



Testing CLTS Approaches for Scalability

CLTS Learning Series: Indonesia Country Report

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Plan International USA Inc.
1255 23rd St. NW, Suite 300
Washington DC 20037

The Water Institute
Gillings School of Global Public Health
The University of North Carolina at Chapel Hill
Rosenau Hall, CB #7431
135 Dauer Drive Chapel Hill, NC 27599-7431

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Plan International USA Inc.
1255 23rd St. NW, Suite 300
Washington DC 20037
Phone + 1-202-617-2300
<http://www.planusa.org/>

The Water Institute at UNC
Gillings School of Global Health
The University of North Carolina at Chapel Hill
Rosenau Hall, CB #7431
135 Dauer Drive, Chapel Hill, NC 27599-7431
Phone +1-919-966-7302
<https://waterinstitute.unc.edu>

Author:

Vidya Venkataramanan

Data Collector:

Jonny Crocker

Reviewers and Editors:

Jamie Bartram
Pete Kolsky
Darren Saywell
Jonny Crocker
Corrie Kramer
Mulugeta Balecha
Jennifer Bogle

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We support WaSH sector organizations to significantly enhance the impact, sustainability and scalability of their programs.

The vision of The Water Institute at UNC is to bring together individuals and institutions from diverse disciplines and sectors and empower them to work together to solve the most critical global issues in water, sanitation, hygiene and health.

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Plan International USA is part of the Plan International Federation, a global organization that works side by side with communities in 50 developing countries to end the cycle of poverty for children and their families. Plan works at the community level to develop customized solutions and ensure long-term sustainability. Our solutions are designed up-front to be owned by communities for generations to come and range from clean water and healthcare programs to education projects and child protection initiatives. For more information, please visit www.PlanUSA.org.

About the Project

The project, *Testing CLTS Approaches for Scalability*, evaluates through a rigorous research program three distinctive strategies to enhance the roles of local actors in CLTS interventions in Kenya, Ghana and Ethiopia. The project aims to learn, capture and share reliable and unbiased information on CLTS approaches and scalability.

About the Author

Vidya Venkataramanan is a doctoral student at the University of North Carolina at Chapel Hill (UNC) and a researcher at The Water Institute at UNC.

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Abbreviations and Acronyms

AMPL	<i>Air Minum dan Penyehatan Lingkungan</i> (Working Group for Water and Environmental Sanitation)
BAPPENAS	<i>Badan Perencanaan Pembangunan Nasional</i> (State Ministry of National Development Planning)
BMGF	Bill & Melinda Gates Foundation
CLTS	Community-led Total Sanitation
CO	Plan International Country Office
JMP	WHO/UNICEF Joint Monitoring Programme
MDG	Millennium Development Goals
MOH	Ministry of Health
NGO	Non-governmental Organization
NTT	Nusa Tenggara Timur Province
ODF	Open Defecation Free
PAMSIMAS	<i>Penyediaan Air Minum dan Sanitasi Berbasis Masyarakat</i> Community-Based Drinking Water Supply and Sanitation
PAPSIGRO	<i>Paguyuban Pengusaha Sanitasi Grobogan</i> (Association of Sanitation Entrepreneurs of Grobogan)
PU	Plan International Program Unit
STBM/CBTS	<i>Sanitasi Total Berbasis Masyarakat</i> (Community Based Total Sanitation)
TCAS	Testing CLTS Approaches for Scalability
ToT	Training of Trainers
UNC	University of North Carolina at Chapel Hill
UNICEF	United Nations Children’s Fund
USD	United States Dollar
WaSH	Water, Sanitation and Hygiene
WHO	World Health Organization
WSP	Water and Sanitation Program, World Bank

Executive Summary

This report presents findings on Plan International’s Community-led Total Sanitation (CLTS) approach in Indonesia. It is part of the CLTS Learning Series, a collection of case studies on CLTS implementation approaches. The study was conducted by The Water Institute at UNC as part of the Plan International USA project, “Testing CLTS Approaches for Scalability” (TCAS), which evaluates the roles of natural leaders, teachers, and local government in CLTS. The CLTS Learning Series investigates the roles of these and other important actors involved in the CLTS approach. This study is a result of a sub-agreement to UNC from Plan International USA, the recipient of a grant from the Bill & Melinda Gates Foundation (BMGF).

This report reviews Plan International Indonesia’s CLTS implementation approach by addressing the following research questions:

- What roles do local actors play in the CLTS implementation process in Indonesia?
- What are enabling and constraining factors for successful implementation of CLTS?
- What implications does the involvement of local actors have for Plan International Indonesia’s CLTS implementation process?

In August 2013, a UNC researcher conducted 28 in-depth interviews with policymakers, Plan International Indonesia CLTS staff, other non-governmental organization (NGO) partners, sub-district and village-level CLTS facilitators, natural leaders, and other community leaders. Relevant organizational documents and national reports were also collected. Thematic analysis was conducted using interview transcripts, field notes, and documents. Key findings and implications are summarized below.

Roles of local actors

The main actors involved in CLTS activities presented in this report are Plan International Indonesia; the national government; the district government and sub-district health center; village facilitators; and a variety of community leaders. A national sanitation policy was established in 2008, which emphasizes the principles of CLTS, hygiene behavior, and environmental sanitation. The Ministry of Health and the State Ministry of National Development Planning lead these efforts. Plan International Indonesia plays a supporting role by building the capacity of district government to directly implement CLTS, through trainings, financial support, and technical support. As part of the national policy, the sub-district government is expected to allocate financial resources for CLTS and is responsible—through sanitarians—for training village facilitators to trigger and monitor villages and verify their open defecation free (ODF) status. Village facilitators, who the national government envisions as the primary triggerers in a community, are appointed by village leadership and participate in CLTS activities as volunteers, but often receive per diem allowances from Plan International or the sub-district government.

This report highlights factors that enable and constrain the ability of these local actors to implement CLTS in Plan International Indonesia’s program areas. A brief summary is presented below.

Enabling factors and implications for successful CLTS

- The national government has demonstrated **strong strategic commitment to CLTS** through its national sanitation policy. Despite some challenges arising from decentralization, this policy has the potential to move the country toward a more harmonized and coordinated approach for improving access to sanitation at scale.
- Plan International Indonesia and other organizations have access to a pool of **government master trainers** around the country who can conduct trainings in a uniform manner. With the addition of national training manuals, monitoring and evaluation guidelines, and ODF verification guidelines, some consistency in the quality of trainings may now be expected.
- Given the favorable national environment for CLTS, **Plan International Indonesia** has been able to **focus on building capacity of district and sub-district government** by training sub-district health teams and village facilitators to lead the process. These efforts indicate a serious intent by Plan International Indonesia to build a culture of independence to ensure that sanitation activities are sustained beyond the lifespan of an NGO project.
- Plan International Indonesia and the district government **train volunteer village facilitators** to help conduct triggering and follow-up activities. This approach **builds capacity at the village level for CLTS**, lowers resource costs for Plan International Indonesia, and potentially increases follow-up frequency within communities, provided volunteer motivation can be sustained.
- Plan recognizes the importance of following demand generation with supply options by **training sanitation entrepreneurs**, who are able to produce low-cost toilet options with a variety of payment plans. This project is likely to have had an impact on latrine quality in Plan International Indonesia working areas, and has the potential to increase the use of sanitary latrines, allay expectations of subsidies by providing low-cost permanent toilet options, and sustain CLTS outcomes.

Constraining factors and implications for successful CLTS

- Although the national strategy establishes clear institutional mechanisms through working groups and networks, **coordination issues** remained between ministries regarding the **provision of latrine subsidies**. This overlap in approaches can hamper CLTS implementation efforts.
- Despite strong national government buy-in for CLTS, the **decentralized government** structure in Indonesia implies that **local government approval of CLTS** is not automatically guaranteed. Therefore, Plan International Indonesia has had to spend significant resources in gaining the buy-in of district and sub-district government, building their capacity through trainings, and encouraging them to make budgetary allocations for CLTS activities.
- There was a widespread **perception that CLTS is a universally applicable approach**. Given Indonesia's socio-economic, linguistic, and geographic diversity, Plan International Indonesia should consider targeting CLTS to communities where it is more likely to be successful rather than applying it to all communities within sub-districts and districts. **Village-level baseline assessments** could also help target appropriate communities.

- Village facilitators can enable CLTS, but it may not be realistic to expect volunteers to bear the primary responsibility for triggering communities. The **constraints associated with maintaining volunteer motivation** may limit volunteer participation after the life of the project. Instead, a more sustainable approach may be to place the primary responsibility of triggering on local government, and enlist the added support of volunteer village facilitators, rather than expect village actors to take the lead. Plan International Indonesia could advocate for **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.
- Some government-sponsored programs still provide latrine subsidies to rural households. This **overlap in approaches**, along with a **history of subsidies** from the government and NGOs, has created widespread community expectations for external support. However, the **challenge of increasing access to toilets for the ultra-poor** is real and requires alternative approaches. Plan International Indonesia should consider scaling up a combination of approaches that are already present in their triggered communities, including village-based financing mechanisms, existing self-help initiatives, and sanitation marketing to reach all income groups.
- ODF **verification guidelines require that all households be verified** before a village can be certified as ODF, which can **delay ODF celebration ceremonies and potentially demotivate communities** that have ended open defecation. CLTS implementers may need to reflect critically on the time and costs associated with this process and the potential for bias. It may be more practical for government verification teams to use a representative sample of households, which would make the process less time-consuming and costly.

1. Background

The Water Institute at the University of North Carolina at Chapel Hill (UNC), in partnership with Plan International USA and Plan International offices in Ghana, Kenya and Ethiopia, is implementing a research project titled Testing CLTS Approaches for Scalability (TCAS). This project evaluates the roles of local actors identified as important to CLTS: local government, teachers, and natural leaders. As part of this project, UNC and Plan International USA conducted case studies of CLTS projects implemented by Plan International country offices (COs) to form a “CLTS Learning Series.” Plan COs applied to be included in the study, and countries were selected by Plan International USA and UNC. Individual reports will be produced for each country. A cross-country synthesis, guided by the goal of assessing different approaches to CLTS implementation, will also be produced at the end of the series.

In August 2013, a UNC researcher collected data for the CLTS Learning Series in Indonesia with support from Plan International Indonesia. This report describes Plan International Indonesia’s CLTS implementation approach, focusing on the roles and perspectives of local actors at each phase of CLTS. The most commonly cited enabling and constraining factors for successful implementation are also discussed, along with implications for Plan International Indonesia’s CLTS approach. This report does not capture CLTS activities funded by other organizations, nor does it comprehensively cover the Government of Indonesia’s sanitation strategy. It is intended to serve as a case study describing the roles of local actors in Plan International Indonesia’s CLTS program areas.

2. Research Questions

The primary research questions this report addresses—through the perspective of Plan International Indonesia’s CLTS program—are:

- What roles do local actors—including natural leaders, teachers, and local government—play in the CLTS implementation process in Indonesia?
- What are the enabling and constraining factors for successful implementation of CLTS?
- What implications does the involvement of local actors have for Plan International Indonesia’s CLTS implementation process?

3. Methods

Data collection consisted of in-depth interviews with a variety of stakeholders and gathering of policy and programmatic documents. A list of process indicators was developed to guide the document review and the development of semi-structured interview guides. Responses from interviews were validated by comparing accounts from different sources. Purposive sampling was used to identify key informants at the national, sub-district, and village levels who could describe experiences with Plan International Indonesia’s CLTS approach. Interviews were conducted with the support of an independent Bahasa-English interpreter who was not affiliated with Plan International. These semi-structured interviews were audio-recorded and transcribed by the author and the

interpreter.

Interview transcripts and recordings were analyzed using Atlas.ti, focusing on the types of roles of local actors and enabling and constraining factors for their activities. The analysis presented in this report is one part of a cross-country comparison of all Learning Series countries, which will be produced at the culmination of the project.

This study was approved by the Institutional Review Board of UNC and by the Ministry of Health, Government of Indonesia.

3.1. Study Participants

This study focused on the CLTS project in Grobogan District, Central Java Province, which was implemented between 2010 and 2012 in all villages of 10 sub-districts. Twenty-eight interviews were conducted with respondents in August 2013 in the capital city, Jakarta, and in three sub-districts within Grobogan District (Table 1).

Four interviews were conducted in English and the remaining in Bahasa Indonesia and Bahasa Java. Respondents represented the national, sub-district, and village government; Plan International Indonesia CO and field office staff; other NGOs familiar with CLTS; and village facilitators and community leaders, including natural leaders.

Four triggered villages were visited across the three sub-districts in Grobogan District. These villages had been triggered as part of a Plan International Indonesia project from 2010-2012. Three of the four villages had been certified as open defecation free (ODF), and the fourth non-ODF village had achieved 80% latrine coverage at the end of the project in 2012 (Plan International Indonesia 2012).

Table 1. Study participants

Stakeholder Type	No. of Interviews
National government	2
Plan International Indonesia	4
Other NGOs	1
Local government CLTS facilitators	7
Village facilitators, community leaders (including natural leaders)	14
Total	28

3.2. Limitations

Boundaries of a qualitative study design

This study describes and analyzes the process of CLTS as implemented by Plan International Indonesia through the perspectives of local actors. The qualitative methods used in this study do not identify relationships through statistical correlations between variables. Sample sizes in qualitative studies are intentionally small to allow in-depth analysis. Readers should be cautious about broadly generalizing findings presented in the following sections beyond the scope of Plan International Indonesia's activities.

Quantitative data on CLTS outcomes in Plan International Indonesia's program areas cannot be directly correlated with findings from this study because of methodological differences. These data were provided by Plan International Indonesia and were not independently verified. Therefore, while findings from this study may be compared to Plan International Indonesia's monitoring data to generate hypotheses on the effectiveness of CLTS, it would not be appropriate to draw definitive conclusions on effectiveness. There are also likely to be other factors affecting the outcomes that this study may not have identified.

Practical considerations

Four communities were visited out of 315 communities in which Plan International Indonesia works, so some variations in CLTS implementation may have been missed. CLTS is highly integrated into the national government's sanitation campaign activities. Therefore, it was not always possible to attribute a particular approach or outcome solely to Plan International Indonesia. Furthermore, these communities were all within one district in Central Java Province, and due to decentralization of government authority, it is likely that CLTS implementation might look different elsewhere in the country.

Leaders and key informants were interviewed to represent the experiences of their communities. The perceptions and opinions of other residents of the communities may differ from those of their leaders, but it was beyond the scope of this study to survey community members not directly involved in CLTS facilitation.

Because all four villages were triggered one to two years before this study, there may be recall bias among community leaders, which could have affected the accuracy of their responses, especially with regard to recalling trainings and triggering events. Additionally, Plan International Indonesia played the primary role in arranging interviews and community visits based on recommendations from UNC. For this reason, it is possible that respondents may have biased their answers to be more favorable towards Plan International Indonesia. To minimize this, the independent nature of this study was emphasized during the informed consent process, and all interviews were conducted in private so that analysis presented in the report could not be linked to respondents.

Lastly, it is also possible that some data were lost in translation.

4. Findings

Firstly, an overview of Indonesia's sanitation policy and Plan International Indonesia's CLTS approach is presented for context. The remainder of the report focuses on the roles of local actors at each stage of the CLTS process in Plan International Indonesia's projects: planning and pre-triggering, triggering, and post-triggering.¹ Sub-sections of this report cover themes that emerged in these phases as a result of the involvement of certain local actors, and are largely descriptive; they reflect analysis of interview transcripts of how people described their own roles and the roles of other

¹ For detailed information on CLTS, refer to the *Handbook on community-led total sanitation* (Kar et al. 2008).

actors. Each sub-section ends with a table of the main enabling and constraining factors, along with implications for Plan International Indonesia's CLTS approach. These factors emerged from analysis of the interview transcripts, and implications were identified by the author. Some of these enabling and constraining factors may have been suggested previously in the grey literature by practitioners but may not have yet been identified through independent research, whereas other identified factors were novel to this research.

The final section of the report presents conclusions and implications from this study for Plan International Indonesia's future CLTS activities. These implications may be useful to other CLTS practitioners working with a similar implementation approach in a similar context.

4.1. Indonesia's sanitation policy

After a history of providing latrine subsidies, the Indonesian government piloted CLTS in 2005 and 2006. Based on the pilots, the government established an ODF program as part of the country's 2004--2009 development plan. A National Strategy for Community Based Total Sanitation (CBTS)—known locally as *Sanitasi Total Berbasis Masyarakat* (STBM)—was developed in 2008, which establishes roles and responsibilities for different levels of government. The strategy is rooted in CLTS, with the aim of increasing demand for sanitation by “raising awareness” about open defecation, “followed by triggering the community for behavior change.” Furthermore, “subsidies may only be provided for communal sanitation facilities” (Ministry of Health 2009).

The Ministry of Health (MOH) is responsible for establishing policies and implementing sanitation activities. The State Ministry of National Development Planning (*Badan Perencanaan Pembangunan Nasional*, or BAPPENAS), is responsible for budgeting, coordination, monitoring and evaluation. Representatives from these and other national ministries meet approximately once a month as part of the Working Group for Water and Environmental Sanitation, or the *Pokja Air Minum dan Penyehatan Lingkungan* (AMPL), hereafter referred to as the *Pokja* AMPL. Government officials also meet with non-governmental actors in a separate Networking Group for Water and Environmental Sanitation, referred to as the *Jejaring* AMPL. These formal working groups provide a central setting for disseminating lessons learned and taking decisions on future activities. Theoretically, they also prevent the co-occurrence of different implementation approaches that could conflict with each other, although a MOH official noted that other ministries were still providing latrine subsidies to communities where CLTS activities may be ongoing, indicating that the CBTS/STBM strategy has not yet been fully enforced.

Total sanitation is described using “five pillars” (Table 2). The national strategy defines ODF as a “condition when every individual in a community does not defecate in open spaces” (Ministry of Health 2009). Universal access to basic sanitation is expected, which is defined loosely as “household sanitation facilities including latrines, garbage and domestic liquid waste management facilities” (Ministry of Health 2009). The strategy does not state that every household must own its own latrine, however. One national government representative noted that the type of latrine did not matter, as long as people gradually move up the sanitation ladder.

Table 2. Government of Indonesia’s Five Pillars of Total Sanitation

1. Open defecation free status
2. Handwashing with soap
3. Safe management of drinking water and food
4. Proper management of household garbage / solid waste
5. Proper management of household liquid waste

Source: Directorate of Environmental Health 2013

The government was committed to achieving its Millennium Development Goal (MDG) of 56% rural sanitation coverage by 2015. Additionally, the Ministry of Health also aimed to achieve 100% rural and urban ODF status by 2014, increasing the use of “healthy latrines” to 75% by 2014. The WHO/UNICEF Joint Monitoring Programme (JMP) estimates rural improved sanitation coverage in 2015 at 48%, with 29% practicing open defecation (Figure 1).

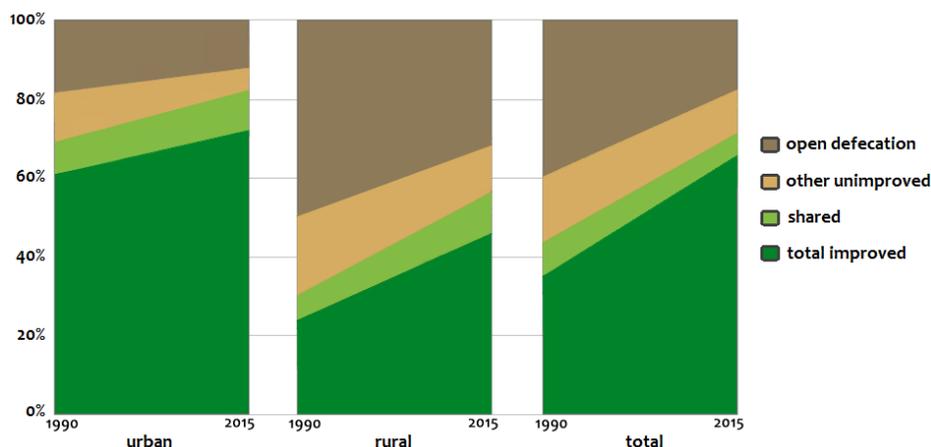


Figure 1. Urban, rural and total sanitation coverage trend in Indonesia, 1990-2015. (Adapted from WHO/UNICEF 2015)

Bilateral agencies and NGOs play a significant role in improving access to sanitation in Indonesia. One national government official called NGOs their “hands in the field,” noting that NGOs are skilled in conducting field activities, but lack the funding and capacity to increase the scale of their operations. On the other hand, government has the funding and ability to oversee large-scale activities, but because of competing priorities, cannot be responsible for direct implementation. Therefore, the roles of NGOs and government appear to complement each other, allowing all stakeholders to work together to improve sanitation access.

4.2. CLTS by Plan International Indonesia

Plan International Indonesia began working on CLTS in 2010 following the establishment of a national CLTS policy, and is one of the main non-government CLTS actors in the country. By September 2013, they had triggered 315 villages across their operational units, called Program Units (PUs). Their CLTS activities have been funded by the Australian, Netherlands and Japanese

governments, as well as Plan International Indonesia's child sponsorship budget. Plan International Indonesia's approach has focused on building the capacity of local government and triggering communities. The aim is to declare entire sub-districts and districts as ODF. They have been able to consider such rapid scale-up due in large part to a favorable environment for CLTS, namely strong national government buy-in for the approach.

The focus of this report is the CLTS project in Grobogan District, Central Java Province, which was implemented between 2010 and 2012 in all villages of 10 sub-districts. A total of sixteen Plan International Indonesia staff managed the project, including a CLTS coordinator in each sub-district who was tasked with building the capacity of sub-district and village governments. Plan International Indonesia and the government trained 306 village facilitators to trigger 153 villages, with 149 villages certified as ODF by the end of the project. Plan International Indonesia transferred the project to the district government in December 2012 after the government agreed to allocate a budget for CLTS, as well as committed to scaling up activities in 127 more villages across the remaining nine sub-districts in Grobogan District.

Plan International Indonesia launched a new CLTS project in 2013 in five districts of Nusa Tenggara Timur (NTT) Province, with less intensive NGO involvement and greater government participation. In an attempt to transfer responsibility to the local government, Plan International Indonesia only allocated one representative to each district on a fixed-term contract. They also decided to only work in districts that requested their participation, and where district government would commit to allocating a budget for CLTS. To generate interest in CLTS, they also conducted "exhibitions" and "roadshows" in districts. Their aim is to now work in districts outside of their PUs to indicate to the local government that the NGO will not be a permanent fixture there. These efforts indicate a serious intent to build the local government capacity and to build a culture of independence to ensure that sanitation activities are sustained beyond the lifespan of an NGO project.

Institutional arrangements

Figure 2 is an institutional map for sanitation activities in Indonesia, displaying how Plan International Indonesia's CLTS activities are situated within the government's CLTS program. The *Pokja* AMPL, or working group, is a monthly gathering primarily for national government ministries, where NGOs are sometimes invited to participate. The *Jejaring* AMPL is a working group primarily for NGOs to discuss progress in their WaSH projects; some government officials also attend these meetings.

Many provinces and districts also have working groups, where government and non-government stakeholders gather for networking meetings. District *Pokja* AMPLs have the lead role in coordinating the ODF campaign, and have monthly meetings at the district and sub-district level with Plan International Indonesia. These sub-national working groups guide sanitation efforts in their districts. The Grobogan District *Pokja* AMPL, for example, committed to establishing a budget for continuing Plan International Indonesia's CLTS activities, and also developed a district action plan for CLTS. Without commitment from the district *Pokja* AMPL, CLTS activities would not have continued at the end of Plan International Indonesia's Grobogan CLTS project.

The sub-district government CLTS team consists of the head of the sub-district, sanitarians,

midwives, and representatives from the education, village empowerment, and family planning offices.

Two village facilitators are selected as volunteers by the head of the village government to be trained in CLTS and lead the process in their villages. These facilitators tend to be heads of sub-villages or other prominent leaders in their communities. In addition to triggering communities, they are tasked with motivating villagers to change hygiene and sanitation behavior and with monitoring progress. The village facilitators conduct these activities with assistance from village government and community leaders; they often receive a per diem allowance from Plan International Indonesia or the sub-district government.

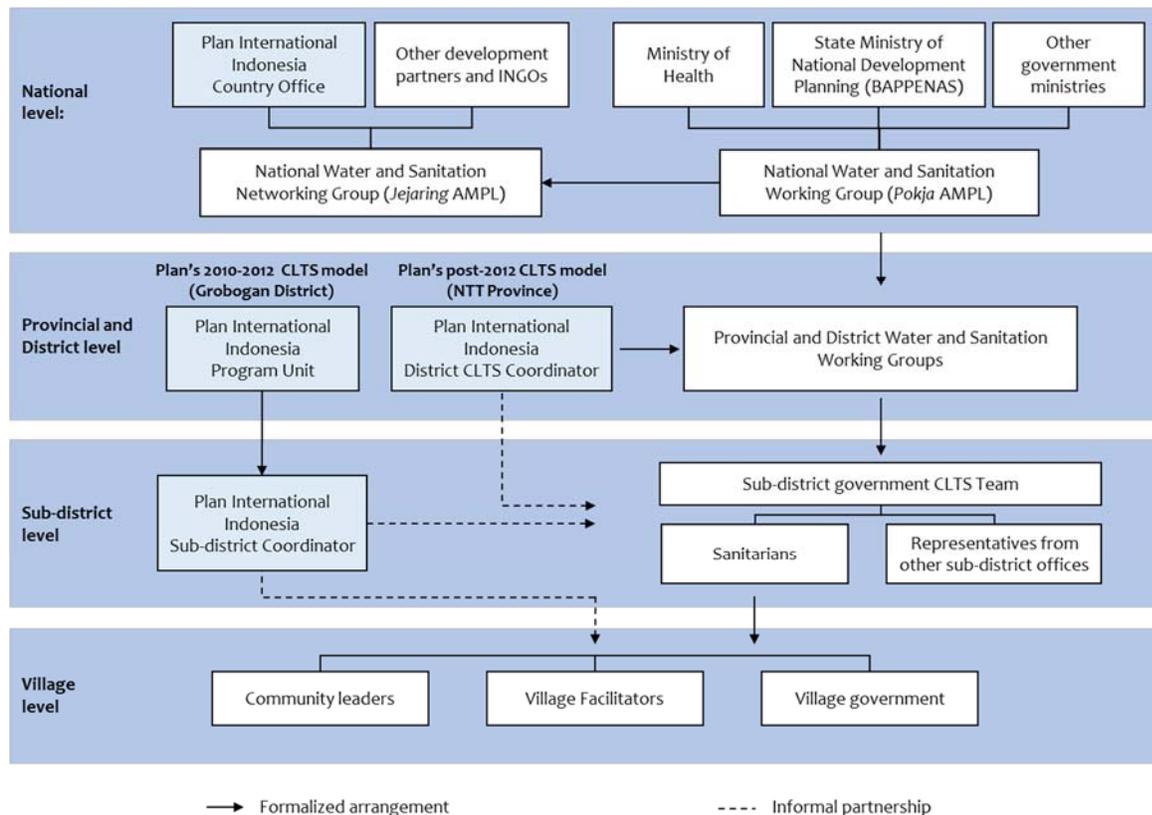


Figure 2. Institutional map of Plan International Indonesia’s CLTS approach

As depicted in Figure 2, in the 2010-2012 Grobogan District project, Plan International Indonesia’s district-level PUs supervised sub-district coordinators, who were tasked with training and building the capacity of the sub-district government CLTS team, especially sanitarians. They also worked with village facilitators and community leaders. In the CLTS project in NTT Province (post-2012 CLTS model), Plan International Indonesia has intentionally decided to only hire district coordinators to serve as advisors. The district coordinator manages trainings for district and sub-district staff and provides technical support as needed. The intent is to transfer responsibility to the sub-district government.

Available data on CLTS outcomes

Table 3 presents data from Plan International Indonesia’s Grobogan CLTS project. Plan International Indonesia selected 10 sub-districts in Grobogan District and triggered all 153 villages in these sub-districts. Project reports indicate that 149 villages were certified as ODF at the end of the project.

Table 3. Outcomes of Plan International Indonesia’s Grobogan District CLTS project, 2012

Sub-District	Indicator			
	No. of villages triggered	Total no. of households (HH)	Average no. of HH per village	% of HH reporting latrine use at end of project
Brati	9	13,997	1,555	89%
Godong	28	23,772	849	98%
Karang Rayung	19	23,688	1,247	94%
Kedung Jati	12	12,293	1,024	100%
Klambu	9	9,404	1,045	90%
Kradenan	14	20,987	1,499	100%
Penawangan	20	18,223	911	100%
Tawangharjo	10	14,722	1,472	100%
Tegowanu	18	14,422	801	100%
Wirosari	14	22,918	1,637	99%
All Sub-districts	153	174,426	1,140	97%

Source: Plan International Indonesia 2012

Reported latrine use was exceptionally high (97%) at the end of the project. However, because baseline latrine coverage was unavailable, it is not possible to know how much communities improved after triggering. It is possible that some triggered villages already had high latrine use at the beginning of the project.

According to Plan International Indonesia’s data, most households who reported using latrines owned a private latrine (Figure 3). Notable exceptions are Kedung Jati and Kradenan sub-districts, where 38% and 20% of households reported using a neighbor’s latrine, respectively. Tegowanu sub-district did not have sufficient data, so reported use here should be interpreted with caution. Of those households reporting latrine use, 70% across all 10 sub-districts reported using a water-sealed toilet with a septic tank (Figure 4). This may be due to Plan International Indonesia’s program to train sanitation entrepreneurs and provide access to higher quality latrines. Kradenan sub-district was an exception, where 71% of households reported using pit latrines. In Tawangharjo sub-district, it was not possible to ascertain the preferred latrine type, as this was not observed in 42% of households. Overall, the data indicate a high level of improved sanitation and latrine use in these 10 sub-districts.

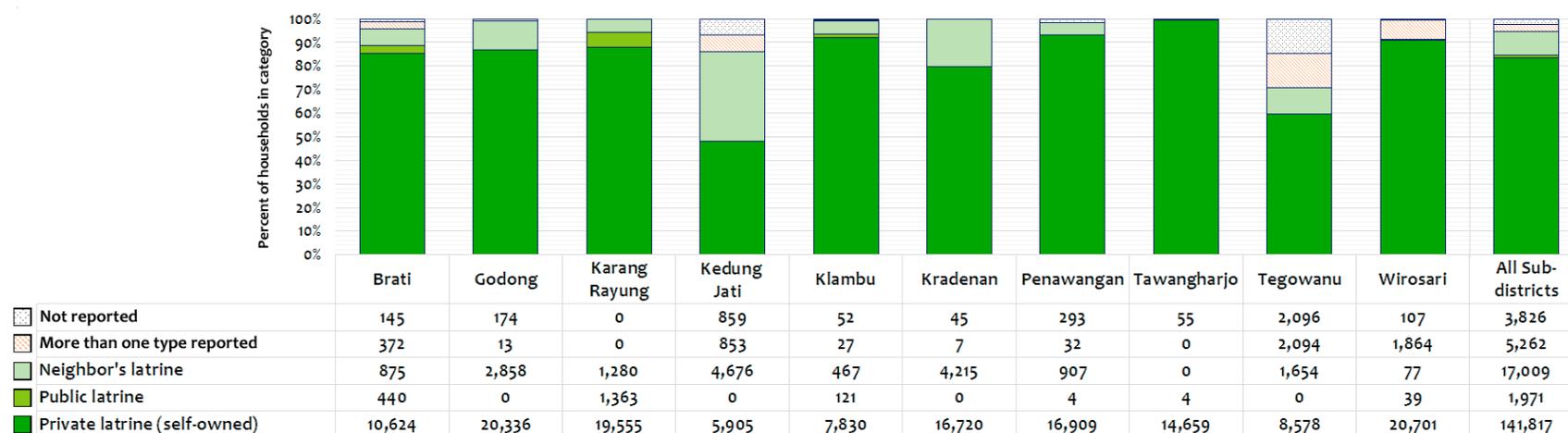


Figure 3. Latrine ownership patterns in Plan International Indonesia' 2010-2012 Grobogan CLTS project

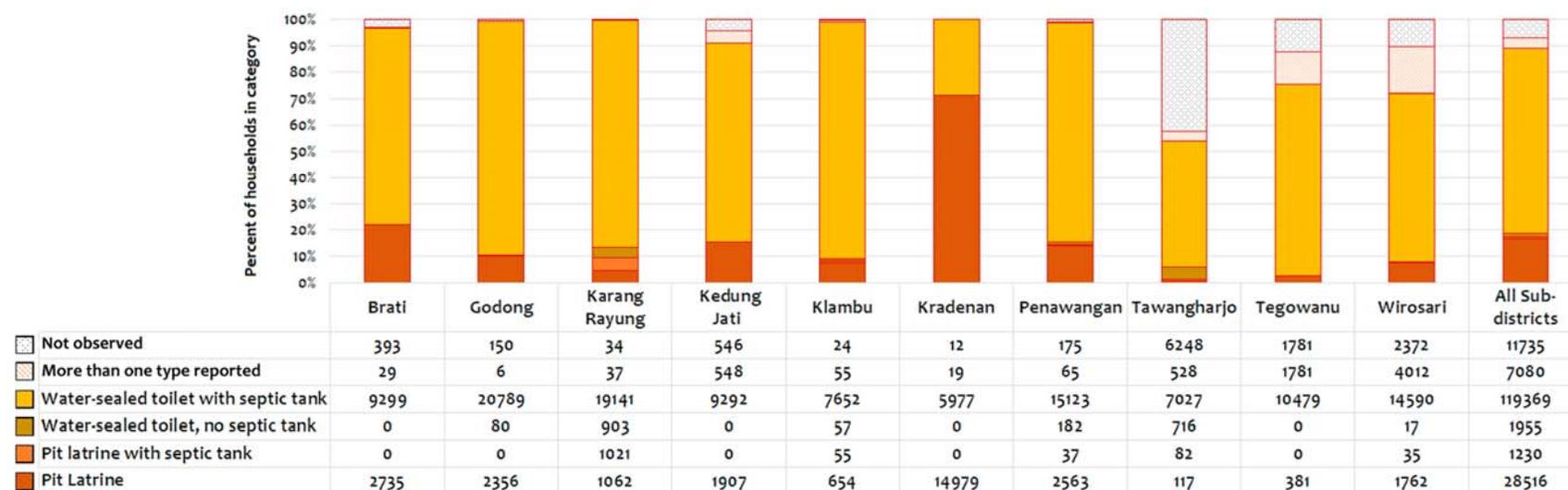


Figure 4. Latrine types reported in Plan International Indonesia' 2010-2012 Grobogan CLTS project

4.3. Roles of local actors: planning and pre-triggering stage

This section describes the roles of local actors as they relate to central themes that emerged from the case study during the planning and pre-triggering stages of CLTS. The roles are summarized in Table 4.

Table 4. Roles of local actors during planning / pre-triggering in Plan International Indonesia’s CLTS program

Actor	Role
National government	Financing; training
Plan International Indonesia	Financing; training; community selection
District and sub-district government	Financing; community selection
Sub-district sanitarians	Community visits
Village facilitators	

Financial responsibility for CLTS

Overall financial responsibility for CLTS lies with the national and local government. Funds for CLTS are allocated to the provincial and district governments through BAPPENAS. The sub-district planning office then reallocates these funds to support training, salaries, and per diem allowances for facilitators.

Plan International Indonesia paid for training, triggering, and monitoring communities in their Grobogan CLTS project. They shared per diem allowance costs with the government in sub-districts that had yet to allocate a budget for sanitation. In 2012, they attempted to transfer responsibility to the local government, and also required that new districts they work with should commit to funding CLTS activities after the first year. In this manner, Plan International Indonesia have demonstrated commitment to building local government ownership of CLTS and sanitation.

Selection of village facilitators

The government CLTS strategy envisions village facilitators ultimately being the primary triggerers in a community, with additional support from sub-district sanitarians. Two village facilitators—one man and one woman—were appointed by village chiefs to be trained by Plan International Indonesia. In the Grobogan CLTS project, they were tasked with helping sub-district sanitarians. Village facilitators often already held a leadership position in their communities, as sub-villages leaders, religious leaders, or teachers. These village facilitators were volunteers, but often received per diem allowances from Plan International Indonesia or the sub-district government.

Selecting and training village facilitators allows Plan International Indonesia and the government to build capacity at the village level for CLTS. Furthermore, it allows Plan International Indonesia to reach many villages with few field staff. However, because village facilitators are technically volunteers, it may make it challenging for Plan International Indonesia and the local government to sustain a high level of participation from them in the long run.

Standardized training process

The Ministry of Health organizes annual CLTS trainings for provincial government officers and NGOs. Most Plan International Indonesia staff were trained in 2009 by trainers from the World Bank’s Water

and Sanitation Program (WSP). By 2013, the national government had developed a pool of CLTS master trainers who Plan International Indonesia could use for their sub-district and village trainings. Training-of-trainers (ToT) was a standard format mentioned in interviews—namely that provincial staff train district and sub-district staff, who then train village facilitators. Actual descriptions of trainings in interviews suggested that they were still largely led by higher levels of government. Given the reportedly large pool of master trainers, however, the current mode and number of trainings did not emerge as a considerable challenge in this study.

In August 2013, Plan International Indonesia staff reported that they were using a translated version of the *Handbook on Community-led Total Sanitation* as their main training manual, but that each NGO had its own training manual. In an attempt to consolidate these different manuals, the CLTS Secretariat in the MOH published a national training manual in 2014. This now serves as the official training document for CLTS in the country. These manuals describe the national policy and detail all steps of CLTS in the Indonesian context.

Community selection and village entry

There was some evidence in the Grobogan CLTS project that sub-districts were chosen for CLTS using some set of criteria, although interview respondents were unable to describe these criteria in detail. All villages in the selected sub-districts were triggered regardless of whether individual villages met these criteria. One Plan International Indonesia staff recalled that “easy” villages were selected for the pilot, referring to those that were easily accessible and where the district government had previously experienced cooperative village leadership. Another Plan international Indonesia staff member suggested that they preferred villages that were more remote and “not contaminated by subsidies.” The most important criterion appeared to be willingness of the village government to have a triggering session following receipt of letters sent to them by Plan International Indonesia staff and sub-district staff. Plan International Indonesia also recruited sub-districts and villages using “socialization” meetings for leaders to introduce them to the basics of CLTS and “roadshows” at the district, sub-district, and village levels to pique people’s interest in CLTS.

Grobogan CLTS project reports indicate that because the district health department did not have village-level data, Plan International Indonesia engaged a consultant to gather baseline data to measure changes in outcomes. However, Plan International Indonesia staff did not indicate in interviews that structured baseline surveys had been conducted, and these data were not available at the time of this study. Interviews suggested that any data on baseline latrine coverage were gathered informally from heads of villages prior to triggering.

Most respondents in this case study felt that CLTS could be used universally in rural areas, but was far more challenging in urban areas where land ownership is low. They also repeatedly underscored the challenge of triggering communities that live near water bodies, where it is easy for people to openly defecate, and communities with weak leadership. They did not, however, suggest that it was impossible or inefficient to attempt CLTS in such areas.

As Plan International Indonesia and the local government continue to expand the scale of CLTS, it may be important for them to target communities where CLTS is more likely to succeed rather than

attempting the same approach in all rural communities. Baseline assessments using representative samples of households can be useful in selecting appropriate communities. This can allow Plan International Indonesia and the government to focus resources on communities that are more likely to be receptive to the CLTS message, and adapt their approach in communities that do not meet their criteria for CLTS.

Enabling and constraining factors for successful planning and pre-triggering

Table 5 summarizes the most frequently cited enabling and constraining factors for planning and pre-triggering activities that are relevant to the role of local actors. The enabling factors allow Plan International Indonesia to conduct CLTS activities more effectively, whereas the constraining factors pose a challenge to CLTS implementation. Alongside each factor is a brief discussion of its implications for Plan International Indonesia’s CLTS approach

Table 5. Enabling and constraining factors for successful planning and pre-triggering

Enabling Factor	Relevant Local Actors	Implication for Plan International Indonesia
National government has a policy and budget for CLTS	National government Local government Plan International Indonesia	A favorable policy and financial environment for CLTS at the national level allows Plan International Indonesia to focus on capacity building of local government to trigger and follow-up with communities.
Strong mechanisms for government and NGO coordination	National government Plan International Indonesia Other organizations implementing CLTS	Working groups provide an opportunity for joint decision-making and consolidation of resources. Plan International Indonesia can use these forums to influence programming. Working groups can also enable comparisons of outcomes across projects, so long as they are implemented in a harmonized manner.
Pool of master trainers in the government	National government Plan International Indonesia	As they expand CLTS activities, Plan International Indonesia can hire master trainers to conduct uniform trainings around the country. Having government master trainers is also indicative of government ownership of CLTS.
Village facilitators selected and trained for CLTS activities	Plan International Indonesia Local government Village facilitators	This approach allows Plan International Indonesia and the government to build village level capacity for CLTS, provided they can sustain volunteer motivation.
Constraining Factor	Relevant Local Actors	Implication for Plan International Indonesia
Lack of routine baseline assessments of communities	Plan International Indonesia Local government Village facilitators	Baseline surveys can help target appropriate communities for triggering. Standardized monitoring across program areas from pre-triggering to ODF status can provide quantitative evidence for a more holistic account of Plan International Indonesia’s CLTS experience.

Inconsistent and insufficient district budget allocation for CLTS	Plan International Indonesia Local government Village facilitators	Because all sub-districts had not yet allocated a sufficient budget for CLTS activities, Plan International Indonesia found itself in the position of supporting per diem allowances of sub-district government staff and facilitators in its working areas. Greater financial commitment from the local government is needed before Plan International Indonesia can fully transfer ownership of its CLTS activities to the government.
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4.4. Roles of local actors: triggering

This section describes the roles of local actors as they relate to central themes that emerged from the case study during the triggering stage of CLTS. The roles are summarized in Table 6.

Table 6. Roles of local actors in triggering in Plan International Indonesia’s CLTS program

Actor	Role
Plan International Indonesia	Oversee triggering
Sub-district sanitarians Village facilitators	Trigger communities
Other sub-district government staff	Help facilitate triggering

It was not possible to observe firsthand the techniques used during triggering events because none were scheduled at the time of the study. Instead, perceptions of triggering techniques were deduced through interviews with sanitarians, village facilitators, and community leaders.

Triggering activities in Plan International Indonesia’s program areas follow many of the steps established in international CLTS guidelines and practiced around the world². The steps most commonly cited by respondents in this study were village mapping, the transect walk or “walk of shame,” the water bottle demonstration, and the signing of a contract to build latrines.

Shame and disgust were mentioned often in sanitarians’ and village facilitators’ descriptions of triggering communities, and there appeared to be a widespread tendency to want to educate community members. For example, one village facilitator described triggering as follows: “At first we explained about the benefits of having the latrine, and the risks and the side effects of doing open defecation. Because if we don’t use the latrine, we will have poor health. And also it’s not really good for the environment.”

Facilitators commonly recalled involving religious leaders and using religious justification for ending open defecation. One sanitarian felt that it was best to use a few tools rather than all of them: “Rather than shooting so many bullets, we effectively just used one [religion].” In addition to tools

² For detailed information on triggering tools, refer to the *Handbook on community-led total sanitation* (Kar et al. 2008).

such as village mapping, the transect walk, and the water bottle demonstration, emphasis was placed on households signing a contract promising to build a latrine by a certain date. Follow-up visits largely consisted of monitoring adherence to this contract. Facilitators and Plan International Indonesia staff rarely mentioned triggering tools such as the shit calculation and medical expenses calculation.

One Plan International Indonesia staff person remarked that it was difficult to withhold introduction of latrine types during the triggering itself, per national CLTS guidelines. This person thought it would be more effective to introduce latrine options to people during triggering, especially the cheaper options, rather than wait for them to request technical support during the post-triggering stage. If latrine options were introduced early on, lack of community-level technical skills would not serve as a barrier or excuse to building a latrine and following through on the community contract.

Perceptions of leadership in triggering activities

Sanitarians from the sub-district health center led CLTS triggering, with the aim of having village facilitators eventually lead the process. Village facilitators from one of the four villages visited in this study said they had in fact led the triggering process themselves, supervised by Plan International Indonesia and the sub-district staff. All other village facilitators interviewed recalled helping sanitarians during triggering, but their main role was to motivate households after triggering.

In the Grobogan CLTS project, Plan International Indonesia only hired one staff person per sub-district because they did not want to directly intervene at the village level. However, most village-level respondents recalled Plan International Indonesia staff being present during triggering events. One village facilitator described CLTS as “conveying the ideas from Plan to the people.” It is possible that villagers were conflating the presence of Plan International Indonesia staff and government staff, or that Plan International Indonesia was actually more active in communities than they had intended to be. Nevertheless, this indicates that communities still perceived Plan International Indonesia as the lead actor in CLTS, rather than the local government.

Expectations of volunteer village facilitators

As village facilitators are volunteers, many cited lack of money as a key challenge to doing their work effectively, despite the fact that they are often paid a per diem allowance by Plan International Indonesia or the sub-district government. Only one village facilitator interviewed talked about self-motivation: “I consider it as a duty that I should handle. And I do it voluntarily without payment. There is no money for me. I do it with sincerity from my own self.” Other village facilitators interviewed were less satisfied, such as one person who directly remarked, “Give us some money so it will make us more motivated.”

Placing greater responsibility in the hands of village members keeps CLTS community-led and ideally more sustainable because they are likely to remain in their communities. However, as volunteers, village facilitators are not obligated to follow directives from the government or from Plan International Indonesia. Responses from village facilitators indicate a need to better understand how to involve and sustain motivated volunteers in community-based projects like CLTS. The constraints associated with maintaining volunteer motivation may limit volunteer participation after the life of

the project. Therefore, rather than the national vision of village facilitators being given the primary responsibility for triggering, it may instead be more sustainable to focus on sanitarians, who are permanent government staff. Plan International Indonesia could advocate for increasing the number of sub-district government staff involved in CLTS and building their capacity to lead triggering events, while continuing to train village facilitators to support these local government staff.

Role of natural leaders

According to Plan International Indonesia, village facilitators are expected to identify natural leaders during triggering to support their efforts. The term “natural leader” in most interviews referred to existing community leaders, especially religious leaders. Their primary responsibility appeared to be to assist village facilitators when following up with households. While village facilitators were well-versed in the concept of CLTS and the need to trigger behavior change, of the seven “natural leaders” interviewed in this study, only one could recall Plan International Indonesia’s CLTS triggering activities at all. The remaining spoke broadly about sanitation in their community, and the challenges associated with achieving ODF status. Their primary concern was affordability of latrines and the absence of widespread subsidies for their community members. “Natural leaders” were therefore available to support village facilitators, but did not appear to be significant actors in this CLTS project.

Enabling and constraining factors for successful triggering

Table 7 lists the most frequently cited enabling and constraining factors for triggering that are relevant to the role of local actors. The enabling factors allow Plan International Indonesia to conduct CLTS activities more effectively, whereas the constraining factors pose a challenge to CLTS implementation. Alongside each factor is a brief discussion of its implications for Plan International Indonesia’s CLTS approach.

Table 7. Enabling and constraining factors for successful triggering

Enabling Factor	Relevant Local Actors	Implication for Plan International Indonesia
Working with sub-district government and community leaders to trigger communities	Plan International Indonesia Local government Village facilitators	Engaging with local actors to lead triggering efforts lowers the resource requirements for Plan International Indonesia and builds local capacity for CLTS. However, this approach requires stronger local government ownership of CLTS and greater capacity to be truly effective.
Constraining Factor	Relevant Local Actors	Implication for Plan International Indonesia
Government expectation that volunteers should lead the CLTS triggering process	Plan International Indonesia Local government Village facilitators	Although selection of village facilitators can enable CLTS activities, it may not be realistic to expect volunteers to bear the primary responsibility for triggering communities. Instead, building their capacity to assist sub-district government is likely to be a more sustainable approach.

Number of sanitarians available for CLTS facilitation	National government Plan International Indonesia Local government Village facilitators	In addition to engaging with village-level actors, Plan International Indonesia can advocate for increasing the number of sub-district government staff involved in CLTS activities. These sub-district staff can support sanitarians in overseeing the activities of village facilitators and other volunteers.
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4.5. Roles of local actors: post-triggering

This section describes the roles of local actors as they relate to central themes that emerged from the case study during the post-triggering stage of CLTS. The roles are summarized in Table 8.

Table 8. Roles of local actors in post-triggering activities in Plan International Indonesia’s CLTS program

Actor	Role
Plan International Indonesia	Oversee monitoring process and aggregate data
District and sub-district government	Verify and certify ODF villages
Sub-district sanitarians	Monitor latrine and ODF status through village facilitators; provide technical support and link to supply-chain
Village facilitators	Persuade communities to change hygiene and sanitation behaviour; routinely collect data
Community leaders, including natural leaders	Persuade communities to change hygiene and sanitation behaviour

Monitoring progress in communities

The reported frequency of follow-up activities in communities varied widely. Village facilitators and community leaders are the ground-level monitors of progress towards ODF attainment. They reported following up with households on a daily, weekly, or monthly basis and compiled data on latrine construction and type of latrine. Village facilitators are responsible for submitting monthly reports to sanitarians in the sub-district health center. The sub-district sanitarians follow-up with communities between once a week and once in three months. They also organize quarterly meetings at the sub-district health center for all village facilitators as a way to gather data, share experiences, and troubleshoot concerns. Funding for monitoring activities comes from the district government budget, which allows sanitarians to conduct technical support and supervision. Plan International Indonesia supported remaining per diem allowances in the Grobogan CLTS project.

The official responsibility for follow-up was not obvious from interviews with facilitators. One sanitarian claimed that the sub-district health center had the clear lead for monitoring and was assisted by village facilitators, whereas another sanitarian—more in concurrence with other respondents—noted that village facilitators are responsible for monitoring their own communities. The sub-district health center can provide technical support in case latrines break down during the follow-up stage, but given the shortage of sanitarians in each sub-district, it was not possible for them to routinely follow-up in all villages. Sanitarians are expected to send monthly reports to Plan

International Indonesia on progress in their sub-district. In addition, the District Health Office now has to upload monthly data to the national CLTS website. The government has also begun piloting a text message-based monitoring system, but this was not in place during the Grobogan CLTS project.

Plan International Indonesia, in keeping with their policy of capacity building, did not report visiting villages frequently, and instead focused their efforts on meeting regularly with facilitators to address their concerns. However, one village facilitator criticized the fact that after the Grobogan CLTS project ended, they had no further communication with Plan International Indonesia or the sanitarians. While this was not a commonly reported occurrence, it nevertheless highlights the important role that Plan International Indonesia may need to continue to play until local government is able to effectively take over follow-up responsibilities on their own.

Access to the sanitation hardware supply chain

Plan International Indonesia developed a sanitation marketing project to follow CLTS, which led to the development of the Association of Sanitation Entrepreneurs of Grobogan, or *Paguyuban Pengusaha Sanitasi Grobogan* (PAPSIGRO). According to project reports, Plan International Indonesia trained 62 artisans and 27 entrepreneurs in the 10 sub-districts of Grobogan District. These entrepreneurs are able to make low-cost toilet pans for Rp. 35,000 (USD 3), and offer different payment plans. The main challenges relating to this project were regarding payment plans, availability of material, and improving management skills.

The PAPSIGRO project is likely to have had an impact on latrine quality in the 10 sub-districts, since water-sealed toilets with septic tanks—which require technological expertise and access to sanitation hardware—were the most common type of latrine reported (Table 3). However, interviews at the community level in four villages did not reveal much knowledge of this project, and self-reported costs of latrines in these villages were higher than what PAPSIGRO offers; costs reportedly ranged from Rp. 200,000 to Rp. 3,000,000 (USD 15 to 225). Plan International Indonesia’s project reports indicate that “households tend to build their own latrine rather than hire a mason” because most men in Grobogan District have expertise in masonry, but that sanitation entrepreneurs still give households technical support (Plan International Indonesia 2012). It is possible that households were interacting with PAPSIGRO members and not aware of the actual project itself.

Financing sanitation hardware

While there was widespread expectation of hardware subsidies from the communities, there was limited evidence of such subsidies being provided in the CLTS communities that were visited. The government-run Community-Based Drinking Water Supply and Sanitation project, called PAMSIMAS, was one such example. They were building latrines and water supply systems for communities in the same district as Plan International Indonesia’s CLTS project, and some residents of triggered communities said they had managed to get some of these subsidized latrines. Plan International Indonesia reports also revealed that some village heads provided latrine hardware to their residents as a result of pressure to achieve ODF quickly.

While Plan International Indonesia and government staff defined CLTS as a zero-subsidy approach, some expressed the need for “*smart subsidies*” for poor or vulnerable populations, as long as the

component of behavior change is addressed first. One Plan International Indonesia staff noted: *“It’s a bit more difficult for the [poorest or disabled] people to change their behavior without help from the local people there. My personal opinion [about] the CLTS approach without subsidy is [that it is] not good for them because they cannot be touched because they really don’t have capacity to build any latrines.”* In a separate interview, a natural leader shared this opinion, observing that, *“Those who are having the money can build a latrine in their house, but for those who cannot afford to build latrines in the house, we cannot force people because they’re focusing on food. Up until today we have not yet reached a solution for building latrines for the poor.”*

Another Plan International Indonesia staff member noted that they did advocate for village governments in some sub-districts to allocate at least Rp. 3 million (USD 225) from their budget for CLTS. This money was expected to support village facilitators and natural leaders, as well as to provide subsidized latrine material for poor households that had already built pit latrines. There were also examples from a few communities of self-help activities called *“gotong royong”* or *“sambatan,”* where community members came together to build latrines for each other.

As there is no single approach that can address sanitation for poor and vulnerable populations, Plan International Indonesia should consider scaling up a combination of these approaches, including increased publicity of sanitation marketing efforts, village-based financing mechanisms, and self-help initiatives across their working areas.

Sanctions for non-compliance

There was some indication from interviews that failure to build latrines would result in sanctions. One village facilitator admitted that the village government did *“slightly force”* people even though *“we are told not to force.”* This facilitator felt that if they did not force people, things would not move forward: *“So for example, we have some donations from the government, like rice. If they still do open defecation, we will stop sharing the rice with them. We just terrorized them with words. [...] In fact it’s not real. It won’t be done. [...] Just fake words.”* A Plan International Indonesia staff member also noted that in some villages, they persuaded the local government to withhold social insurance health cards to families without latrines. Such threats may be successful at changing behavior in the short term. However, Plan International Indonesia should advocate for a careful review of such sanctions—which must respect civil rights and comply with local regulations and policies—to ensure that gains made in sanitation are in fact sustained.

ODF: definition, verification, and certification

The national ODF definition, as described in Section 4.1, requires universal access to basic sanitation. The definition does not specify latrine type or ownership, but Plan International Indonesia staff believed that the national definition does require access to improved sanitation. The consensus among respondents interviewed in this study was that access to and use of a sanitation facility is more important than 100% household ownership of latrines, although only a small proportion of households used shared or public latrines as their primary source. The focus on access and use is reflected in Plan International Indonesia’s monitoring data from Grobogan District, as both latrine use and latrine ownership are measured separately (Table 3).

In 2012, the Ministry of Health established a new ODF verification system, and written guidelines were published in 2013. In the new guidelines, the head of the village has to formally request the district government and the sub-district health center to visit the village for ODF verification. Verification teams at the village, sub-district and district levels consist of three-to-five people each. The sub-district government appoints the village verification team, while the district government appoints the sub-district verification team. Prior to the establishment of the guidelines, only 30% of households in a village had to be visited, but new guidelines require that all households be visited for checking ODF status. This extended process can delay ODF celebration, according to some respondents. It may be more practical for the government verification teams to verify status in a representative sample of households, which would still allow for ODF status to be compared across different CLTS programs, but would make the process less time-consuming and costly.

According to the verification guidelines, everyone in the community is expected to have access to and use toilets, but these can be shared or public toilets. The team has to complete a verification form (criteria listed in Table 9) and submit a report to the district government. If the team decides to certify a community as ODF, it has to notify the community, provide it with a signed certificate, and help plan an ODF celebration. If the community is not ready to be ODF, or has its ODF status revoked during routine monitoring, then the team is expected to organize workshops to help the community improve its status.

Table 9. ODF Verification Criteria

1. Toilet has a cover to prevent insects from touching feces/excrement. No cover required if goose-neck design.
2. Distance of disposal pit into wells/shallow wells >10 m. If <10m, must be waterproof (e.g. concrete septic tank).
3. Feces from diapers (babies and elderly people) disposed into the toilet. Diapers treated as solid waste after feces disposed into toilet.
4. Everyone in the household uses toilet (general observation).
5. Availability of anal cleansing material (e.g. water and soap).
6. No feces seen in and around the household, garden, and rivers (general observation).

Source: Directorate of Environmental Health 2013

Enabling and constraining factors for successful post-triggering

Table 10 lists the most frequently cited enabling and constraining factors in post-triggering that are relevant to the role of local actors. The enabling factors allow Plan International Indonesia to conduct CLTS activities more effectively, whereas the constraining factors pose a challenge to CLTS implementation. Alongside each factor is a brief discussion of its implications for Plan International Indonesia's CLTS approach.

Table 10. Enabling and constraining factors for successful post-triggering

Enabling Factor	Relevant Local Actors	Implication for Plan International Indonesia
National guidelines developed for monitoring and ODF verification	National government Plan International Indonesia Local government Village facilitators	The publication of national guidelines helps standardize the post-triggering process and enables comparison of CLTS across the country, provided the guidelines are adopted by all provincial governments.
Local-government and village-led follow-up	Plan International Indonesia Local government Village facilitators	Sub-district and village leadership of follow-up activities lowers the resource requirements for Plan International Indonesia in this phase of CLTS. Village facilitators can also follow-up with households more frequently than sanitarians or NGO staff, provided that volunteer participation is sustained.
Access to the supply-chain through trained entrepreneurs	Plan International Indonesia Local government Village facilitators	With adequate publicity in villages, the PAPSIGRO project has the potential to increase the use of sanitary latrines, allay expectations of subsidies by providing low-cost permanent toilet options, and sustain CLTS outcomes.
Constraining Factor	Relevant Local Actors	Implication for Plan International Indonesia
Widespread expectation of subsidies in communities	National government Plan International Indonesia Local government Village facilitators	Communities' expectation that NGOs or the government will provide financial/material support makes it difficult for Plan International Indonesia to effectively implement CLTS. However, the challenge of increasing access to toilets for the ultra-poor is real. Plan International Indonesia should consider scaling up a combination of approaches that are already present in their triggered communities, including village-based financing mechanisms, self-help initiatives, and sanitation marketing to reach all income groups.
Government requirement for all households to be verified for ODF certification	National government Plan International Indonesia Local government Village facilitators	Surveying all households in each village can be costly and time-consuming. This process can delay ODF certification and celebration ceremonies, potentially demotivating communities that have ended open defecation. It may be more practical for government verification teams to verify status in a representative sample of households, which would make the process less time-consuming and costly.

5. Conclusions and Implications

This study illustrated the roles of local actors in Plan International Indonesia's CLTS implementation process, highlighted enabling and constraining factors for successful implementation, and discussed implications of these factors for Plan International Indonesia's CLTS approach. There are eight key conclusions with implications that may be useful to practitioners working with demand-led sanitation approaches in similar settings.

National government commitment to CLTS

The national government has demonstrated strong strategic commitment to sanitation through its CBTS/STBM policy, which emphasizes the principles of CLTS, hygiene behavior, and environmental sanitation. This strategy establishes clear institutional mechanisms through working groups and networks, and a structure for decentralizing responsibility to the local government. However, concerns remain around coordination between ministries on the provision of latrine subsidies, as well as buy-in for CLTS from all provincial governments. Nevertheless, the policy and guidelines are moving the country toward a more harmonized and coordinated approach for improving access to sanitation at scale.

Cadre of CLTS master trainers ensures standardized trainings

As Plan International Indonesia expands its CLTS activities, it has access to a pool of government master trainers who can conduct trainings in a uniform manner. Trainers are supported by government publications of national training manuals, monitoring and evaluation guidelines, and ODF verification guidelines. These trainers and guidelines ensure some consistency in the quality of trainings conducted not only within Plan International Indonesia program areas, but nationally.

Targeting CLTS to most appropriate communities

The national government's CBTS/STBM policy leads to a fundamental assumption that CLTS is a universally applicable approach. Given Indonesia's socio-economic, linguistic, and geographic diversity, Plan International Indonesia and the government should consider targeting CLTS to communities where it is more likely to succeed rather than applying it to all communities within sub-districts and districts. Especially given funding and staffing constraints, targeting can enable them to focus resources on communities that are more likely to be receptive to the CLTS message, and adapt their approach in communities that do not meet their criteria for CLTS.

Local government-led CLTS

Given the favorable national environment for CLTS, Plan International Indonesia has been able to focus on building capacity and gaining buy-in for CLTS within the district and sub-district government structure. Their approach has deliberately focused on transitioning responsibility for CLTS to the district and sub-district government by training sub-district health teams and village facilitators to lead the process. These efforts indicate a serious intent to build local government capacity and to build a culture of independence to ensure that sanitation activities are sustained beyond the lifespan of an NGO project. In addition to training, however, local government capacity needs to be strengthened by expanding the cadre of sub-district government staff involved with CLTS and allocating a sufficient budget for CLTS activities.

Targeted roles for village facilitators and sub-district sanitarians

The government CLTS strategy envisions volunteer village facilitators as the primary triggerers in a community, with support from sub-district sanitarians. Village facilitators help maintain the community-led aspect of CLTS, lower resource costs for implementers, and can follow-up with households more frequently than sub-district sanitarians. However, this bottom-up approach also relies heavily on actors who may have limited capacity as volunteers. There is a need to better understand how to sustain volunteer motivation in community-based projects like CLTS. Meanwhile, it may instead be more realistic to place the primary responsibility of triggering on sanitarians, and enlist the added support of volunteer village facilitators, rather than expect village actors to take the lead. Plan International Indonesia would need to advocate for increasing the number of sub-district government staff involved in CLTS to ensure that activities continue after the life of an NGO project.

Access to the hardware supply chain

Plan International Indonesia recognizes the importance of following demand generation with supply options by training sanitation entrepreneurs, which is likely to have had an impact on latrine quality in their working areas, since water-sealed toilets with septic tanks were the most common type of latrine reported by households. Management training for entrepreneurs needs to be improved, as well as increasing publicity of the project in villages, and the development of better payment plans for consumers. This project has the potential to increase the use of sanitary latrines, allay expectations of subsidies, and sustain CLTS outcomes.

Financing sanitation hardware

Despite the government's no-subsidy CLTS policy, some government-sponsored programs still provide latrine subsidies to rural households. This overlap in approaches, along with a history of government and NGO subsidies, has created expectations for external support in communities. However, the challenge of increasing latrine access for the ultra-poor is real and requires alternative approaches. Many CLTS implementers believed that some form of "smart subsidies" may be appropriate for the most vulnerable populations, ideally through village-based financing mechanisms, provided they had shown a commitment to change their behavior. Plan International Indonesia should therefore consider advocating more for these financing mechanisms, publicizing sanitation marketing efforts, and encouraging self-help initiatives across their working areas.

Defining and measuring success

Since 2013, there has been a strong effort by the national government to develop national guidelines for monitoring and ODF verification, although the ODF definition still requires clarity in official documents. Furthermore, guidelines require that all households be verified before a village can be certified as ODF, which can delay ODF celebration ceremonies and potentially demotivate communities that have ended open defecation. It may be more practical for the government verification teams to verify status in a representative sample of households, which would make the process less time-consuming and less costly. Overall, the national monitoring system is being strengthened, and Plan International Indonesia can help influence the effectiveness of this system by improving its own baseline assessments, monitoring, and verification processes to become a model for the government.

6. References

- Directorate of Environmental Health, Ministry of Health. 2013. Guidance Book on Verification of Community Based Total Sanitation. Jakarta, Indonesia: Republic of Indonesia.
- Kar, Kamal, and Robert Chambers. 2008. Handbook on community-led total sanitation. Brighton: Institute of Development Studies, University of Sussex.
<http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/media/cltshandbook.pdf>.
- Ministry of Health. 2009. National Strategy for Community Based Total Sanitation (CBTS). Jakarta, Indonesia: Republic of Indonesia.
- Plan International Indonesia. 2012. Sanitation Scale-up in Grobogan district, Indonesia –Phase II: Quarterly Report II, April – June 2012. Jakarta, Indonesia.
- Plan International Indonesia. 2012. Endline Data. [data files]
- WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation. “Data Resources and Estimates.” Accessed August 1, 2015. <http://www.wssinfo.org/data-estimates/introduction/>.

7. Annex 1 – Summary of enabling and constraining factors

Stage	Enabling Factor	Local Actors	Implication
Planning / Pre-Triggering	National government has a policy and budget for CLTS	National government Local government Plan International Indonesia	A favorable policy and financial environment for CLTS at the national level allows Plan International Indonesia to focus on capacity building of local government to trigger and follow-up with communities.
Planning / Pre-Triggering	Strong mechanisms for government and NGO coordination	National government Plan International Indonesia Other organizations implementing CLTS	Working groups provide an opportunity for joint decision-making and consolidation of resources. Plan International Indonesia can use these forums to influence programming. Working groups can also enable comparisons of outcomes across projects, so long as they are implemented in a harmonized manner.
Planning / Pre-Triggering	Pool of master trainers in the government	National government Plan International Indonesia	As they expand CLTS activities, Plan International Indonesia can hire master trainers to conduct uniform trainings around the country. Having government master trainers is also indicative of government ownership of CLTS.
Planning / Pre-Triggering	Village facilitators selected and trained for CLTS activities	Plan International Indonesia Local government Village facilitators	This approach allows Plan International Indonesia and the government to build village level capacity for CLTS, provided they can sustain volunteer motivation.
Triggering	Working with sub-district government and community leaders to trigger communities	Plan International Indonesia Local government Village facilitators	Engaging with local actors to lead triggering efforts lowers the resource requirements for Plan International Indonesia and builds local capacity for CLTS. However, this approach requires stronger local government ownership of CLTS and greater capacity to be truly effective.
Post-Triggering	National guidelines developed for monitoring and ODF verification	National government Plan International Indonesia Local government Village facilitators	The publication of national guidelines helps standardize the post-triggering process and enables comparison of CLTS across the country, provided the guidelines are adopted by all provincial governments.

Post-Triggering	Local-government and village-led follow-up	Plan International Indonesia Local government Village facilitators	Sub-district and village leadership of follow-up activities lowers the resource requirements for Plan International Indonesia in this phase of CLTS. Village facilitators can also follow-up with households more frequently than sanitarians or NGO staff, provided that volunteer participation is sustained.
Post-Triggering	Access to the supply-chain through trained entrepreneurs	Plan International Indonesia Local government Village facilitators	With adequate publicity in villages, the PAPSIGRO project has the potential to increase the use of sanitary latrines, allay expectations of subsidies by providing low-cost permanent toilet options, and sustain CLTS outcomes.
Stage	Constraining Factor	Local Actors	Implication
Planning / Pre-Triggering	Lack of routine baseline assessments of communities	Plan International Indonesia Local government Village facilitators	Baseline surveys can help target appropriate communities for triggering. Standardized monitoring across program areas from pre-triggering to ODF status can provide quantitative evidence for a more holistic account of Plan International Indonesia's CLTS experience.
Planning / Pre-Triggering	Inconsistent and insufficient district budget allocation for CLTS	Plan International Indonesia Local government Village facilitators	Because all sub-districts had not yet allocated a sufficient budget for CLTS activities, Plan International Indonesia found itself in the position of supporting per diem allowances of sub-district government staff and facilitators in its working areas. Greater financial commitment from the local government is needed before Plan International Indonesia can fully transfer ownership of its CLTS activities to the government.
Triggering	Government expectation that volunteers should lead the CLTS triggering process	Plan International Indonesia Local government Village facilitators	Although selection of village facilitators can enable CLTS activities, it may not be realistic to expect volunteers to bear the primary responsibility for triggering communities. Instead, building their capacity to assist sub-district government is likely to be a more sustainable approach.

Triggering	Number of sanitarians available for CLTS facilitation	National government Plan International Indonesia Local government Village facilitators	In addition to engaging with village-level actors, Plan International Indonesia can advocate for increasing the number of sub-district government staff involved in CLTS activities. These sub-district staff can support sanitarians in overseeing the activities of village facilitators and other volunteers.
Post-Triggering	Widespread expectation of subsidies in communities	National government Plan International Indonesia Local government Village facilitators	Communities' expectation that NGOs or the government will provide financial/material support makes it difficult for Plan International Indonesia to effectively implement CLTS. However, the challenge of increasing access to toilets for the ultra-poor is real. Plan International Indonesia should consider scaling up a combination of approaches that are already present in their triggered communities, including village-based financing mechanisms, self-help initiatives, and sanitation marketing to reach all income groups.
Post-Triggering	Government requirement for all households to be verified for ODF certification	National government Plan International Indonesia Local government Village facilitators	Surveying all households in each village can be costly and time-consuming. This process can delay ODF certification and celebration ceremonies, potentially demotivating communities that have ended open defecation. It may be more practical for government verification teams to verify status in a representative sample of households, which would make the process less time-consuming and costly.