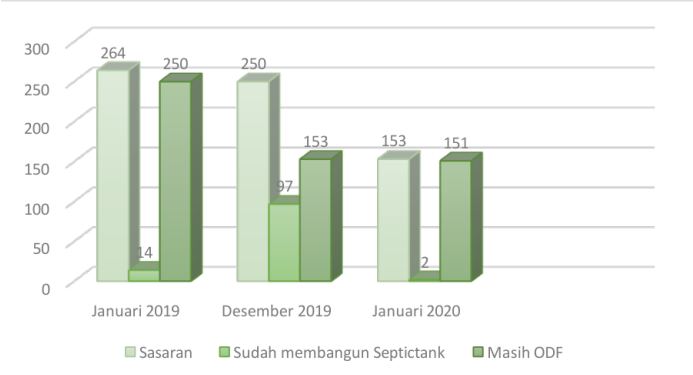

Figure 1. Data Diagram of the Decrease in ODF Figures in Margahayu Subdistrict, Bekasi City
Source: Karang Kitri Health Center, Margahayu Village, 2020

Community empowerment requires a long series of processes (not instantaneous) so that they become more empowered, and the empowerment process tends to be associated with a driving element of socio-economic and political empowerment, which

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is an effort and process that functions as power or encouragement in achieving goals, namely self-development (Alfitri, 2011). The empowerment actor in the concept of governance is not only the government but also many other sectors, and governance is a neutral concept from which a healthy or good model can be formatted so that the term Good Governance (good governance) or an unhealthy (bad) model (Dwipayana & Eko, 2003). Other analyses also suggest that the alignment of private sector entities with the government sector by involving the community is formed from the government's efforts to regulate good governance with a broad dimension, not only the government but also the relationship between parts of a political system, including various institutions that exercise their public authority (Yuwono, 2016).

This study used the theory of government governance innovation (Sumarto, 2009), which has four dimensions: new leadership types, civil society strength, technical management innovation, and spatial participation (Figure 2).

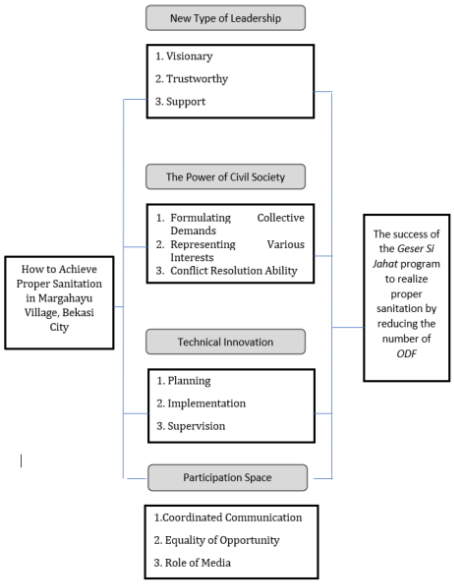

Figure 2. Theoretical Framework of Government Governance Innovation
Source: Sumarto, 2009 (processed)

Proactive Leadership

The political and leadership roles of legislators and regional leaders are related to urban sanitation governance, considering that the policy process and budgeting mechanisms are part of the government (Mason et al., 2018). To bring up acceptable leadership or formal leadership, involvement in leadership development programs in various organizations is needed (Luria et al., 2019). In the GESER SI JAHAT program, the Sanitation Forum was formed as a representative organization of civil society with Uci as its chairman. The new leadership paradigm is measured by three aspects: visionary, which means the process of achieving clear goals; trustworthiness;

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trustworthiness; and support, which means support in the program (Sumarto, 2009). The visionary aspect is related to the forward-thinking process in order to project achievements, therefore the data collection stage is carried out, in the GESER SI JAHAT program according to Dudung Abdullah as Head of the Public Health Division of the Bekasi City Health Office, he said that the government took steps to conduct comprehensive data collection in every sub-district in Bekasi City, totaling 56, then it was found that there were only 9 sub-districts that had been ODF since 2016 (Interview on April 20, 2022) (See: Figure 3.).

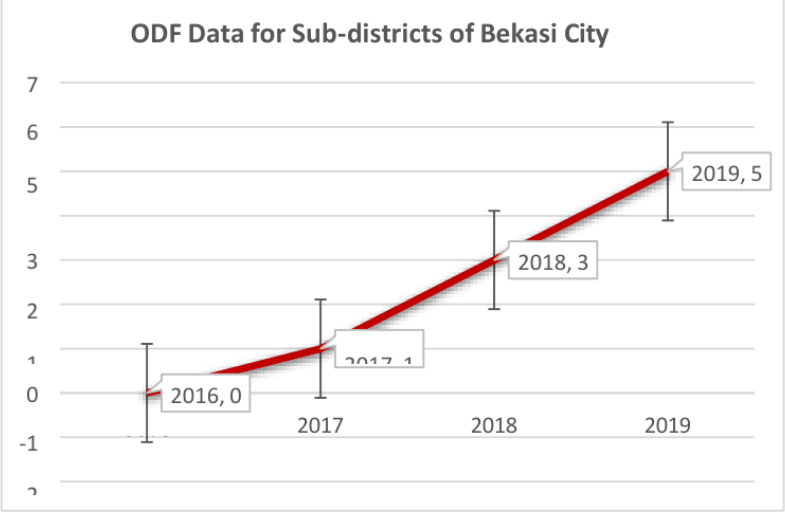

Figure 3. Data on the Increase in ODF in Bekasi City
Source: Bekasi City Health Office, 2020

According to Veli Muliastuti as the Head of the Environmental Health Division of Margahayu Village, in the process of determining the goals/visionary, data collection was carried out with the assistance of the Health Office, then the figure of 250 families that were not yet ODF was obtained through data collection, the actual conditions can be known which are the basis for making further policies (Interview on April 13, 2022). Meanwhile, Eneng, as a member of the Margahayu Village community, is of the view that in the data collection process, the health center actively visited the community from house to house in turn and then asked about toilet ownership, occupation, and the distance of the toilet from the water source (Interview on June 19, 2022).

The next aspect in forming a new proactive leadership is the trustworthiness of the community in the program. Related to the trust that the GESER SI JAHAT program can bring about changes, information from Uci as the Chairperson of the Sanitation Forum who was involved in the field related to efforts to instill trust in the community that advocacy is key because the forum believes that leadership is not by forcing so that it is proactive with the community and understands their situation so that the trust that this program can bring about change can be proven (Interview on April 13, 2022). As an

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assisted institution for the GESER SI JAHAT program, USAID IUWASH PLUS, through its Wash Facilitator, strives to help instill trust not only from the community in the program but also to connect the trust of Corporate Social Responsibility (CSR). (Interview on May 17, 2022).

Viewed from the perspective of support from various parties in the GESER SI JAHAT program, the government realizes that the program does not entirely consist of professional workers, but rather concerns public health, and that these unprofessional workers need to be encouraged in the form of increased capacity for socialization and triggering. Encouragement in the form of education for the community and forums is part of the support system to maintain energy so that the sustainability of the program can continue. This support consists of Corporate Social Responsibility (CSR), the Sanitation Forum, USAID IUWASH PLUS, Bekasi City Health Office, Karang Kitri Health Center, and the target community of the program (See: Figure 4).

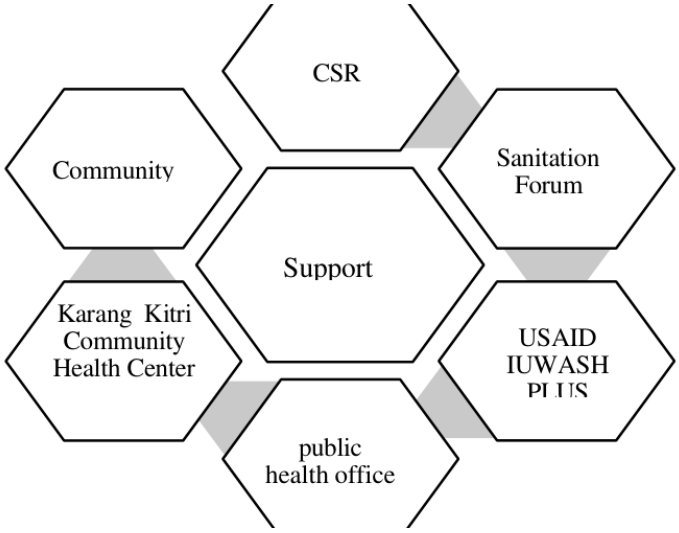

Figure 4. The Geser Si Jahat Program Support
Source: USAID IUWASH PLUS, 2020 (processed)

IUWASH is involved in supporting the GESER SI JAHAT program to connect cross-sector tasks and then provide support interventions and connections with Corporate Social Responsibility (CSR) so that it is easier for the program to obtain financial support. On the other hand, the relationship between central and regional governments has been legally established through a memorandum of understanding/MOU.

Civil Society Manifestation Sanitation Forum

The ability of civil society to have strong bargaining power over the government will determine innovation and the ability to implement good governance. Civil society can be involved in action strategies, either as individuals or teams, to achieve common goals through a broad range of complex dynamic interactions (Oever, 2019). The ability

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of civil society to formulate its collective demands, create representations of various interests, and resolve conflicts determines the achievement of good governance innovation. The elements of society that play a role in the sanitation forum as a manifestation of civil society consist of the PKK group, Karang Taruna, Jumantik, RT/RW, and other volunteers who have strong bargaining power so that they can make changes accompanied by the Karang Kitri Health Center, USAID IUWASH PLUS, and the Bekasi City Health Office to realize proper sanitation in Margahayu Village.

Judging from the sanitation forum's ability to formulate collective requests or aspirations from the community in Margahayu Village to realize proper sanitation, according to Dudung Abdullah as Head of Public Health at the Bekasi City Health Office in an interview, efforts to formulate aspirations or desires of the community are accommodated by the sanitation forum in stages from the forum level, health center, village, and sub-district. The Health Office responds so that there is a priority scale that is met (bottom-up) (Interview on April 20, 2022). Aspirations during the GESER SI JAHAT program range from the forum's desire to be economically empowered, submission of septic tank and toilet repairs, the Bank Senja program for septic tank suction installments, to conducting a needs survey of the community.

Representation means that the forum becomes a place to represent ideas, concepts and goals of the government, health centers and IUWASH which are tasked with sharpening work programs and have a special focus on handling the problem of ODF because all these sectors have the same interest, namely reducing the number of ODF, so the idea is discussed by formulating a joint achievement target. In addition to the government, Health Centers, and IUWASH, which have an interest in the GESER SI JAHAT program, the community also has the same interest so as not to violate the law in accordance with Bekasi City Regulation Number 5 of 2018 concerning waste, which regulates sanctions for violators who carry out ODF. On the other hand, triggering was carried out by the forum so that feelings of guilt due to ODF arose and encouraged the desire to build a septic tank. The problem related to septic tank suction cannot be denied as a concern for the poor, so the forum positions itself as a representation of common interests, both the community and the government, Corporate Social Responsibility (CSR), and USAID, by creating a septic tank suction installment program.

One aspect of strengthening civil society is the ability to resolve conflicts that arise. The sanitation forum as a manifestation of civil society in the GESER SI JAHAT program, together with the government and IUWASH, prevents and reduces conflicts that may arise in the field, considering that this program involves contributions and financial management and development on narrow land for the target community of the program. To protect the forum, the government ensures the legality and clear regulations of the law so that its existence is recognized by the community and conflict can be prevented. Land constraints due to the location of the house, which is the target

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of the program on a narrow road, require the forum to find a solution so that development that is well-intentioned in reducing the number of defecations does not cause problems or conflicts. The Health Center sees that narrow land is not an obstacle to development with strong cooperation to resolve conflicts that arise because the option of demolition or construction on the road is not accepted by the community, but the approach continues to be carried out so that a mutual agreement can be reached.

GESER SI JAHAT Program Management

Innovation in technical management affects the outcomes of government policies. The formulation, implementation, and monitoring of policy planning reflect the government's technical capabilities. Demands for professional skills concerning technical and management capabilities determine the success of technical management innovation (Sumarto, 2009). Related to planning to achieve program objectives, namely, reducing the number of ODF, compiling things that must be done to achieve these goals. As an advisor to the forum, the Head of the Environmental Health Division of the Karang Kitri Health Center, regarding the planning process and determining things that need to be done so that the GESER SI JAHAT program can achieve its goals in his interview with Veli Muliastuti, said that the stages of the plan to achieve the goal of Margahayu Village being free from ODF behavior began with a joint discussion of the launch and evaluation of the program because this assistance is a form of cooperation between sectors, considering that the forum needs guidance and training so that the role of the Karang Kitri Health Center is important (Interview on April 13, 2022).

Furthermore, in the implementation stage of the GESER SI JAHAT program, according to the Head of Public Health at the Bekasi City Health Office, he said that in implementing the program, he is trying to play the role of a regulator/rule maker and facilitator for the provision of facilities and infrastructure, including experts in empowering this program, so that the role of the government is not dominant and provides the widest possible space for the community and the private sector to be actively involved. Implementation in practice starts by recording contributions and implementing triggers for the community, in addition to making proposals for Corporate Social Responsibility (CSR) as an innovation to increase the understanding of the dangers of ODF. Funds from (CSR) that were successfully collected by the Sanitation Forum in 2019 are presented in Table 2.

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Table 2. Funding Sources for the Geser Si Jahat

Funding Source for the Geser Si Jahat	ID Rupiah
CSR	Rp. 52.156.000
Community	Rp. 45.665.000
Amount	Rp. 97.821.000

Source: Karang Kitri Health Center, 2019

In the next stage, supervision to measure the extent to which the program is carried out and has an impact, monitoring and evaluation to measure the achievement of the program and monitor to project the next steps so that the program runs optimally is carried out by the Health Office, IUWASH together with the Karang Kitri Health Center to analyze the results of development through field surveys; the obstacles and successes of the program are discussed, and the results of the survey in a joint discussion are presented in the form of an RKM (Community Work Plan) document.ho

Participation Space

According to Sumarto (2009), with participation space, women also need to be involved because so far the assumption that women's place is only in the private and domestic sectors needs to be changed, and gender equality needs to be realized because women also have the same rights to be involved in important roles both in the realm of government politics and society. Innovation in the communication system between actors in good governance needs to be changed into a more coordinated deliberative system to show support for equality. The role of mass media so that communication between the implementation of government actors can take place effectively is significant in ensuring the success of innovation in government governance. According to the explanation above, the indicators of participation space in innovation in government governance are coordinated communication, equality, and the role of the media. Democratic participation can be built or hampered by narrative interactions where public understanding of programs and policies is influenced by the understanding of policy makers to invite and explain programs so that the community is involved (Knibbe and Horstman, 2019).

Coordinated communication that has been built according to Uci as the head of the Sanitation Forum in an effort to exchange information in a simple but comprehensive manner is one of the elements that builds coordinated communication, considering that this program is dynamic because it involves the community with various responses and changing ODF behavior through increasing awareness is a challenge. Communication impacts the efficiency of sharing information through simple messages so that it can be accepted by the community both textually and verbally (Weimann, 2020).

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Regarding equality of opportunity for men and women in the participation space, it is related to the understanding of feminism, which has so far seen that there is inequality of opportunity for women even though gender is a socially constructed relationship between homogeneous groups of women and men, and their opportunities are the same (Kantola and Lombardo, 2019). In fact, in the GESER SI JAHAT program, Uci, as the head of the Sanitation Forum, is a woman in an interview saying that men have not been fully involved in mobilizing the community to care about the dangers of ODF, which is more dominated by women, but for contributions equal to men or women to be targeted and given education (Interview on April 13, 2022). The role of women in empowering women is one of the important points in realizing equality in this program; it can be seen that women have an important place and role. Judging from the core organizational structure of the sanitation forum, it is dominated by women with a percentage of women 71% and men 29% of the 14 core members of the sanitation forum management which can be seen in the following (Figure 5).

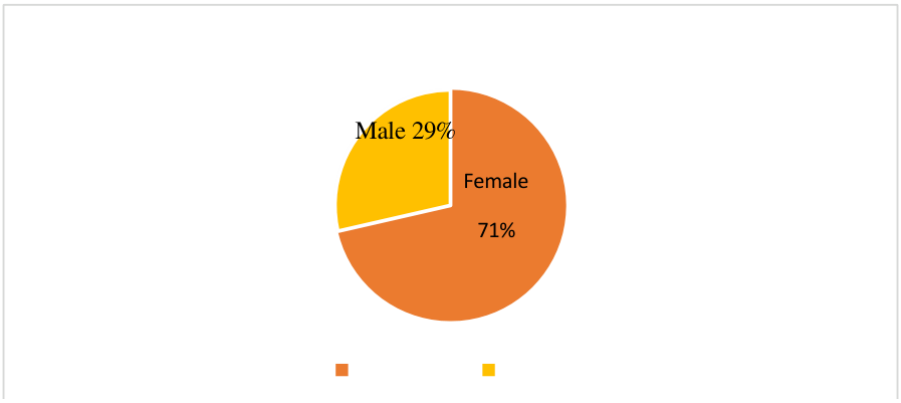

Figure 5. Percentage Diagram of Sanitation Forum Management
Source: Sanitation Forum, 2020

The implementation of the GESER SI JAHAT program was carried out in various forms. The Bekasi City Government and the Sanitation Forum work together and strive to open up participation spaces through various media, both mainstream and social media.

The role of the media in conveying information to open up participation space in the GESER SI JAHAT program utilizes local private radio stations in Bekasi City to provide information about public services, especially information related to the danger of ODF and the formation of the GESER SI JAHAT program to the people of Bekasi City, because the role of IUWASH as a liaison between sectors and the government so that the role of the media to open up participation space through Diskominfo, Radio and DAAI TV, however, related to the use of media such as social media, it has not been maximized in its management, this happens because the forum focuses on socialization efforts using existing media. However, it is undeniable that the plan to optimize social

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media to open up participation spaces is still being reviewed for its usefulness.

Conclusion

In analyzing this research, the theory of governance innovation is used, which includes first, a new type of leadership, both in terms of visionary data collection and trustworthiness in instilling trust and support from various sectors influencing the formation of proactive leadership. Second, the strength of civil society in formulating collective demands in a bottom-up manner, representing common interests, and resolving conflicts in strengthening the role of sanitation forums. Third is technical management innovation in planning, implementation, and supervision processes. Fourth, participation space in establishing coordinated communication, opening up equal opportunities across genders, and the role of the media in opening up participation spaces.

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