

# Emphasizing Gender Equality and Social Inclusion Approaches in Sanitation Interventions to Increase Community Resilience in Disaster Affected Areas

JATMOKO JATMOKO<sup>1</sup>, NUR A<sup>4</sup>, SILVIA DEVINA<sup>1</sup>, LEE LEONG<sup>3</sup>, SILVIA ANASTASIA LANDA<sup>\*2</sup>

<sup>1</sup>*Yayasan Plan International Indonesia*, <sup>2</sup>*Plan International Indonesia*, <sup>3</sup>*Plan International Australia*, <sup>4</sup>*Private consultant*

Indonesia is a high-risk country for disasters, both from natural disasters and climate change effects. In the growing number of people affected by disasters, interventions could be tempted to focus on the number of beneficiaries where generalized intervention is formulated without consideration of the most vulnerable. Thus, an appropriate sanitation strategy is critically important in any resilient community to ensure healthy members, especially during a disaster event which can quickly escalate health consequences, particularly those already vulnerable such as people with disability (PWD) because of their limited access. Community-Led Total Sanitation (CLTS) is a widely used sanitation improvement methodology, however without careful consideration, CLTS could reinforce the marginalization of vulnerable groups particularly with its no subsidy and “shaming” strategies. Plan Indonesia (Plan) undertook a study to understand implications of CLTS implementation during the rehabilitation phase in disaster-affected areas, and with a gender equality and social inclusion (GESI) lens.

Plan’s qualitative study was conducted within its CLTS intervention areas that had been affected by disasters, within 6 villages in Sumbawa Regency. Twelve focus group discussions with women, men, and PWD (18 people) and 23 key informant interviews with the village, sub-district and district government representatives were undertaken.

The study found that CLTS implementation is possible during disaster recovery and can be an important part to increase community self-sufficiency as their moving from their dependency on aid during the emergency stage. However, it is important to note the necessity for a careful strategy that suitable for its specific social context to increase sanitation demand and supply, and strengthening the enabling environment with a GESI lens. For increasing demand, CLTS needs to have good facilitation skills to avoid “bad shame” that can reemphasize marginalization such as when families with PWD cannot build an accessible toilet.

Plan’s experience has shown that existing communities’ customs such as “gotong royong” (working together) and championing positive example to increase community cohesion can be leveraged. Further, meaningful participation of women and PWD in CLTS ‘triggering’ and community meetings is necessary for promoting greater and more equitable inclusion.

For supply, sanitation entrepreneurs need to be capacitated to provide facilities that can be used by all groups, especially for PWD, at affordable price. For enabling environment, the current district regulation for utilizing village fund for building toilet need to be revised for emphasizing behavioral change approach. Institutional triggering is also needed for increasing buy-in from some stakeholders for shifting from aid based to non-subsidy approach.

After a disaster, when the vulnerable become more vulnerable, a GESI lens in implementing CLTS could lead to a cohesive community that is inclusive and resilient where no one left behind.

**Keywords** : Sanitation, CLTS, Rehabilitation phase, disaster-affected areas, supply, demand, enabling environment, gender quality and social inclusion