

Community-Led Total Sanitation in Indonesia: Findings from an Implementation Case Study

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Purpose

This learning brief shares key findings from a case study of community-led total sanitation (CLTS) implementation in Plan International Indonesia program areas, focusing on the roles and responsibilities of local actors. Several implications are relevant for consideration by Plan International Indonesia and other sanitation practitioners.

The brief is part of the CLTS Learning Series, a collection of seven country case studies on CLTS implementation, prepared by The Water Institute at the University of North Carolina at Chapel Hill as part of the Plan International USA project, *Testing CLTS Approaches for Scalability*.

Methods

In August 2013, a researcher from The Water Institute collected data in the capital city, Jakarta, and in three sub-districts within Grobogan District. The researcher conducted 28 in-depth interviews with government and non-government stakeholders, visited four triggered villages across the three sub-districts, and reviewed relevant organizational documents and national reports.

Roles of Local Actors

Plan International Indonesia began working on CLTS in 2010 following the establishment of the National Strategy for Community Based Total Sanitation (locally known by its Indonesian acronym STBM), and is one of the main non-government CLTS actors in the country. Other actors involved are national government (Ministry of Health and Ministry of National Development Planning), district and sub-district government staff, and village-level facilitators.

District-level working groups have the lead role in coordinating CLTS-related activities across stakeholder groups, and have monthly meetings at the district and sub-district level with Plan International Indonesia staff. For instance, the Grobogan District Working Group (“Pokja AMPL”) established a budget and developed a district action

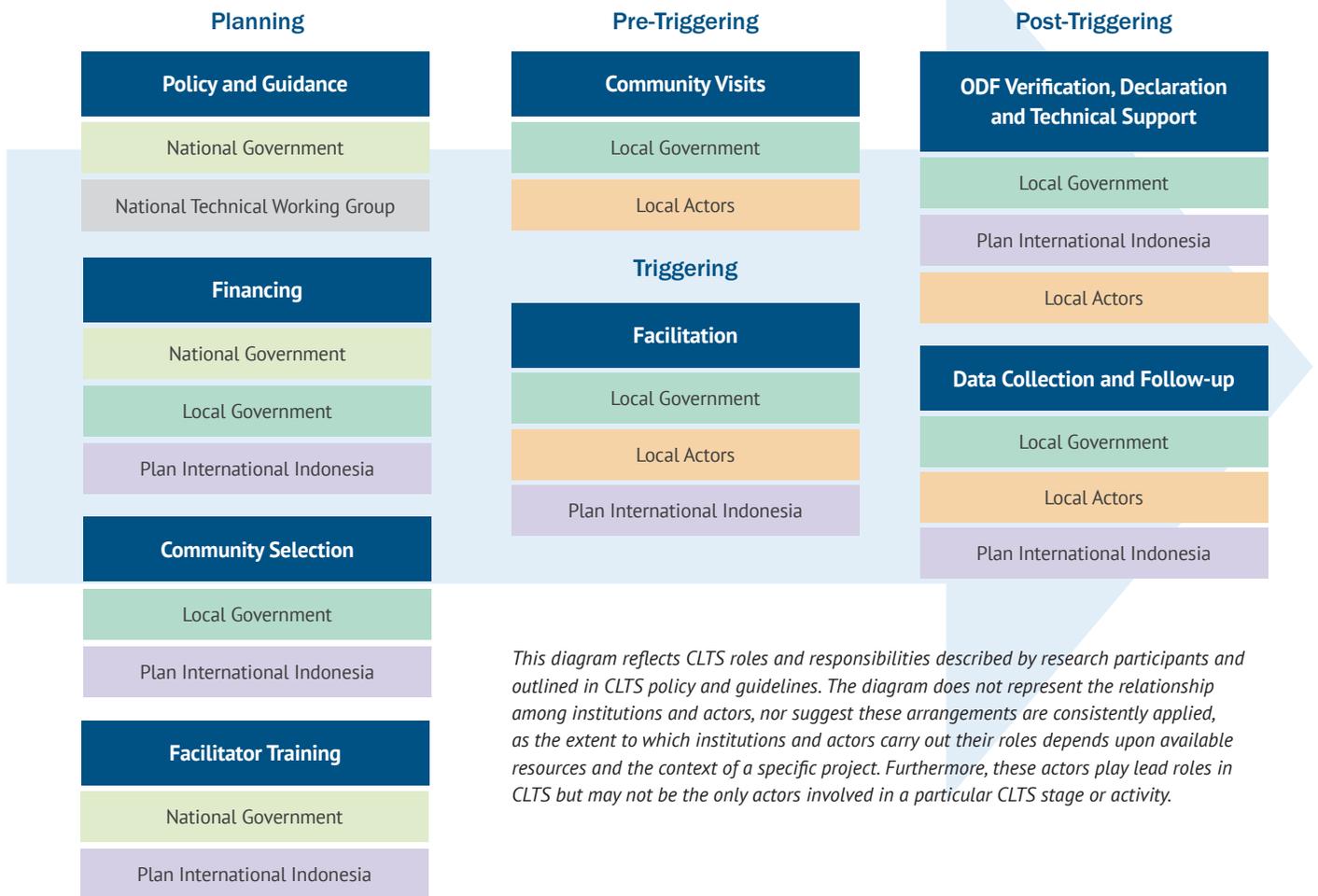
Key Findings and Implications



*Sanitation Marketing Project in Grobogan District, Indonesia
Photo by Jonny Crocker*

1. **National government has demonstrated a strong commitment to CLTS through its policies and institutional support mechanisms.** This favorable environment allows Plan International Indonesia to focus on capacity building of local government to increase local ownership and sustainability.
2. **In the Grobogan District CLTS project, local government capacity was insufficient to lead CLTS triggering.** Greater financial allocation by sub-district government and an increase in the number of sub-district staff involved in CLTS will enable Plan International Indonesia to transfer ownership of its CLTS activities to the local government.
3. **Village-level facilitators play an important role in building local capacity for CLTS, but cannot bear the primary responsibility for triggering communities.** The challenges associated with maintaining volunteer motivation may limit sustainability after the life of the project.
4. **A history of financial assistance for latrine construction has created expectations for external support in rural communities.** A combination of village-based financing mechanisms could increase access to sanitary latrines, alleviate communities' financial expectations, and sustain CLTS outcomes in the long-term.

Figure 1. Lead Roles in Plan International Indonesia's CLTS Programs, 2014



This diagram reflects CLTS roles and responsibilities described by research participants and outlined in CLTS policy and guidelines. The diagram does not represent the relationship among institutions and actors, nor suggest these arrangements are consistently applied, as the extent to which institutions and actors carry out their roles depends upon available resources and the context of a specific project. Furthermore, these actors play lead roles in CLTS but may not be the only actors involved in a particular CLTS stage or activity.

plan for Plan International Indonesia's Grobogan CLTS project. The project was supervised by the Grobogan district-level program unit (PU), who were tasked with training and building the capacity of the sub-district government staff with the intent of eventually transferring responsibility to these actors, especially sanitarians. The PUs also worked with village facilitators and community leaders and provided technical support as needed. Figure 1 further illustrates the roles of these actors.

CLTS Progress

In the 2010-2012 Grobogan District CLTS project, Plan International Indonesia triggered 153 villages in 10 sub-districts, with 97% achieving verified ODF status by the end of the project. However, because baseline latrine coverage was unavailable at the time of this study, it was not possible to determine how much communities improved post-triggering. More detailed information on CLTS progress in Plan International Indonesia communities is provided in Table 1.

Key Findings

Finding 1: National government has demonstrated a strong commitment to CLTS through its policies and institutional support mechanisms.

The national strategy establishes clear institutional mechanisms for implementing CLTS through working groups and networks, and a structure for decentralizing responsibility to local governments. This policy aims to harmonize approaches for improving sanitation access, and is supported through a large pool of government master trainers and a national training manual. The Ministry of Health also established written guidelines for monitoring progress and open defecation free (ODF) verification, which could help to standardize the post-triggering process.

Given the favorable policy environment for CLTS, Plan International Indonesia has been able to focus their efforts at the local level by training sub-district sanitarians and village

facilitators to assist with planning, triggering, and follow-up activities. These efforts indicate a serious intent to build local level capacity and have allowed Plan International Indonesia to realize rapid scale-up of CLTS activities across the district.

Finding 2: In the Grobogan District CLTS project, local government capacity was insufficient to lead CLTS triggering.

Strong national support for CLTS has allowed Plan International Indonesia to focus on capacity building within the district and sub-district government structure. Their approach has focused on transferring responsibility to local government by training sub-district health teams and village level facilitators to lead the process. However, the decentralized government structure can make it difficult for Plan International Indonesia to gain automatic approval for CLTS activities from local governments. Furthermore, with two sanitarians per sub-district in charge of triggering communities, government capacity was insufficient to lead implementation efforts. For instance, with a shortage of staff, it was not possible for sanitarians to follow-up with villages after triggering. Although Plan International Indonesia was building government capacity through trainings and, in the case of the Grobogan project, supporting per diem allowances of sub-district government staff, additional support would be needed before they can assume ownership of CLTS.

Finding 3: Village-level facilitators play an important role in building local capacity for CLTS, but cannot bear the primary responsibility for triggering communities.

Plan International Indonesia’s model of training village facilitators to lead triggering and follow-up on CLTS activities speaks to their dedication for building capacity at the community level. In addition, this approach lowers human resources costs for Plan International Indonesia. However, because village facilitators are technically volunteers, it may be challenging for Plan International Indonesia and the local government to sustain a high level of participation once the project ends. Therefore, village facilitators are likely to be more effective supporting actors rather than leaders of the CLTS process.

Table 1. Outcomes of Plan International Indonesia’s Grobogan District CLTS Project, 2012

Average Latrine Coverage
Plan International Indonesia’s Grobogan District CLTS Project

Sub-district	Villages triggered	Households reporting latrine use at end of project (%)
Brati	9	89%
Godong	28	98%
Karang Rayung	19	94%
Kedung Jati	12	100%
Klambu	9	90%
Kradenan	14	100%
Penawangan	20	100%
Tawangharjo	10	100%
Tegowanu	18	100%
Wirosari	14	99%
All Sub-districts	153	97%

Source: Plan International Indonesia, 2012

Finding 4: A history of financial assistance for latrine construction has created expectations for external support in rural communities.

Despite the government’s no-subsidy sanitation policy for households, some government and non-governmental programs were still providing subsidized latrine hardware to households, which has created expectations for external support in communities. However, the challenge of increasing latrine access for poor and vulnerable populations is real and requires alternative approaches.

Many CLTS implementers believed that village-based financing mechanisms may be appropriate for reaching the most vulnerable households, as long as the component of behavior change was addressed first. One staff member noted that they asked village governments in certain sub-districts to allocate at least Rp. 3 million (USD 225) from their budget for CLTS. This money was expected to support village facilitators, along with providing the funding for low-cost latrine materials to poor households that had already built pit latrines. There were also examples from a

few communities where members came together or pooled financial resources to build latrines for poor households.

Implications

This learning brief describes the Plan International Indonesia model for CLTS in Grobogan District and offers suggestions for building local government capacity and CLTS ownership, involving village-level volunteers, and improving access to community-based financing solutions.

Despite strong national government buy-in for CLTS, the decentralized government structure implies that local government approval of CLTS is not automatically guaranteed. Plan International Indonesia should acknowledge and promote the national mechanisms and mandates in conversation with local governments to help reinforce the government's national strategy to build capacity at the local level.

Furthermore, local governments need to allocate sufficient funding for CLTS activities before they can assume responsibility for implementation across the district. They should also consider increasing the number of sub-district government staff involved in CLTS to oversee volunteers and ensure that activities continue after the life of an NGO project.

Village level facilitators serve an important role in the CLTS process, although as volunteers, they are likely to need additional support from local government. Instead, it may be more realistic to place the primary responsibility of triggering on sub-district government staff, and enlist the added support of village facilitators to lead post-triggering activities.

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The expectation from rural communities of financial support from government and non-governmental programs makes it difficult for Plan International Indonesia to effectively implement CLTS. Plan International Indonesia should consider advocating for the scale-up of existing village-based financing mechanisms, such as self-help groups or community-based financing, to help alleviate expectations of external financial support.

Limitations

This study uses qualitative methods and a small sample size. Researchers did not evaluate program effectiveness. Although readers may connect these findings to their own CLTS experiences, they should be cautious about generalizing the findings. Furthermore, researchers visited a subset of communities where Plan International Indonesia implements CLTS, which means the study may not fully capture all aspects of CLTS implementation in Indonesia. 💧

The *Testing CLTS Approaches for Scalability* project involves The Water Institute at UNC working with Plan International USA to evaluate whether capacity strengthening of local actors influences CLTS outcomes. Our activities span 10 countries in Africa, Asia, and the Caribbean.

More information, project resources, and news are available at waterinstitute.unc.edu/clts.