

WATER AND SANITATION PROGRAM IN DECENTRALISED EASTERN INDONESIA: THE ROLES OF COMMUNITY AND SOCIAL DYNAMICS

Anggun Susilo

Senior Lecturer, Department of International Relations, Faculty of Social and Political Sciences, University of Brawijaya, Malang, East Java, Indonesia.

Yogi Vidyattama

Associate Professor, Institute for Governance and Policy Analysis (IGPA), University of Canberra, University Drive South, Canberra, ACT, 2601, Australia.

Email: Yogi.Vidyattama@canberra.edu.au.

Dewa Ayu Putu Eva Wishanti

Lecturer, Department of International Relations, Faculty of Social and Political Sciences, University of Brawijaya, Malang, East Java, Indonesia.

ABSTRACT: The recent decentralisation in Indonesia was expected to play a significant role in the development program aimed at addressing local issues, including water and sanitation. However, the lack of capacity of local governments could be a barrier to deliver adequate services. This study looks at policy implementation and how the community in the poorer regions of Eastern Indonesia are attempting to address water and sanitation issues. Specifically, this study aims to assess the implementation of Community-Led Total Sanitation (CLTS) type programs. Based on surveys, in-depth interviews and using qualitative methods this study identifies the main actors and their contribution in the programs. The result shows that despite the required active involvement of Non-Government Organisations (NGOs) and the local community, local governments still hold a very important role in service delivery, especially their frontline staff, who provide routine communication with the community. The active involvement of many stakeholders also requires that local government continuously enhance its coordination efforts. The discussion provides an example of one local government that has provided a good coordination platform. Additionally, the findings suggest that financial assistance is still needed by poorer communities in implementing the program.

KEY WORDS: Water and sanitation; decentralisation; developing countries; Indonesia.

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1. INTRODUCTION

Water and sanitation is a serious concern, especially in developing countries. The United Nations (UN) has declared clean water and sanitation as the sixth goal of 17 Sustainable Development Goals (SDG) and has accentuated the issue by pointing at millions of people who die from diseases that are caused by lack of access to water and better sanitation (United Nations, 2017).

Currently in Indonesia, decentralisation has affected local development programs such as water and sanitation. Normatively, the principle of subsidiarity suggests that decentralisation offers better services as it closes the gap between government and local community (see, for example, Grant and Drew, 2017, p. 134; Shah and Shah, 2006, p. 4). However, better public provision often depends on the leadership and capacity of local governments (Bahl *et al.*, 2002; Beramendi, 2007). Therefore, there is a necessity to search for a policy model that can ensure sustainability in the water and sanitation sector.

One policy model that has been introduced in Indonesia and elsewhere with the support of international donors, including the World Bank, is Community-Led Total Sanitation (CLTS) (Water and Sanitation Program, 2017). This policy model suggests that to sustain water and sanitation programs, infrastructure development *per se* is not enough. Instead, it requires behavioural change and it involves sanitation marketing, creating an environment that enables the policy to work, performance monitoring and knowledge about both policy and implementation (Water and Sanitation Program, 2017). The policy program is appealing as it is seen as effective by international donors and can be implemented in less developed countries.

Although becoming popular, CLTS has been criticised for shaming the community to induce behavioural change and for its implicit endorsement of a lack of financial support for reforms (Harvey, 2011; Engel and Susilo, 2014). This study aims to assess the implementation of this program in two poorer

areas in decentralised Indonesia. In doing so, this study identifies the main actors (local government, civil society and village communities) and examines the possible synergies and patterns that could introduce this behavioural change.

Decentralisation and Local Community Participation

Decentralisation has become a new trend in developing countries since at least the turn of the 21st century (World Bank, 2005). The main expectation for decentralisation is to better adapt government policy to local needs and preferences, and hence, improve efficiency in service delivery, especially in health and education (Morgan, 2002). Another expectation is that decentralisation will bring higher levels of transparency and avoid the waste that arises when central governments initiate programs that are unsuited to local needs (Bardhan, 2002).

However, these expectations may not always eventuate. Sub-national governments may not have the capacity to deliver the required services (Bahl *et al.*, 2002). While decentralisation has increased the share of spending on services and improved development at the local level (Arze *et al.*, 2005), poorer regions struggle to provide even the most basic services (Rodriguez-Pose and Ezcurra, 2010). Poorer regions are also more likely to have institutionalised problems with corrupt and transparent governance, introducing the risk that local elites will take advantage of the opportunity to enrich themselves (Martinez-Vazquez and McNab, 2003). For these areas, the reallocation of functions from central to local governments may reduce both the size and quality of services (Beramendi, 2007). In addition, a poorly designed system of decentralisation may obscure lines of authority and responsibility and generate local confusion and instability (Rodden, 2004).

Despite these potential drawbacks, a further desirable outcome of decentralisation is the establishment of community localism, which means the devolvement of policy-making for local communities (Evans *et al.*, 2013). This requires local actors to become more active in their policy contribution. Community activities become crucial in the poorer regions where the capacity and capability of local government cannot carry out all the new responsibilities. Therefore, the involvement of community leaders, voluntary groups, neighbourhood residents and civic associations in policy decision-

making and policy delivery is increasingly important (Gaventa, 2004). This does not mean that the lack of capacity in local policy-making institutions would not have an adverse effect—for instance, Dare (2013) argues that a lack of understanding about the importance of community in localism by both policy-makers and community members has resulted in attempts to implement localism becoming empty promises.

Non-governmental organisations (NGOs) and civil society organisations (CSOs) may also have important roles in providing local leadership especially in developing countries (Hearn, 2007; Banks and Hulme, 2012). In doing so, the CSOs and NGOs need to decide their positions, learn their role as social entrepreneurs and discover the best advocacy strategy (Dolsak, 2013). This includes considering the influence of the various authorities in a particular location (Rosenberg *et al.*, 2008; Rose, 2011). This also includes earning the trust of the local communities. To do this they have to make sure that the idea they are working on is accepted and appreciated by the local community or general public (Marschall, 2002).

Community-Led Total Sanitation

Sanitation and clean water are two of the most crucial public services needed and the delivery is difficult for poorer regions. Therefore, there is a huge need for community involvement in those regions. Community-Led Total Sanitation (CLTS) is one methodology or model used to involve the community in a sanitation program, inclusive of the elimination of open defecation (OD). This model acknowledges the importance of understanding and engaging with local practices to affect their sanitation generally and excrement disposal more specifically (Engel and Susilo, 2014). The crucial part is to understand the community's preferred types of sanitation to ensure maintenance and continuation of its usage (Black and Fawcett, 2008; Jewitt, 2011). In addition, communities are encouraged to conduct their own appraisal and analysis of OD and take their own action to become OD free (ODF) (IDS, 2011).

CLTS was initially promoted by NGOs but has been used by the World Bank-led Water and Sanitation Program (WSP) since 2001 and was introduced to Indonesia in 2004 (Buhl-Nielsen *et al.*, 2009). Supported by the World Bank and many international NGOs, CLTS became a preferred approach to overcome open defecation and developing countries in Asia and Africa have adopted this method. CLTS follows four steps—pre-triggering, triggering,

post-triggering and scaling up (Kar and Chambers, 2008, p. 11). Pre-triggering involves community selection and assessment to build a rapport for community confidence. Triggering is the step where the community's own appraisal and analysis is facilitated. This also includes identifying the dirtiest neighbourhoods to trigger disgust, alongside the calculation of possible medical expense. After triggering, there should be action follow-up, encouragement and monitoring in the post-triggering step. The last step, scaling up, includes training to spread the practice with the addition of raising pride and competition. Although these steps are equally important, the triggering step is more recognisable, especially its unique method named a 'transect walk'. A transect walk is an activity where members of the community follow a path to see an area of defecation, aiming to educate the community about the process and the danger of diseases spreading from open defecation (Kar and Chambers, 2008). Importantly, the essence of this activity is "stimulating a collective sense of disgust and shame among community members" (Kar and Chambers, 2008, p. 21).

There are issues in implementing CLTS. The first issue is the triggering step which often focuses on shaming community member/s. Although a shock factor is needed to encourage behavioural change, the focus could have an adverse impact on certain groups in that community (Harvey, 2011, p. 100). Engel and Susilo (2014) further show that at the implementation level, CLTS often treats local perceptions and cultural barriers as problems rather than stepping stones and hence, is considered to be similar to 'coercive, race-based colonial public health practices'.

Second, the approach often neglects the fact that some communities do not have a required sanitation facility because they cannot afford the outlay and have no other means of obtaining it. In this case, the involvement and funding of local government is required. This is a deviation from the standard CLTS model, which encourages more involvement from local communities while the involvement of an outsider is merely to initiate change (Kar, 2003, p. 27).

Water and Sanitation in Decentralised Indonesia

The 2001 Indonesian Decentralisation program plays an important role in the current effort to improve sanitation and water due to the large transfers of resources and authority from central government to local government (Hofman

and Kaiser, 2002, p. 1; Turner, 2001, p. 80). One emerging problem from this decentralisation is that local government is not used to handling these authorities. This is because historically, policy development and its execution were highly centralised in the national capital, Jakarta, including the development of public infrastructure.

As mentioned above, the water and sanitation program has become one of the top development program priorities in Indonesia, aiming to provide people across the country with equal access to clean water and improved sanitation in 2019. To achieve this ambition, the government released a Ministry of Health regulation to govern the implementation of CLTS or in *Bahasa* known as *Sanitasi Total Berbasis Masyarakat (STBM)*. This shows that the initiative for this program has come from central government while the role of local government is to provide technical training in the field, especially for toilet construction.

By definition, *STBM* refers to “an approach to change behaviour in sanitation and hygiene by community empowerment through triggering” (Indonesian Ministry of Health, 2014, Article 1). As with CLTS, the triggering is aimed at pushing collective behavioural change in communities. Local government also participates in triggering, but this is done in partnership with NGO staff and health cadres from the local health centre. There are five core components of *STBM*, which are 1) stop Open Defecation, 2) use soap for hand washing, 3) drinking water and food disposal management at household level, 4) waste management and 5) liquid household disposal management (Indonesian Ministry of Health, 2014). As in CLTS, *STBM* is planned as a non-subsidised program, which means the community is responsible for its own water and sanitation improvements, including providing funding for constructing toilets. Despite this, the central government has piloted and continued to allocate capital spending on roads, irrigation, water, and sanitation infrastructure as part of specific allocation grant since 2011 (Lewis, 2014).

2. METHODOLOGY AND CASE STUDIES

Methodology

This study assesses whether CLTS, as a main method in the water and sanitation program, could be successfully implemented in poor districts and analyses how the different actors play a role in introducing and maintaining

water and sanitation programs. To do so, this study applies qualitative analysis to two case studies in poor districts located in East Nusa Tenggara using data from interviews, field observations and various documents on water and sanitation. The participants of the interview included community members, public officials from district planning and health agencies, as well as NGO workers. These include *STBM* facilitators from various entities.

The interviews in this study provide a full picture on the various actors involved in the program, capturing their knowledge, current thinking and plans, and assessing their relationship with each other (Yin, 2014; Boswell and Corbett, 2015). The interviews consisted of several open-ended questions to allow the researcher and participants to pursue an idea in more detail as well as to provide important insight into their activities and relationships (Yin, 2014, p. 113). These were conducted in two waves. The first aimed to map actors, problems and basic information about the water and sanitation program in the two districts and identify key focal points in the program. The second wave focused on households as community members to collect information and perceptions from communities over the water and sanitation project.

Study Sites

The two districts selected as cases for this study are the districts of *Timur Tengah Selatan (TTS)* and *Sikka*, both part of the East *Nusatenggara* province. Nevertheless, the districts are located on different islands, with *Sikka* in the Flores archipelago and *TTS* on Timor island (Figure 1). The locations of these two districts means that they are likely to have different cultures. Indeed, in *Sikka* itself, there are two major cultural groups: the coastal residents (*Sikka-Krowe*); and the mountainous people (*Tana 'Ai*). While coastal residents have been interacting with outsiders for a long time and consist of many ethnicities, the mountainous people have much less interaction. Similarly, mount *Mutis* in *TTS* has become a residential area for *Meto* people while other areas in *TTS* have relatively more interaction especially through *Kupang*, the provincial capital, around 100 kilometres from the district.

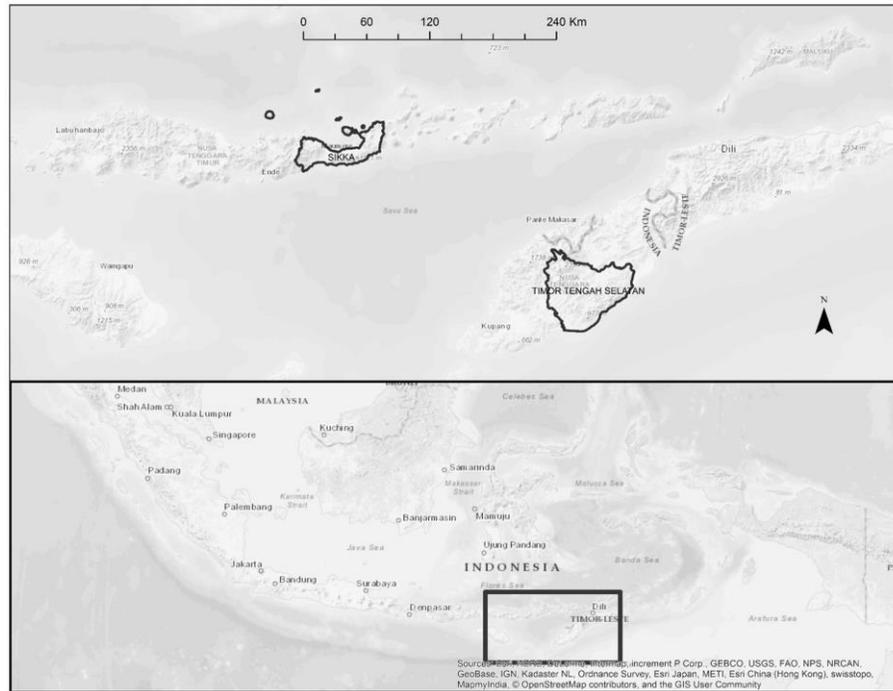


Figure 1. The Location of *Sikka* and *TTS*.

The East *Nusatenggara* province is one of the poorest provinces in Indonesia in terms of economic output (Hill and Vidyattama, 2016). The two districts per capita consumptions are also below the national average (Table 1). Education levels are low although the literacy rate in *Sikka* is not too far removed from the Indonesian average. This is also the case for health conditions, measured by life expectancy. Given these conditions, it is reasonable to expect that the two districts would need help from central government to work on the water and sanitation program especially in terms of the funding to improve facilities and infrastructure.

Table 1. Socio Economic Condition in *TTS* and *Sikka* Based on the Human Development Index Component.

NAME	Life Expectancy		Literacy rate		Mean Years Schooling		Adjusted Real Per Capita Consumption in Thousand Rupiah	
	2008	2011	2008	2011	2008	2011	2008	2011
<i>TTS</i>	66.6	67.1	84.2	84.4	6.1	6.7	600.3	609.6
<i>SIKKA</i>	68.4	69.3	90.5	91.7	6.1	6.4	592.9	600.1
INDONESIA	68.4	69.0	92.7	93.4	7.7	8.1	627.1	634.8

Source: Indonesian Central Bureau of Statistics (BPS).

The two districts have a very different record with regard to sanitation. *TTS* surprisingly has more access to toilets as the data from Socio-Economic Survey (*Susenas*) indicates that less than 10 per cent of households do not have access to a toilet at all. This is better than the national average, while conditions in *Sikka* are worse than the national average (Figure 2). Nevertheless, the trend in *Sikka* shows that access to toilets gradually improved until 2012 when it became equal to the national average. Unfortunately, data from 2013 and 2014 indicates that this positive trend was not maintained. The situation in *TTS* shows the proportion of households which do not have access to a toilet is relatively constant.

With less access to toilets, the proportion of open defecation in *Sikka* is expected to be higher. The data shows that the proportion of households using a beach, field or garden as their location for defecation is very high (Figure 3). With the increase of toilet access, the figures showed a downward trend until 2012 but then it stalled. The number of households that used a beach, field or garden for defecation in *TTS* is much lower than *Sikka*. Nevertheless since 2009 there has been a slight increase in the proportion. Therefore, both districts confirm that there may be issues preventing progress. This research will seek to explain this trend.

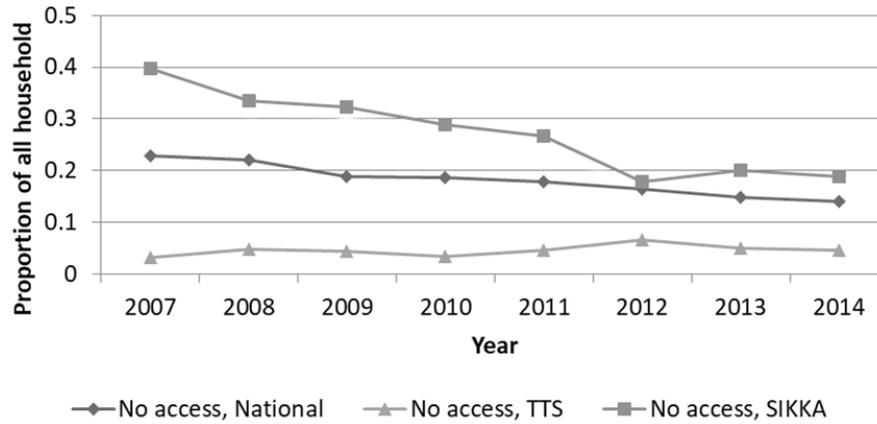


Figure 2. The Access to Toilets in *Sikka* and *TTS* Based on *Susenas*. Source: Authors' estimates from Indonesian Socio-Economic Survey (*Susenas*).

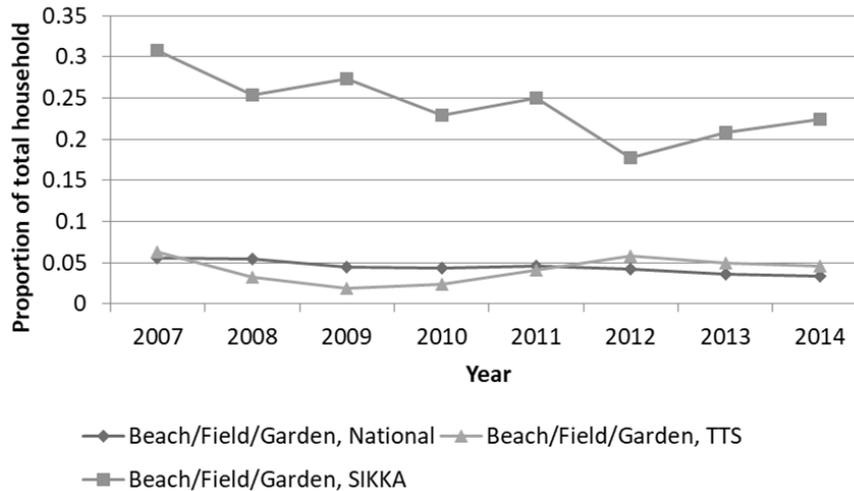


Figure 3. Open defecation in *Sikka* and *TTS* based on *Susenas*. Source: Authors' estimates from Indonesian Socio-Economic Survey (*Susenas*).

3. FINDING 1: TIMOR TENGAH SELATAN (TTS)

Access to Toilet

The field observation and interviews confirmed the *Susenas* data that access to toilets in the district is relatively good. Only two of the 11 households interviewed did not have a toilet at home. Members of these two households go to nearby forests to defecate. These two households claim that they know about the dangers of OD but they cannot afford to have a toilet at home. This is an indication that the community has awareness of health and sanitation issues. Another indicator of awareness is the increasing number of requested toilets from the community. This demand for toilets was specified in a successful approach by local government as part of its housing projects, which require houses to have a toilet as a precondition.

There are several issues regarding sanitation in *TTS*. First, the existence of a toilet at home does not fully eliminate OD. For example, one household states that the location of their plantation is a five kilometre walk from home. Thus, it is very difficult for them to defecate. Another issue is that, although nine out of 11 households stated that they have a toilet, they mostly only have a very simple type (*WC cemplung*). Only two out of nine households have a proper toilet (*WC leher angsa*) that retains a pool of water to ensure the waste and smell remain enclosed (Figure 4).



Figure 4. The Types of Toilet Observed in *TTS*. Source: the Authors.

Water Supply

One big challenge in *TTS* is its geographical character as it is semi-arid, meaning a water supply is hard to find. This is a critical problem not only for clean water provision but also for sanitation. In addition, most water springs belong to certain clan or family and not all of them allow other people access to this water. Thus, local governments have tried to persuade the clans to give the public access to their water. Several clans have agreed but asked for compensation, such as pigs, money and traditional ceremonies.

Another source of water for *TTS* people is from private companies who sell it from water tanks, distributed using trucks to people at a price of around IDR 2 000 (\$AUD 0.09) per 10 litres. The exact price for each litre depends on the distance travelled and road conditions. Those trucks commute daily from springs that are located in the city to the rural areas and one truck could carry approximately 5 000 litres of water. According to one respondent who lived in *Biloto* village, people have to buy water from tanks because they cannot rely on the water springs, especially in dry seasons.

Actors

Local Government

Our observation suggested that local government plays a crucial role in the *TTS* water and sanitation program following an instruction from the head of district in 2012, which became the legal basis to enact the district water and sanitation program. Additionally, *TTS* government also established a sanitation working group to increase coordination among the involved line agencies. Therefore, the local (district) government is not only providing the legal basis but also providing a platform for communication and coordination among those involved in the program.

Another important role of *TTS* local government is to communicate the importance of '*rumah sehat*' (healthy house) that contains a home toilet. This was part of the sanitation development acceleration program (P3SP) in settlements initiated by that local government. This program was implemented by a number of line agencies such as the health agency, public work agency, development planning agency, and environmental agency as well as involving NGOs.

Despite their active role, the *TTS* government faces several issues in maintaining the water and sanitation program in the area. The most serious issues are the continuous rotation of the local government staff, including frontline staff, in the health centre to another function or position (internal rotation). This is perceived as putting the interest of their governmental agency above achieving policy goals (also referred to as ‘sectoral ego’). This is often a reason attributed to explain poor coordination in delivering and maintaining public services, and limited funds for financial support that can be provided by local government. With regard to financial support, another factor that has led to the low provision of funding is that sanitation and public health programs are not specifically listed as priorities for the *TTS* government. It argues that poverty, education and infrastructure such as roads are their top agenda items, rather than water and sanitation. One consequence of the lack of financial support is the lack of a sanitarian. Currently, one sanitarian can cover more than seven villages, which are located in remote areas. The argument is interesting as the central government has allocated a grant scheme that can be applied for water and sanitation purposes but only for its infrastructure.

There are also problems related to communication with lower administrative levels (sub-districts and villages). A sub-district secretary confirmed that they needed clear manual and technical guidance and standard operational procedures for programs like CLTS. Officials argue that this is necessary to avoid overlapping of tasks and authority, which can cause officials at the lower administrative levels to hesitate to implement the program themselves.

NGOs and Local Community

In *TTS*, there are several NGOs, both local and international, that work on Water and Sanitation Programs, some of which overlap. One of these local NGOs is ‘Plan *TTS*’. This NGO works mainly on program implementation and takes credit for decreasing the number of OD as it was recorded that 250 villages were free from OD at the end of 2015. Nevertheless, Plan *TTS* also acknowledges the role of local government, especially the P3SP program, in this success. Another NGO, community-based water and sanitation supplier (*PAMSIMAS*) provides training to make cheaper toilets. This training is held three times a year with a group consisting of 10 sanitarian marketers. Through this training, people can maximise the use of local materials such as sand and

make agreements about cost sharing for toilet provision. According to *PAMSIMAS*, one cheap toilet made with this training costs IDR 100 000 (AUS\$ 10)

While having considerable success with the sanitation program, Plan *TTS* faced a bigger hurdle in the water program mainly due to the conditions in *TTS*. ‘Plan *TTS*’ has worked together with local community-based organisations and the government agency to improve water supply systems. In addition, ‘Plan *TTS*’ initiated the development of a Hydraulic Ram Pump that can be easily maintained with local resources. However, this facility is not working properly; hence, the communities often have to drill up to 60 metres into the ground to extract groundwater, which gets harder in the dry season. To fulfil this need, the officers from the Local Department of Energy and Mineral Resources lent drilling facilities at several water sources.

Generally, people in *TTS*, especially in rural areas, have difficulties obtaining clean water. Spring water is available but in very small amounts. The difficulty of finding water introduces another actor to fulfil this need, the private water company. As mentioned above, there are water companies that bring water using water tank trucks from outside the district. Nevertheless, there are local private drinking water companies that acquire water from local springs and small streams. The workers from those local companies then purify and distribute water in jerry cans, to be traded in the traditional markets or by selling directly around the neighbourhood. Besides the local private companies, children are also often instructed by their parents or elder members of the family to go to the spring or stream to collect freshwater in a jerry can after school. The children should be able to place the jerry cans in a cart rather than carry them long distances home.

Another option for the community to obtain water, besides buying it from private companies and getting it from water springs, is to source water from public buildings such as school or government offices. In our interview with a man in village *Biloto*, he said that he walked to a nearby school to obtain water. This was confirmed by a statement from the school headmaster. Accordingly, the headmaster stated that people usually come to the school during the night and ‘steal’ the water from the tank. The school itself buys water from trucks using school operational assistance funds. According to the headmaster, the school needs about 10 000 litres per month at an estimated cost of IDR 600 000 (AU\$60) to be used only for daily needs such as hand washing and for toilets.

For drinking water, he stated that the school buys mineral water in five-gallon (around 20 litre) containers.

Elite Capture

Local elites also play an important role in the water and sanitation program in *TTS*. Currently, there is a strong commitment among the local elites in communities at village level to help the program in *TTS* to function. Furthermore, these supportive elites are the ones who won the village elections. There is a concern that the program could be difficult to sustain if the next election winners are not supportive to the program. One factor that reduces this concern is the fact that water programs and issues are usually a main topic in the political campaigns.

These local elites also have another role in water supply since the main source of water in *TTS* is the spring owned by a famous clan. Additionally, there is also some public access to this water. Although the spring is located under private property, access is granted through a traditional ceremony to mark this agreement. In this ceremony, local authorities such as *Kecamatan* (sub-district) and *Desa* (villages) give a number of animals such as pigs to the land owner as a symbol of 'asking permit' to access the water. Additionally, the private property status could be of benefit to the spring itself according to a truck driver who became our respondent. Because of limited access, the spring is easier to manage. In contrast, if the spring was public, everyone would be able to come and take the water as much as they wanted. Over time, this would damage the spring and the water supply.

CLTS Program

The interviews suggested that people are actually unfamiliar with the term (*STBM* or *CLTS*) but they remember having a regular visit from the local health centre (*Puskesmas*). All households confirmed that an official from *Puskesmas* visited them regularly. These visits mainly conducted a check on overall health conditions of all family members. Nevertheless, the visit also became part of *CLTS* implementation. This was confirmed by a sanitarian respondent. She stated that the list of questions used as guidance when they conduct home visits also contains instructions to check water conditions and

the toilet besides the regular issues such as immunisation and any signs of disease symptoms.

A CLTS facilitator from the NGO further stated that although unfamiliar with CLTS (or *STBM*) most people remember the triggering and transect walk which involved the residents walking around the village to see the human faeces scattered due to open defecation and saw a simulation of how it may end up in food and water consumed by the residents. However, this was done at the very beginning of the program and not all residents were part of it. The program relies on pamphlets and public meetings. Nevertheless, people were more persuaded by visits from health officials, the provision of a toilet and the provision of clean water.

Provision of a toilet and clean water are important because poverty remains the most critical problem in *TTS*. The cost of a toilet at IDR 250 000 (AU\$ 25) is too expensive for the poor, especially those who live with big families. Moreover, many people interviewed were peasants who earned their living by going to the forest and picking fruits and/or spices to sell at a nearby market. Therefore, many of the communities have difficulty in sustaining the project once the local government or NGOs are no longer involved.

Land ownership is another concern for the implementation of CLTS. Previously, we discussed private land ownership where water springs belong to certain families or clans. Although it has benefits as described above, not all clans allow people to get water from their land. Adding to this issue, much of the land in *TTS* is not legally certified, therefore clans or families can occupy it, leading to land conflicts, which may affect the implementation of CLTS.

Despite many positive findings in *TTS*, some negative points were also received from the respondents in the district. One was that there is still a lack of coordination, especially between local government agencies from the district level and the local community. Ironically, this is happening due to a number of NGOs working directly in the village without the involvement of district government. This made some respondents feel that although they were involved in NGO activities, the water and sanitation program came from central government (Jakarta) rather than the local community initiative or local government priority.

4. FINDING 2: SIKKA

Access to a Toilet

One important finding from observations in *Sikka* was the disparity of sanitation conditions among villages. In *Wolomarang* village of the *Alok Barat* sub-district, access to a toilet is limited. Located near the beach, many households in this village do not have a toilet. One householder that was interviewed mentioned that her family received a toilet from local government, however, it was already broken because of high tidal waves. Since then her family members defecate in open space (as shown in Figure 5). In contrast, all interviewed households in *Kecamatan Koting* have access to a toilet whether it is in the form of a private or shared toilet (one toilet is for two or three households). Nevertheless, there is a limited supply of toilets especially from sanitation marketing groups. The group stopped producing toilets due to the limited supply of materials that need to be ordered first either from Makassar or Surabaya.

The other issue that affects access to a toilet is inefficient infrastructure, often due to a lack of coordination between local government and the local community. The lack of coordination is often the result of job division issues among local government's own agencies due to sectoral ego. Figure 6 shows a public toilet located in the local market, provided by government. To compare, there is a public toilet which is managed by the community located in the same market



Figure 5. Example of Open Defecation at *Wolomarang* Village. Source: the Authors.

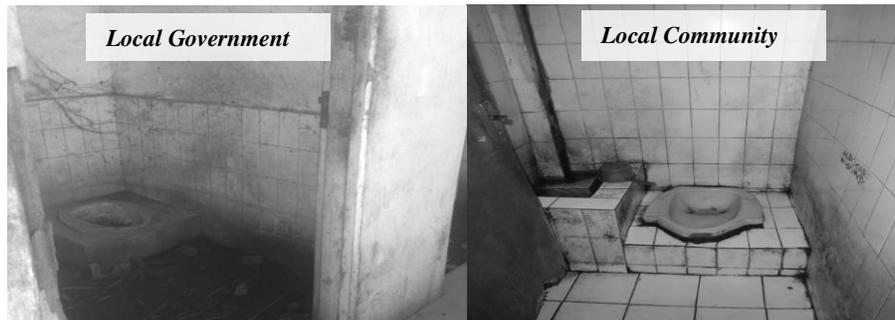


Figure 6. Public Toilets in *Sikka* Market, Managed by Local Government and Local Community. Source: the Authors.

Water Supply

Compared to *TTS*, water is more available in *Sikka*. In the two sub districts visited, *Alok Barat* and *Koting*, only 130 out of more than 5 000 households do not have access to clean water. All of these households are located in *Koting* A village of *Koting* sub district. The rest of the households in this village have adequate access provided by the district owned water utility company (PDAM). These 130 households will be prioritised to get water access by using village funds in 2018.

There are still several issues with the water supply at *Sikka*. One of the examples is in *Hewuli* village, *Alok Barat* sub district. The village is known for its refugee camps. At least 300 households living in the village are refugees from *Palue* Island who arrived after the volcanic eruptions of Mount *Rokatenda* in 1996 and 2013. When the first group of refugees arrived at *Hewuli* in 1996, the water supply was adequate. Water came from a nearby hill and was distributed by pipeline with full support from a local NGO. The problem arose when the second group of refugees arrived in 2013. With more households, the existing water supply was no longer enough. Due to the lack of governance, specifically in terms of complaint mechanisms and regulation in the water distribution, the new refugees broke the pipe using hammers, tapped the water and channelled it to their houses. Consequently, there is tension between the old and new refugees in *Hewuli*. Unfortunately, this problem has not been resolved.

Actors

Local Government

Similar to *TTS* government, *Sikka* also has specific regulations on water and sanitation. This is formally stated in *Sikka* local regulation number 1/2015 on 'Drinking Water Management and Community-Based Improved Environment'. The main difference between this regulation and the one in *TTS* is that the regulation in *Sikka* has been approved by local parliament and contains a law that regulates all people in the area while the instruction in *TTS* is a policy document that mostly concerns local civil servants in conducting their duties. Therefore, it is understandable why the instruction in *TTS* can be

very specific about the implementation of CLTS whereas the regulation in *Sikka* is more general. According to information from senior staff at *Sikka* planning agency, although water and sanitation is one of the prominent issues in this district, it is not yet fully prioritised. Poverty, education and lack of nutrition are considered more important.

Input from the planning agency also indicates that staff rotation is the biggest issue in maintaining the sustainability of the water and sanitation program. Dedicated people who had actively engaged with the program from the start were rotated and posted to other line agencies resulting in a lack of continuity for the program. This is confirmed by staff from the district health agency. Therefore, the water and sanitation program in *Sikka* has a lack of coordination especially with regard to local stakeholders.

NGOs and Local Community

NGOs in *Sikka* are playing the role of facilitator for the water and sanitation program. However, this role is often affected by the lack of coordination among stakeholders. One CLTS facilitator said that only a few meetings (up to three) were held yearly. Therefore, there is lack of clarity over how to handle problems such as a broken pipe, including its reporting procedures. This was confirmed by another NGO who stated that instead on concentrating on CLTS, their work is largely on technical aspects such as piping and water distribution. This is despite the fact that the NGO has close coordination with line agencies like PDAM. The lack of coordination has led to dissatisfaction and comment from NGOs that the district regulation, initiated and legalised in 2015 by local government, was only a 'lip service', meaning it was an official statement, but its actual implementation fell far from expectations especially when no funds were allocated to support the regulation.

In this situation, the communities in *Sikka* need to be more proactive. One example of community initiative was a toilet contract. Although local government involvement was minimal, this contract was made possible by the rules and regulations it set up. As can be found in *Koting A* village, the local government rules and regulations had encouraged a strong commitment by local residents and approval by the village head. The contract allowed households who did not have a toilet to sign a 'social contract' with the village local government to help them construct toilets in exchange for fulfilling certain promises such as maintaining the toilet. When households failed to

meet their obligations, penalties would be applied. For example, the village head could suspend any social assistance such as the rice subsidy and administrative services. This community agreement was quite successful in assisting *Koting A* village to become free from open defecation. Unfortunately, these toilet contracts were discontinued due to complaints to the village council about an imbalance of bargaining among community members which will be discussed in the next section.

CLTS Program

The implementation of CLTS varies in different villages in *Sikka*. In *Koting* sub district, which was declared as ODF in 2014, the information about CLTS was relatively well distributed. We visited ten households in *Koting A* village with a sanitarian from *Koting* health centre. The sanitarian assessed the condition of household members based on a checklist. The assessment ranged from access to a toilet, immunisation status, water inspection and monitoring. During the visit, we also checked the water tanks. In *Koting A* village, we found that a number of families used a shared toilet and water tank. The village head said home visits by a sanitarian to monitor ODF status is quite regular. However, he admitted that there were still a number of families that did not receive sufficient information about CLTS. Consequently, he stated that he always tries to remind people about the program in every village meeting.

The *Hewuli* village uses a different approach to conduct CLTS. They use school education to introduce CLTS to the students. As stated by the school headmaster in this village, CLTS is integrated into the school curriculum. On a regular basis, there are school activities for hand washing and tooth brushing practice. Children are also educated on how to use a toilet (toilet training). However, the information is not always transferred to the home. This was indicated by information from one household that was interviewed during the visit. A mother said that she never heard about CLTS/*STBM* or regular home visits by a sanitarian.

Kecamatan Alok Barat is another different story. We were assisted by a sanitarian to check conditions in *Wolomarang* village. We had been informed that the village was considered ‘unsuccessful’ in terms of the water and sanitation program. The location of the village near the beach is one factor that made the water and sanitation program less than successful. In addition, the

villagers were considered unhelpful. The sanitarian stated that most of them are not local people of East Nusa Tenggara which makes it difficult for the sanitarian to relate to them. The information about health and sanitation had been distributed many times to them but it still had not changed their behaviour.

There are other local dynamics related to social and institutional contexts that make it difficult to implement CLTS. Conflict among stakeholders plays a big role in this. As mentioned earlier, the toilets contract in *Koting A* village was discontinued due to the existing disagreement between the village head and village council. The village council opposed this initiative viewing it to be risky and unfair. This was because the contract required the poorest people to construct a toilet or be penalised by the removal of social assistance such as a rice subsidy. Those people who were better off financially do not receive social assistance so could not be compelled to meet the conditions of the contract as there were no sanctions which could be applied to them. Another example is the *Hewuli* village mentioned earlier with tensions between the old and new refugees. The head of the neighbourhood blames local government for neglecting this issue by not enforcing the water governance settings which existed in the past to ensure all residents have equal access to clean water.

5. DISCUSSION

Role of Local Government in a Decentralised Era

This study shows that local government has an important role in delivering public services such as water and sanitation. Although there is still a little suggestion that the water and sanitation program is driven from central government, this does not appear to be significant and most respondents agree that local government plays the most crucial role in coordinating the implementation of this program. The findings also confirm that despite the adaptation of government policy to local needs and preferences, an active role of local government does not necessarily improve efficiency in service delivery as suggested by Morgan (2002). This study identifies that although setting up regulations is an important step, the problem is not about legal commitment but more about implementation. The picture from the two cases shows how poorer regions struggle to provide basic services (Rodriguez-Pose and Ezcurra, 2010). Nevertheless, the finding show that it is still important for

the communities to see the local government approve, involve and communicate the program to them together with those involved (such as NGOs). In addition, although the CLTS method itself suggested that the role of local government was just to encourage the communities to conduct their own appraisal and take their own action (IDS, 2011), it still needs financial support especially in poor communities.

There are additional factors that prevent local governments from being more successful in delivering the services. The biggest obstacle according to respondents is the internal bureaucratic system that enforces internal rotation among local government staff. Dedicated staff that have been trained in the water and sanitation program are regularly moved to other departments, subsequently interrupting the established communication and coordination methods that have been in place for years. Another problem with bureaucracy is that water and sanitation is not a priority program in both respective districts. Among the top ten priority programs, water and sanitation is only ranked fourth or fifth according to the district development planning agency. The agency stated that the top priority programs are usually infrastructure projects and poverty reduction although it can be argued that water and sanitation are both infrastructure projects which can be used to effect poverty reduction. This lack of prioritisation does not only mean that water and sanitation programs have less financial support but also affects the decision in allocating the ‘dedicated staff’ and their rotation. This problem can also open up discussion on the provision of central government grants that can be applied for water and sanitation infrastructure especially on whether it needs to cover the staff salary as well. This is because the Indonesian specific allocation grant is usually allocated for infrastructure, while the general allocation grant is mainly used for salary and the most successful staff members in communicating the program are usually already trusted as they are the staff of the local health centre.

Community Involvement and Localism

Another expectation from decentralisation is community localism that includes local communities in the policy making process (Evans *et al.*, 2013). The two cases show that it is crucial where the capacity and capability of the local government cannot carry out all the new responsibilities transferred from

central government in decentralisation. Localism is needed more in *Sikka* where the district government has been less successful in delivering their message to the residents. The toilet contract agreement and *Sikka* market community toilet provide good illustrations of localism. Nevertheless, the toilet contract agreement also shows the increasing importance of lower level local government, not only at *kabupaten* (district) but also at *Kecamatan* (sub-district) and village level as the local council has more power as a community representative.

Some success stories in the two districts also show that the service delivery needs to involve community leaders, voluntary groups, neighbourhood residents and civic associations (Gaventa, 2004). In the two cases, the facilitators from both NGO and the health centre play a very important role in communicating as well as assessing the condition of water and sanitation in the household. The observations especially show the importance of regular home visits. Another example of important initiatives is the regular monthly meetings that are held by health centres. The importance of staff from these health centres showcases how lower level government (the sub district and village) becomes the front-runner in communicating water and sanitation programs. Above all that, the two cases, especially *TTS*, indicate that the program cannot be implemented without the acceptance of community leaders (including teachers and school headmasters) and neighbourhood residents. Given the involvement of all these elements, it is understandable why several respondents highlight communication and coordination among stakeholders as the key to the sustainability of the program.

Martinez-Vazquez and McNab (2003) suggested that poorer regions may have institutionalised problems that allow local elites to take advantage where localism has gained a foothold and this was indicated in the two cases, especially in *TTS*, with regard to the ceremony and 'payment' required to gain access to the springs as a source of clean water. Nevertheless, the importance of the spring may outweigh the cost, and this has been an acceptable practice in local culture even before decentralisation took place. In addition, information that we collected during the second field study confirms that the role of elites in water resources is needed in maintaining them properly to ensure adequate water supply. Such maintenance would not be guaranteed if access to water was free for everyone, as stated by one of our respondents.

This study shows that localism exists in these two districts of decentralised Indonesia. However, it has its challenges. The new authorities handed to the

lower level of government could be one of them, as local representation can have more input into the local policy, competing with local participation in localism. In addition, local elites also have a strong influence that may affect the implementation of localism. As can be seen from the two cases, these challenges are not always making the condition worse especially when the communication and coordination among stakeholders are maintained. The transparency and trust among these elements are also important. The two cases show that residents have insignificant problems with NGO workers and local officials when they are considered as part of the community. On the other hand, the perceived elite capture and relationship with central government based on lack of transparency can make people distance themselves.

The Implementation of CLTS for Water and Sanitation Program

In general, it appears that there are no significant problems in disseminating CLTS to local communities, especially those in rural areas. However, there are several lessons learned in the implementation of CLTS methods in these two districts. The first one is that regular communication about the importance of toilets and the danger of open defecation have a more significant effect than triggering or using CLTS as jargon. This can be seen in *TTS* where good communication makes residents accept the dangers of OD without necessarily knowing about what CLTS is. It has appeared from the two cases that one crucial factor that made *TTS* more successful than *Sikka* is active and inclusive communication and coordination by the district local government. Second, social and cultural context is important in the dissemination process. This also confirms the point from Black and Fawcett (2008) and Jewitt (2011) that it is important to understand community preference to maintain the demand and continuation of a sanitation program. In the context of the two cases, the understanding of local culture and history as well as residents' socio-economic capability is crucial in the dissemination process. Those factors are also important to get support from the elite and access to the necessary resources for CLTS to be implemented. Third, given the CLTS is implemented in the poor areas, the two cases show that it is nearly impossible where the government, especially at local level, does not provide any financial assistance to construct the toilet either at home or communally, or in the case of *TTS* to provide a source of water.

Besides the three aspects above, the two cases also show some physical and topographical factors that may reduce the effectiveness of CLTS. Water supply is one of those factors. The most significant hindrance to water and sanitation is the availability of water springs (water supply). Without a continuous supply of water, it is impossible for CLTS to reach its objectives. The two cases are located in East Nusa Tenggara where it is commonly dry and semi-arid. Another factor is related to 'practicality' involving a situation that needs quick action. OD that is still found in *TTS*, especially in mountainous areas, is due to limited access to a toilet in the fields in which they work. Fields are often far from home which forces workers to defecate there. This is similar to a situation that we found in *Sikka*, especially those who live near the beach, due to limited access to private or public toilets.

6. CONCLUDING REMARKS

This study has analysed how the CLTS is being implemented to deliver the water and sanitation program to two poor districts in the Indonesian decentralisation era. It shows how important the local (district) government role has become. Besides setting the policy framework, local government also needs to be more involved in the implementation especially in communicating and coordinating the delivery of the program. This is especially true when there is active involvements of NGOs and the local community. This study shows that in the implementation, good, consistent and continuing communication can be more important than the triggering step in CLTS. This needs to be adapted to the socio-economic-geographical conditions and the local culture in the area. This includes the possibility of financial assistance, which is not suggested in the original CLTS method. The Indonesian central government has introduced the infrastructure grant that can be applied for water and sanitation purposes but the assistance may still be needed to retain the frontline staff who become the main communicators of the program to community.

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