



UNIVERSITY OF
CANBERRA



INSTITUTE FOR
GOVERNANCE
& POLICY ANALYSIS

Water and sanitation program in decentralized Eastern Indonesia: the roles of community and social dynamics

Anggun Susilo

Yogi Vidyattama

Dewa Ayu Putu Eva Wishanti

Outline

- INTRODUCTION
- METHODOLOGY AND CASE STUDIES
- Finding
- Further Discussion
- CONCLUDING REMARKS

Aim

- To search for a policy model that can ensure sustainability in the water and sanitation sector
 - Assessing World Bank's Community-Led Total Sanitation (CLTS) model

Introduction

- Decentralization and local community participation
 - Expectation and concern of decentralization
 - local community participation and CSO/NGO
- Community-Led Total Sanitation
 - involve the community in a sanitation program
 - conduct their own appraisal and analysis
 - triggering step → behavioral change

Introduction

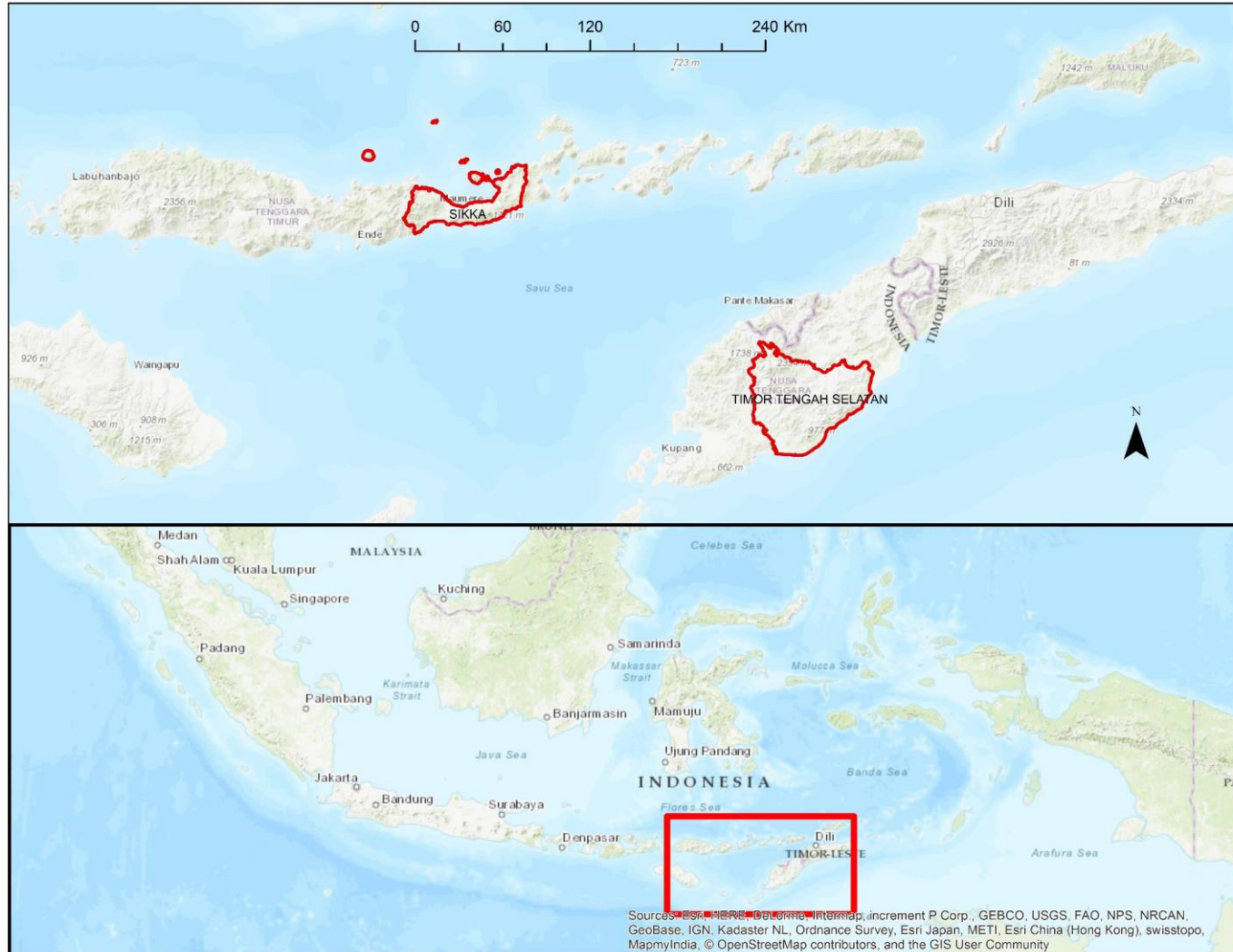
- Water and sanitation in decentralized Indonesia
 - Ministry of Health regulation on *Sanitasi Total Berbasis Masyarakat* (STBM)
 - local government to provide technical training
 - five core components of STBM
 - 1) stop Open Defecation,
 - 2) use soap for hand washing,
 - 3) drinking water and food disposal management at household level,
 - 4) waste management and
 - 5) liquid household disposal management

Methodology

- Two case studies
 - poor districts in East Nusa Tenggara,
 - interviews, field observations and various documents
- Two waves of observation
 - First: mapping actors, problems and basic information
 - public officials from district planning and health agencies
 - NGO/CSO workers
 - Second: Understanding households' perceptions as community members

Study sites

- districts of Timur Tengah Selatan (TTS) and Sikka,



Study sites

- Sikka
 - in the Flores archipelago
 - two major cultural groups: the coastal residents (*Sikka-Krowe*); and the mountainous people (*Tana’Ai*)
- Timur Tengah Selatan (TTS)
 - Timor island
 - two major cultural groups: *Meto* People in the Mount *Mutis* and more mixed in other area with full interaction to *Kupang*, the provincial capital city

Study sites

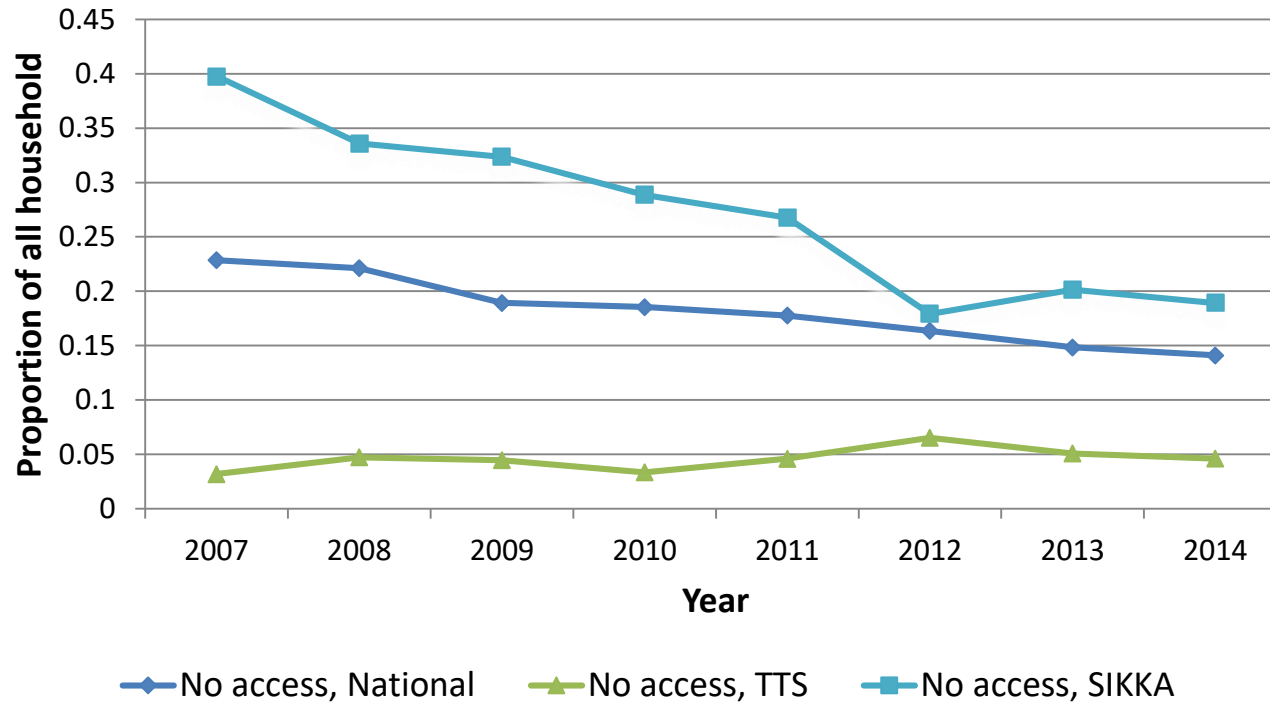
Socio economic condition in *TTS* and *Sikka* based on Human Development Index component

NAME	Life Expectancy		Literacy rate		Mean Years Schooling		Adjusted Real Per Capita Consumption in Thousand Rupiah	
	2008	2011	2008	2011	2008	2011	2008	2011
TTS	66.6	67.1	84.2	84.4	6.1	6.7	600.3	609.6
SIKKA	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

Study sites

The access to toilet in *Sikka* and *TTS* based on *Susenas*

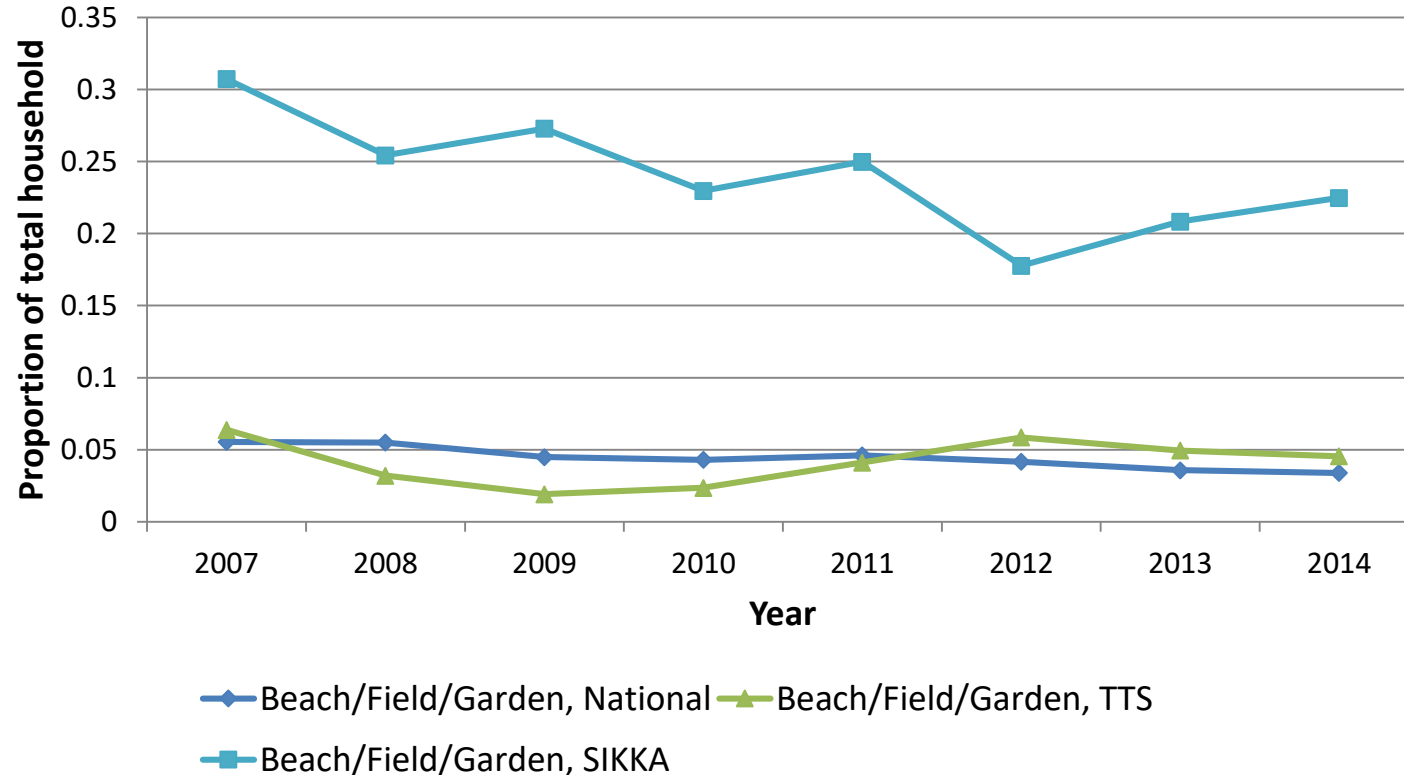
Access to Toilet



Study sites

Open defecation in *Sikka* and *TTS* based on *Susen*

Main Defecation



Finding: TTS

- Access to toilet

- relatively good but to a simple one (increasing demand)
- Issues: Affordability, access while in plantation

- Water supply

- semi-arid → water supply is hard to find
- water springs belong to certain clan or family
- Buying water from water tanks/truck



Finding: TTS

- Actors
 - Local government
 - Communicating and set the rules for “rumah sehat” in the new settlement (P3SP)
 - Working with central government line agencies and NGO/CSO
 - Issues of internal rotation, communication to lower level of gov’t, financial support
 - NGO and community
 - “Plan TTS” → program implementation: P3SP helped
 - “PAMSIMAS” → Supplying toilet
 - Water supply issues
 - Elite
 - Own but also manage the water springs
 - Support the program ← won the elections?

Finding: TTS

- CLTS/STBM
 - people are actually unfamiliar with the term.
 - Some remember the triggering walk but many don't come
 - The program relies on pamphlets and public meetings.
 - People are more persuaded by visits from health officials, the provision of a toilet
 - Provision of a toilet and clean water are important to sustain the program
 - Land and water spring access
 - lack of coordination, between local government, the local community and the number of NGOs working directly in the village without the involvement of district government

Finding: Sikka

- Access to toilet

- disparity of sanitation conditions among villages

- Success of shared toilets in one village; poor near the beach of *Alok Barat*

- Issues: limited supply of materials, lack of coordination for maintenance

- Water supply

- water is more available in Sikka

- Some villages have access to PDAM
 - Issue in pipeline distribution (among refugee) due to governance



Local Government



Local Community

Finding: Sikka

- Actors
 - Local government
 - Set a local government regulation approved by local council
 - Issues of internal rotation → coordination with line agencies, financial support
 - NGO and community
 - Lack of coordination/communication → reporting procedures (regulation?)
 - NGO dealing with technical problem (e.g. pipeline)
 - Communities make their own arrangement (toilet contract)
 - Elite
 - Not much recorded but the council (DPRD) has more role

Finding: Sikka

- CLTS/STBM
 - The implementation of CLTS varies in different villages:
 - *Koting A*: Sanitarians (*puskesmas*) assess access to a toilet, immunization status, water inspection (water tanks).
 - *Hewulli*: use school education to introduce CLTS to the students → does not always get to parents (no home visit)
 - *Wolomarang*: village. The location (near the beach) and the villagers are considered unhelpful. The sanitarians find it hard to relate to them as they are not local
 - Local dynamics → conflict and tension
 - among stakeholders (the toilets contract in *Koting A* was discontinued due to disagreement between the village head and village council)
 - the old and new refugees in *Hewuli* village. The head of the neighbourhood blames local government for neglecting this issue

Discussion and conclusion

- The role of local government in decentralized era
 - plays the most crucial role in the implementation (regulation, delivery)
 - Regular visit from local health center (*Puskesmas*) considered the most crucial
 - May not be efficient but involvement needed (trust is still there)
 - People still needs financial support (in the local government budget)
 - Water management and delivery? (vs private/elite)
 - Main issues:
 - Internal staff rotation
 - Local government budget
- The community involvement
 - The involvement is needed when the local government less successful in delivering
 - the facilitators from both NGO and the health center play a very important role in communicating as well as assessing
 - program cannot be implemented without the acceptance of community leaders
 - respondents highlight communication and coordination among stakeholders as the key to the sustainability

Discussion and conclusion

- The implementation of CLTS
 - regular communication about the importance of toilets and the danger of OD is more significant effect than triggering or using CLTS as jargon
 - important to understand community preference to maintain the demand and continuation of a sanitation program
 - As well as to get support from the elite and access to the necessary resources
 - Physical and topographical factor: water supply
 - provide any financial assistance to construct the toilet either at home or communally
 - “practicality”
 - → in the work place
 - Considering known hazard (tidal wave)

Yogi Vidyattama – yogi.vidyattama@canberra.edu.au