Shame, Empower, and Step Aside: Community-Led Total Sanitation in Rural Indonesia

A crowd of sixty people are gathered in the village of Karoeng, a small seaside community in western Java, Indonesia. Laughter and chatter ripple through the group as Solihin, a tall and enthusiastic young man, takes a sip from a cup of water.

"Would anyone like a drink?" he asks. A middle-aged man raises his hand, and Solihin hands him the cup. The man takes a gulp and returns the water with a grin.

"Now, can I have a strand of hair?" he requests. A teenager offers his head gamely, and Solihin plucks a strand.

"I have a stick here," he continues, grabbing a branch near his feet, "which I just used to touch human feces. I found the pile over there." Solihin points to some bushes a few hundred meters away. Then he takes the hair, draws it across the stick, and dips it quickly into the cup.

"Now, would anyone like a drink?" he asks again. The crowd suddenly becomes quiet. No one, of course, volunteers.

Solihin asks the crowd whether anyone wants to drink a cup of feces-contaminated water.

A revolution in thought and practice

Scenes like this are happening in village after village in the district of Pandeglang, Banten Province, Indonesia. They are part of a movement called Community-Led Total Sanitation, or CLTS, which aims to eliminate open defecation in rural areas. The practice of using fields, forests, rivers, and beaches to defecate is common in most Indonesian villages. According to the UNICEF-WHO Joint Monitoring Program for Water Supply and Sanitation, in 2004 only 43% of Indonesia's rural population had "access to improved sanitation," meaning the use of public sewers, septic systems, pour-flush latrines, or even simple pit latrines.[i] Without such basic sanitation facilities, diarrhea, skin infections, and intestinal disease spread quickly throughout communities.

The CLTS approach, which was pioneered by Dr. Kamal Kar in a small community in Bangladesh, has revolutionized previous conceptions about rural sanitation schemes. Rather than building toilets, or providing materials or subsidies for toilet construction, the CLTS method focuses on provoking a feeling of shame and disgust among community members as they begin to comprehend the detrimental effects of mass open defecation. Carefully trained facilitators help communities discover the various ways fecal matter can be spread—for example, by flies, chickens, dogs, or streams—and eventually end up in each other's mouths. In essence, they realize they are eating their own excrement, and a strong and passionate desire to solve the problem is ignited.

CLTS offers no financial support, but rather relies on facilitators to "trigger" self-realization among community members and empower them to change their behaviors, and their community's situation, with their own resources and knowledge. During the initial "triggering session," facilitators never lecture about proper hygiene practices and do not even suggest models of latrines. Instead they concentrate on illuminating the problem, and then allow community members to decide what, if anything, they want to do about it.

CLTS in Indonesia

Since its inception in 1999, CLTS has been introduced to more than ten countries in South Asia, South East Asia, and Africa, and active CLTS programs have begun in India, Nepal, Cambodia, Mongolia, and Indonesia.[ii] In collaboration with the Department of Health, in May 2005 the World Bank piloted the approach in six districts in Indonesia. In most villages, after the triggering session communities quickly mobilized and began constructing latrines. In the subdistrict of Lembak, South Sumatra, 1394 latrines were built in only a few weeks.[iii] Though most such homemade latrines are basic, often costing less than $2 in materials and consisting of a deep hole with a simple wooden cover, they accompany the elimination of open defecation, and hopefully, a permanent change in behavior.

Success like this had been unheard of in the field of rural sanitation, and attracted the attention of local government as well as international NGOs. Project Concern International (PCI), a private, U.S.-based humanitarian organization, learned of the World Bank's pilot project in late 2005, and began implementing CLTS in December of that year. PCI has been engaged in Indonesia since 1972, and in 2003 began the Child Health Opportunities Integrated with Community Empowerment program, or CHOICE. With USAID support, this four-year maternal and child health project spans four sub-districts in Pandeglang, an economically and socially depressed region approximately two hours west of Jakarta.

PCI began triggering CHOICE project villages, and the initial results were positive, yet somewhat slow and unpredictable. In the village of Kertasana, although community members appeared interested in the idea, months after the triggering session only three latrines had been built. On the other hand, in the village of Pasir Mulya, just one day after the triggering session ten latrines were under construction, and two months later the entire village declared itself "open defecation free"—everyone in Pasir Mulya had switched to using toilets.

Why did CLTS stall in Kertasana, while it flourished in Pasir Mulya? What social and institutional factors set the scene for CLTS success, and which led to failure? How could a triggering session be structured so that it would peak and maintain the participants' interest? And what are the best methods of monitoring and encouraging a community's progress? In June 2006, PCI Pandeglang staff sat down to review their last six months of experience, and answer questions like these.

Lessons Learned

Natural leaders

The CLTS method emphasizes the importance of "natural leaders," community members who emerge during the triggering session and demonstrate strong motivation and resolve to help their village become "open defecation free." These leaders cannot be predetermined by the facilitating organization, but instead come forward on their own accord and begin guiding the CLTS process in their village. In some villages, natural leaders have been health workers and religious teachers, while in others they've been farmers and housewives. There is no definitive profile for natural leaders, though in most cases they are charismatic and respected members of their communities.

Pak Maarif, a natural leader in his community, poses by a homemade toilet.

At the end of the triggering session, which is held in the morning or afternoon, PCI's facilitators invite community members to attend a "follow-up session." Although initially these follow-up meetings were held immediately after the triggering session, now they are scheduled for the evening. This allows a greater number of community members to attend, including men who may have been working during the day. PCI has found that, although many women quickly ascribe to the CLTS process, their husbands' support is essential because men generally construct the latrines, and usually control the family finances as well.

During the follow-up session, PCI helps the community form a "village team," a group of five to twenty people who were "triggered" during the earlier session and commit to helping their village become free of open defecation. Each member of the team is responsible for encouraging ten families to design and build their own latrines, and the team becomes a motivating and monitoring force in their community.

According to Dr. Agustini Raintung, director of PCI's project in Pandeglang, the village team is a critical element of the process. "CLTS is very dependent on the group, on the natural leaders," she says, "If the natural leaders are very active, then it is very successful. Maybe within one month, in one village, they can finish it all (eliminate open defecation)." Thus, during the follow-up session and subsequent review meetings, PCI facilitators work to strengthen the commitment of the village team.

Triggering sessions

The CLTS method recommends various Participatory Rural Appraisal (PRA) tools, or simple, visual ways to help community members collectively examine their situation. These tools include the "cup of water" exercise described earlier, mapping the village and identifying where each household defecates, and a transect walk, or "walk of shame," in which the facilitator joins community members in a tour of the village, and areas of open defecation are identified and discussed.

After observing varying degrees of triggering success, PCI determined that facilitators needed more than just a "grab bag" of possible tools, but instead required a tested, step-by-step facilitation plan. Certain tools had proved more effective than others, and the flow of activities was crucial in order to build momentum and trigger a greater portion of the community. Thus, PCI developed a 15-step triggering plan, which all facilitators now wear on laminated cards around their necks. This gives them greater confidence, and prevents them from inadvertently skipping an important part of the session.

Although the topic of open defecation and community sanitation is a serious one, PCI strives to make the triggering sessions *fun*. The facilitators always open with an "ice breaking" game, and throughout the sessions they smile, joke, and laugh with the crowd. Many of the exercises illuminate embarrassing situations, yet this kindled sense of shame must be handled carefully. The purpose of the triggering session is to inspire and empower the community to change, not to degrade them.

Villagers in Karoeng make a map of their community, including all the places they defecate.

Monitoring

Once a community has been triggered and the village team has been formed, the real work begins. Both the community and the team are given the goal of becoming "open defecation free." PCI assigns a field facilitator to the village, and initially he or she goes to the village every day to meet with the village team, and check on

problems and developments. If monitoring is not intensive, communities often feel their work isn't being appreciated, and progress slows.

Field facilitators and village team members complete and discuss evaluation forms on a weekly basis. Regardless of whether it takes weeks or months, only when a village has declared itself "open defecation free" will the field facilitator be assigned to another village.

In addition to this kind of monitoring, external observation by PCI headquarters staff, local government officials, medical officers, or other esteemed outsiders is a strong motivating force. Some community members have waited anxiously for "important visitors" to arrive, just to have their pictures taken with them and show-off their new latrines.

After the triggering session, Karoeng community members commit to building their own toilets.

Government support

In the aforementioned "stalled" village of Kertasana, the problem was not a lack of community enthusiasm, but the resistance of the village head. "He wanted to be a hero in the community," says Dr. Agustini, "He wanted to give, give, give. But when you do CLTS, there is nothing to be given." The village head convinced the community to wait for a donation or subsidy, and the construction of toilets ceased.

Local government officials, especially village leaders, must fully support the CLTS methodology for it to succeed. Village leaders must be directly involved during the triggering and follow-up sessions, as well as the monitoring and evaluation process. Although many factors contributed to the achievements of Pasir Mulya (also mentioned earlier), one of the primary reasons for its success was the active support of the village head, community leaders, and local religious figures.

Government assistance can also become a powerful tool. In one sub-district, PCI trained government health department and medical staff in the CLTS method, and these participants formed a sub-district team. Members of this team now assist PCI during triggering sessions, and in the eyes of the communities, their presence imparts greater status upon the events. With PCI support, the team has also begun triggering other villages outside of PCI's project area, thus expanding the CLTS movement.

Conclusion

Project Concern International is the first NGO in Indonesia to fully implement CLTS and offer no subsidies to communities. Although the process is still new, the initial figures look promising. In only ten months, 53 villages have been triggered, and nearly 1000 latrines have been built. Six of these villages have declared themselves "100% open defecation free," while the rest are on their way. All this has been done with a project staff of less than 40 people, and no water and sanitation budget. Though this method may prove the death of huge and costly rural sanitation schemes, it may also spur the reevaluation of the old saying "less is more" and its application to aid and development programs.

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[i] WHO/UNICEF Joint Monitoring Program for Water Supply and Sanitation, *Coverage Estimates—Improved Sanitation, Indonesia*, June 2006.

[ii] K. Kar and K. Pasteur, *Subsidy or Self-Respect? Community Led Total Sanitation. An Update on Recent Developments*, IDS Working Paper 257 (Brighton: Institute of Development Studies, Nov. 2005), p. 6-9.

[iii] *Awakening Change. Transformation of Sanitation Behavior in Rural Indonesia*, WSP Indonesia, 2006, p. 1.

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