glaas | UN-Water Global Analysis and Assessment of Sanitation and Drinking-Water

Indonesia

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)[a]	**246.86 M**
Urban population (2012)[a]	**127.10 M**
Rural population (2012)[a]	**119.76 M**
Population growth rate (2012)[a]	**1.23%**
Gross domestic product USD (2012)[b]	**878.04 billion**

[a] World Population Prospects: The 2012 Revision, UNDESA 2013.
[b] World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)[c]	**25.8**
Under 5 mortality / 1,000 live births (2012)[c]	**31**
Life expectancy at birth (2012)[d]	**71 yrs**
Diarrhoea deaths attributable to WASH (2012)[e]	**8815**

[c] Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.
[d] World Health Statistics, WHO 2014.
[e] Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)[f]	**59%**
Use of drinking-water from improved sources (2012)[f]	**85%**

[f] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

WHO/FWC/WSH/15.60

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UN WATER

World Health Organization

Sanitation, drinking-water and hygiene status overview*

The archipelago of Indonesia contains 17,508 islands. A large proportion of the population is concentrated on the two main islands of Java and Sumatra. Population in urban areas has increased considerably over the last two decades, further exacerbating the pressure on limited water resources and increasing the vulnerability of the fragile aquifers. Despite these challenges, and the Asian financial crash in 2008, Indonesia has made considerable progress in providing access to water and sanitation. Access to sanitation, however, remains a challenge (59% of population in 2012) as is the sustainable supply of safe water to all in large urban and peri-urban populations.

Governance

The National Development Planning Agency (BAPPENAS) leads water and sanitation services with active participation from the Ministries of Health, Home Affairs, Public Works and the Environment. Coordination between WASH actors includes all agencies and stakeholders and bases its work on an agreed sectoral plan including the Community-Led Total Sanitation (Sanitasi Total Berbasis Masyarakat).

Monitoring

The most recent national assessments for water, sanitation and hygiene are the road map RISKESDAS 2013 and RCOADMAP STBM 2013. National assessments are divided into three echelons, each with different review periods. The first echelon (field direction, procurement and policy) is performed 2–3 times a year. The second (field of strategy and program) 5–6 times a year and the third (field technical order financial) is conducted every month.

The challenges identified in WASH monitoring relate to a low frequency of surveillance and lack of staff for follow-up action. In addition, complaint mechanisms are still only available to 25-50% of the population served by formal providers.

Human Resources

There are several human resource strategies in Indonesia for WASH services; WASH in RPJMN 2010-2014, SSK (Urban Sanitation Strategy), BPS (Sanitary White Paper), MPS (Memorandum of Sanitation Program). The main actions for these plans are to increase capacity through training, especially in the accelerated development of residential sanitation (PPSP). For the latter, there are training sessions held by the PFCF (Province Facilitator City Facilitator) 1–2 times per year.

The greatest constraint identified for WASH human resources is that skilled workers do not want to live and work in rural areas of the country. To address this issue, training in rural areas is carried out, mainly by the STBM program for community development through the establishment of small groups by conducting focus group discussions.

Financing

There is a national financing plan in Indonesia for WASH. There is also a reported insufficiency in funds to meet WASH targets. However, there are measures in place to reach disadvantaged groups. For instance in areas where the population is poor, financing for facilities such as drinking-water or healthy latrines is met in part by the contribution of the community (4% in cash and 16% in kind), the rest (typically 80%) is contributed by the national budget (APBN) or local government (APBD).

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data[1]

I. Governance

The National Development Planning Agency of Indonesia (BAPPENAS) has lead responsibilities for drinking-water, sanitation services and hygiene.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
BAPPENAS	✔	✔	✔

Number of ministries and national institutions with responsibilities in WASH: **5**

Coordination between WASH actors includes:
- ✔ All ministries and government agencies
- ✔ Nongovernmental agencies
- ✔ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	COVERAGE TARGET YEAR
Urban sanitation	✔	77	2015
Rural sanitation	✔	56	2015
Sanitation in schools	✔		
Sanitation in health facilities	✔		
Urban drinking-water supply	✔	75	2015
Rural drinking-water supply	✔	66	2015
Drinking-water in schools	✔		
Drinking-water in health facilities			
Hygiene promotion	✔		
Hygiene promotion in schools	✔		
Hygiene promotion in health facilities			

There are specific plans for improving and sustaining services including technological analysis of bacterial quality of drinking-water, sanitation inspection, Water Safety Plans, monitoring quality of drinking-water in the airports, seaports, and border crossings area, and monitoring quality of drinking-water in specific conditions and emergency conditions.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES[a]	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES (Low → High)
Keep rural water supply functioning over long-term	
Improve reliability/continuity of urban water supply	
To rehabilitate broken public latrines	
Safely empty or replace latrines when full	
Reuse of wastewater or septage	
Ensure DWQ meets national standards	
Address resilience to climate change	

[a] Including implementation.

[1] All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 questionnaire unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for decision-making and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2013		2013		2013
Use of performance indicators[a]	●		●		●
Data availability for decision-making[a]					Health sector
Policy and strategy making	✔		✔		✔
Resource allocation	✔		✔		NA
National standards	NA		✔		NA
Response to WASH related disease outbreak	NA		NA		✔
Surveillance[b]	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA	✔	✔	
Independent auditing management procedures with verification	NA	NA			
Internal monitoring of formal service providers	●	●	●	●	
Communication[a]					
Performance reviews made public	●	●	●	●	
Customer satisfaction reviews made public	●	●	●	●	

[a] ✘ Few. ● Some. ✔ Most.
[b] ✘ Not reported. ● Not used. ✔ Used and informs corrective action.
NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water. The most important constraint identified is encouraging skilled workers to live in rural areas. Specific measures addressing capacity are residential sanitation training courses held in provinces 1-2 times a year and community development training in rural areas through "Focus Group Discussion" groups.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed[a]	✔	✔	✔
Strategy defines gaps and actions needed to improve[a]	✔	✔	✔
Human resource constraints for WASH[b]			
Availability of financial resources for staff costs	●	●	●
Availability of education/training organisations	✔	✔	✔
Skilled graduates	●	●	●
Preference by skilled graduates to work in other sectors	●	●	●
Emigration of skilled workers abroad	●	●	●
Skilled workers do not want to live and work in rural areas	✘	✘	✘
Recruitment practices	●	●	●
Other			

[a] ✘ No. ● In development. ✔ Yes.
[b] ✘ Severe constraint. ● Moderate constraint. ✔ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there is a reported insufficiency of funds to meet MDG targets. There are also reported difficulties in absorption of donor commitments, mainly due to lengthy release procedures.

FINANCING

	SANITATION		DRINKING-WATER	
Financing plan for WASH	Urban	Rural	Urban	Rural
Assessment of financing sources and strategies[a]	●	●	●	●
Use of available funding (absorption)				
Estimated % of domestic commitments used[b]	✔	✔	✔	✔
Estimated % of donor commitments used[b]	✔	✘	✘	✔
Sufficiency of finance				
WASH finance sufficient to meet MDG targets[b]	●	●	●	●

[a] ✘ No agreed financing plan. ● Plan in development or only used for some decisions. ✔ Plan/budget is agreed and consistently followed.
[b] ✘ Less than 50%. ● 50–75%. ✔ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure[1]	
NA	
Expenditure as a % GDP	
Education[2]	2.9
Health[2]	2.9
WASH[3]	NA

[1] Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.
[2] Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.
[3] WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013.
NA: Not available.

V. Equity

As a step towards addressing equality in access to WASH services, five disadvantaged groups are identified in WASH plans. Another important step is the recognition of sanitation and drinking-water as a human right in legislation.

EQUITY IN GOVERNANCE

	SANITATION		DRINKING-WATER	
Laws				
Recognize human right in legislation	✔		✔	
Participation and reporting[a]	Urban	Rural	Urban	Rural
Clearly defined procedures for participation	✔	✔	✔	✔
Extent to which users participate in planning	✘	✔	✔	✔
Effective complaint mechanisms	●	●	✔	✔

[a] ✘ Low/few. ● Moderate/some. ✔ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Remote populations
4. Indigenous populations
5. Displaced populations

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS[1]

Figure 3. Population with access to improved sanitation facilities

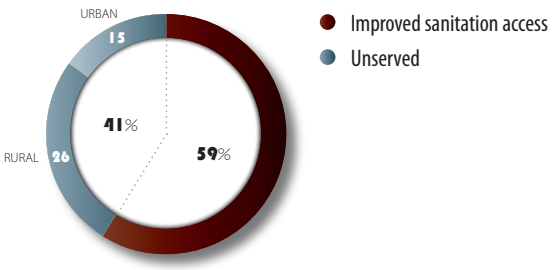
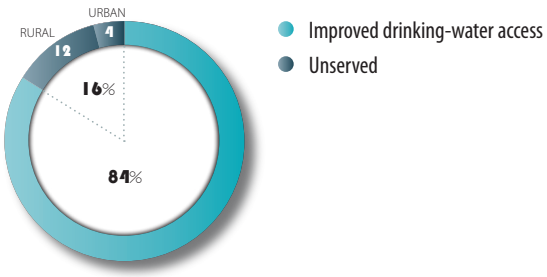


Figure 4. Population with access to improved drinking-water sources



[1] Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.