

INDONESIA INFRASTRUCTURE INITIATIVE

Strengthening governance arrangements for small city and town sanitation

Institute for Sustainable Futures, University of Technology Sydney

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ABBREVIATIONS AND GLOSSARY

ABPD	Local Government budget (Anggaran Pendapatan dan Belanja Daerah)
Akkopsi	Association of Cities and Districts Concerned about Sanitation (Aliansi Kabupaten/Kota Peduli Sanitasi)
AMPL	Drinking Water and Environmental Health (Air Minum dan Penyehatan Lingkungan)
APBN	National Government budget (Anggaran Pendapatan dan Belanja Nasional)
Bangda	Directorate General of Regional Development at Ministry of Home Affairs
Bappeda	Local Government Development Planning Agency (Badan Perencanaan Pembangunan Daerah)
Bappenas	National Development Planning Agency (Badan Perencanaan Pembangunan Nasional)
BPP-SPAM	Community-based Agency for Support of the Development of Potable Water Supply Systems (Badan Pendukung Pembangunan Sistem Penyediaan Air Minum)
BPS	Sanitation White Book describing the sanitary characteristics and conditions of a City/Regency (Buku Putih Sanitasi)
Bupati	Regent (head of regency/kabupaten)
CBO	Community-Based Organisation
Cipta Karya	Directorate General of Human Settlements at Ministry of Public Works
CSR	Corporate Social Responsibility. (reference to philanthropic initiatives to fund sanitation)
DAK	Special allocation fund (Dana Alokasi Khusus)
DAU	General Allocation Fund (Dana Alokasi Umum)
DFAT	Department of Foreign Affairs and Trade

Dinas PU/ DPU	Local Government Department of Public Works (Dinas Pekerjaan Umum)
Dinkes	Health Agency at LG level (Dinas Kesehatan)
DPRD	Local Legislative/Parliament (Dewan Perwakilan Rakyat Daerah)
EHRA	Environmental Health Risk Assessment - a household survey to classify health risks in a city
FGD	Focus Group Discussion
GoI	Government of Indonesia
IPAL	Wastewater Treatment Plant (Instalasi Pengelolaan Air Limbah)
IPLT	Faecal Sludge Treatment Plant (Instalasi Pengolahan Lumpur Tinja)
ISSDP	Indonesia Sanitation Sector Development Program
Kabid	Head of division within local government work area (Kepala Bidang)
Kasi	Head of section within local government work area (Kepala Seksi)
LG	Local government at city/regency level (kota/kabupaten level)
MCK	Public Washing & Sanitation Facilities (Mandi, Cuci, Kakus)
MCK++	MCK with wastewater treatment (and possibly biogas plant)
MDG	Millennium Development Goal
MoHA	Ministry of Home Affairs
MPS/MPSS	Sanitation program memorandum for implementation (Memorandum Program Sektor Sanitasi)
NAWASIS	National Water and Sanitation Information System
NGO	Non-Government Organization
O&M	Operation & Maintenance
ODF	Open Defecation-Free

PAD	Local Government Own-Source Revenues (Pendapatan Asli Daerah)
Pamsimas	Community based water supply and sanitation program by GoI and World Bank for rural and periurban services to the underserved
PD-PAL	Local Government Wastewater Management Enterprise (Perusahaan Daerah Pengelolaan Air Limbah)
PDAM	Local Government Drinking Water Enterprise (Perusahaan Daerah Air Minum)
Pemda	Local Government (Pemerintah Daerah)
Pempres	Presidential decree
Perda	Local Government Regulation/Decree (Peraturan Daerah)
PKK	Women's Family Welfare Movement (Pembinaan Kesejahteraan Keluarga)
PMD	Village and Community Empowerment (Pemberdayaan Masyarakat Desa)
Pokja	Working Group (Kelompok Kerja)
PPSP	Accelerated Development of Urban Sanitation (Percepatan Pembangunan Sanitasi Perkotaan)
PU	Ministry of Public Works (Menteri Pekerjaan Umum)
RPJMN	National Medium Term Development Plan (Rencana Pembangunan Jangka Menengah Nasional)
RPJMD	Local Government Medium-Term Development Plan (Rencana Pembangunan Jangka Menengah Daerah)
SAIIG	Australia-Indonesia Infrastructure Grants for Municipal Sanitation Programme
Sanimas	Community-Based Sanitation (Sanitasi Berbasis Masyarakat)
SE 660	Circular of the Minister of Home Affairs No. 660/4919/SJ on Guidelines for PPSP Management.

Sekda	Regional Secretary (Sekretaris Daerah)
SKPD	Local Government Work Unit (Satuan Kerja Perangkat Daerah)
SSK	City Sanitation Strategy (Strategi Sanitasi Kota/Kabupaten)
STBM	Community-Based Total Sanitation (Sanitasi Total Berbasis Masyarakat)
TAPD	Local government team for compiling planning and budgets from SKPDs (Tim Anggaran Pemerintah Daerah)
UPTD	Local Government Technical Implementation Unit (Unit Pelaksana Teknis Daerah)
USDP	Urban Sanitation Development Programme
Welikota	Mayor (head of city/kota)

EXECUTIVE SUMMARY

KEY POINTS

About this research

- This research investigated local government governance and institutional arrangements for *air limbah* (wastewater) sanitation planning, budgeting and implementation in small cities and towns in Sumatra, Indonesia.
- The research focused on the city/district sanitation strategy (SSK) planning process, *Pokja Sanitasi* (sanitation committee) effectiveness, the links between planning and investment, and local government roles and responsibilities.
- The research project was undertaken from August 2014 to May 2015 as a collaboration between the Institute for Sustainable Futures at the University of Technology Sydney, Kemitraan Partnership for Governance Reform and SNV Development Organisation Indonesia, with Bappenas as the Government of Indonesia partner.
- Six in-depth case studies were conducted in six small cities/towns, involving a total of 135 stakeholders (75 from local governments) in focus groups, interviews, meetings and participatory workshops.

Findings

- All case study local governments had developed SSKs. However, in most cases the SSK was not being used to strategically guide air limbah investment or service delivery.
- Pokjas varied in their capacity to coordinate sanitation activities across local government, with several significantly constrained by local leaders' lack of support for sanitation.
- Overall, the links between planning and investment were weak, due to shortcomings in planning as well as barriers to effective budgeting, including prescriptive local budgeting and approvals systems.
- Many air limbah activities and infrastructure (implemented by national, provincial, local and donor programs) did not closely match the priorities identified in the SSK or MPS (Sanitation program memorandum for Implementation)
- There were multiple institutional and systemic factors inhibiting local governments from taking responsibility for ongoing sanitation service delivery, including with regards to operations and maintenance (O&M). These include barriers relating to asset ownership, budgeting systems, a focus on open defecation and community management of air limbah systems, and overall weak accountability for delivering plans or achieving outcomes.

Implications

- Fostering active, informed local government participation in and ownership of the planning process is a foundational requirement for the effective delivery of sanitation services.

- There is potential to at least partly overcome the barriers posed by restrictive budgeting nomenclature through capacity building about budgeting, and updating the nomenclature.
- There is an urgent need to improve the understanding of many local stakeholders that air limbah extends beyond ODF, which is not in itself sufficient to reduce health and environmental risks from human waste.
- Better coordination across levels of government and between agencies is needed to ensure the multiple sources of funding and multiple actors involved in air limbah service delivery result in effective sanitation outcomes.

ABOUT THIS RESEARCH

This research investigated local government governance and institutional arrangements for sanitation planning, budgeting and implementation in small cities and towns in Sumatra, Indonesia.

In Indonesia, local government investment in *air limbah* (sewage or wastewater) sanitation is low and implementation is particularly weak (World Bank 2013). New insights into how to best foster good governance for local government sanitation planning and service delivery are important for national governments and donors to develop more effective and efficient support mechanisms.

The research focussed on *air limbah* within the context of city/district sanitation strategies or Strategi Sanitasi Kota/Kabupaten (SSK), the key planning instrument for implementation of the Government of Indonesia's national program for Accelerated Sanitation Development for Human Settlements (PPSP). The research seeks to contribute evidence about sanitation governance for small cities/towns (population less than 150,000).

The research project was undertaken from August 2014 to May 2015 as a collaboration between the Institute for Sustainable Futures at the University of Technology Sydney, Kemitraan Partnership for Governance Reform and SNV Development Organisation Indonesia, with Bappenas as the Government of Indonesia partner. The team undertook participatory, qualitative research with stakeholders in six case study local governments in two provinces; West Sumatra (Payakumbuh, Sawahlunto and Pariaman) and Lampung (Lampung Seletan, Metro and Pringsewu).

The goal of the research was to inform the strengthening of governance arrangements for local governments to improve *air limbah* sanitation outcomes in small cities and towns in Sumatra. The research questions were:

What factors influence how sanitation planning through the SSK development process can lead to effective sanitation outcomes for small towns in Sumatra?

- *How strategic and long term are the SSKs in terms of integrated sanitation planning for small towns?*
- *What factors enable a Pokja Sanitasi to function effectively to coordinate the SSK?*
- *How can linkage between planning and investment for sanitation in be improved for small towns in Sumatra?*

- *What decision-making processes for implementation could improve the allocation of responsibility for sanitation delivery in small towns within local government?*

APPROACH AND METHODS

Governance concepts and analytical frameworks

In this research, we adopted the following definition that ‘good governance’ is:

“competent management of a country’s resources and affairs in a manner that is open, transparent, accountable, equitable and responsive to people’s needs” (IndII 2013).

Beyond this concept of ‘good governance’, this research also drew selectively from the many different institutional theory frameworks that could be used to analyse governance arrangements for sanitation service delivery (Harris et al 2011). Despite the differences in terminology there are a number of common features across such frameworks- most are broadly based on analysing context, institutions (“rules of the game”), actors, and incentives, and the inter-relationships between them.

Our approach reflected our core focus on *local government*, and took a particular sub-focus on the Pokja Sanitasi (“pokja”). The approach to evidence collection and analysis in the case studies was guided by the *Institutional Analysis and Development* concept of the “action arena,” in which actors interact to produce outcomes (Ostrom 2005). The primary focus for this research were the *actors* of the Pokja Sanitasi and other local government staff and their actions to plan, budget and implement air limbah activities.

Case study approach and selection

An in-depth case study approach was adopted, using consultative, participatory engagement for qualitative data collection. A total of six case studies were selected to represent diversity across several different criteria, including: population density, available information on sanitation budgets and investment levels, sanitation funding sources/programs (including the Australia-Indonesia Infrastructure Grants fro Municipal Sanitation Program (SAIG)), sanitation governance quality and ease of access for logistical practicality. Existing or potential partnership relationships between local governments and SNV were also a strong criterion that determined the potential for project outcomes to be sustained beyond the life of the research project.

Methods of inquiry

The research was designed to engage stakeholders in depth through three main methods of inquiry: (i) focus group discussions, (ii) semi-structured interviews, and (iii) structured participatory workshops (bringing participants together from different local governments to reflect on preliminary findings). A total of 135 people (98 men and 37 women) were involved as participants in the research, mainly from local governments, as well as some civil society, media, provincial and national government stakeholders.

CASE STUDIES – HIGHLIGHTS

Payakumbuh

- Payakumbuh's SSK, developed as a pilot under the Indonesia Sanitation Sector Development Program (ISSDP) covering 2008-2012, had a strong focus on reducing open defecation (OD) supported by onsite and community-based sanitation. Key informants were positive about their experience from the pilot, but had some reservations about the software tools used to update the SSK under PPSP-2.
- Although key leaders who were committed to sanitation have since left the local government, the Pokja Sanitasi remained enthusiastic and active, with continued engagement with community representatives, civil society and the media.
- Sanitation budgets were created following local government rules and central government nomenclature. Funding was mostly directed to the solid waste and drainage subsectors, with negligible investment in air limbah.
- There had been little strategic decision making regarding sanitation under the current LG leadership. The OD focus, and success in significantly reducing OD over the previous SSK planning period, contributed to the lack of a sense of urgency about air limbah beyond toilets.

Lampung Selatan

- Lampung Selatan's SSK planning sanitation for 2013-2017 was prepared by an external consultant with little involvement by local government staff. The SSK was not used in practice to guide the local government's air limbah implementation.
- The capacity of the pokja to coordinate sanitation implementation was severely limited by quarterly staff rotations in the local government. Most pokja members were unfamiliar with the contents of the SSK.
- Investment in air limbah sanitation appeared to be shaped by the funding sources, primarily DAK-SLBM (Special Allocation Fund - Community-Based Sanitation and Environment). Even though the local government recognised that community managed sanitation was largely unsuccessful, they had limited capacity to consider alternative options.
- Frequent staff rotations did not allow the pokja to develop the knowledge, skills and capacity to coordinate sanitation.

Sawahlunto

- Sawahlunto's SSK was originally developed in 2011 to enable access to sanitation funds. On its own initiative, the local government has allocated local budget and plans to undertake a revision in 2015, to improve the usability of the SSK as a planning document.
- The pokja was affirmed and enabled by the support of decision makers who are united by a shared vision to transform the city towards tourism.

- Decision makers generally approved sanitation budgets, because of a shared vision for developing the tourism industry and recognition that improved sanitation will enable this development.
- Although sanitation decisions took place largely under normal SKPD mandates, the pokja's meetings and 'mini focus group discussions' may provide opportunities for greater coordination between SKPDs.

Pariaman

- Pariaman's SSK covering 2011-2015 was prepared primarily to enable access to sanitation funds.
- The Pokja Sanitasi was constrained in performing its role by its lack of authority of members within the LG bureaucracy.
- Sanitation budgets risked being struck off during the local government's budget approval process, due to low understanding and commitment by decision makers and rigid adherence to central government budgeting nomenclature. If advocated and supported by central government (e.g. SAIG) programs were more likely to be approved for funding.
- Roles and responsibilities were defined by national systems for SKPD and budget nomenclature, although the pokja showed willingness to innovate so decision makers were persuaded to approve greater sanitation investment.

Pringsewu

- Pringsewu's SSK covering 2013-2017 was prepared with the objective of gaining access to funds for sanitation investment.
- Low authority of staff in the pokja limited its ability to influence or coordinate sanitation.
- Investment was based on DAK-SLBM funding, although the LG considers the requirement to secure land before applying for funds is challenging when there is no guarantee that the funds will be provided.
- Decisions for sanitation are based on normal SKPD mandates, primarily the local government Departments of Public Works (Dinas PU). The SSK plans have no influence on enabling greater coordination between sections.

Metro

- Metro prepared its SSK, planning sanitation over 2013-2017, in order to comply with an 'instruction' from central government rather than with the aim of using it as a planning document.
- The local parliament's lack of prioritisation for air limbah and withdrawal of the pokja's operational budget limited the ability of the pokja to function.

- The choice of MCK++ for investment in air limbah appeared to have been based on the instructions associated with DAK-SLBM funding. Investment was made where land is available rather than where health risks are highest and sanitation is most urgently needed.
- The local government's focus on a 'clean green' image appeared to divert its attention from air limbah. The focus on curative measures (solving problems) rather than preventative measures (avoiding problems) further prevented the local government from giving attention to sanitation. The local government believed communities should be empowered to take responsibility for their own sanitation.

FINDINGS

This section presents a synthesis of key findings drawing from evidence across the six case studies.

SSK and the planning process

All case study local governments had developed SSKs. However, in most cases the SSK was not being used to strategically guide air limbah investment or service delivery.

- Most SSKs were developed more "as a formality" rather than as a strategic guiding document.
- In several case studies, pokja members had limited involvement in developing SSKs, contributing to a low level of 'local ownership' of the SSK.
- In contrast, in one case a common local development vision had helped to drive strong local government interest in sanitation and the SSK.
- The complexity of the SSK development process inhibited some POKJA members' engagement with sanitation planning, and in some cases also affected the robustness of the SSK.
- Local governments did not typically engage the community in sanitation planning.
- A lack of available land was commonly cited as causing a mis-match between planned priorities and actual investments.

Pokja coordination, function and effectiveness

Pokjas varied in their capacity to coordinate sanitation activities across local government, with several significantly constrained by local leaders' lack of support for sanitation.

- In practice, several pokjas comprised only lower echelon staff and were missing representation from key (sectoral agencies) SKPDs. As a result, these pokjas lacked the required influence within local government to drive or coordinate air limbah implementation.
- Where local leaders (e.g. the Secretary (Sekda), Mayor and/or local parliament members) lack interest in sanitation, this can undermine what ambitions a pokja may have for coordinating air limbah service delivery.

- The amount available in a pokja’s operational budget (e.g. for honorariums for meetings) did not necessarily influence whether the pokja meets regularly or functions effectively.
- Staff rotations and resource constraints further limited many pokjas’ ability to coordinate collaborative, cross-SKPD planning or implementation.

Local financing, budgeting and investment

Overall, the links between planning and investment were weak, due to shortcomings in planning as well as barriers to effective budgeting. Prescriptive local budgeting and approvals systems posed significant barriers to local government allocating funds for sanitation.

There are many pathways (national, provincial, local and donor programs) through which air limbah activities and infrastructure are funded and implemented in practice; many did not closely match the priorities identified in the SSK/MPS.

- In most cases, exact air limbah expenditure was difficult to ascertain.
- Nevertheless, it is evident that the amounts allocated by most local governments in their local government budgets (APBDs) for air limbah were low compared to that allocated to drainage and waste management components of sanitation.
- In the cases where data was available, it was evident that the actual amount spent on air limbah did not match the amount budgeted for in the MPS.
- The APBD budgeting processes are shaped by prescriptive national systems that made it difficult for local governments to allocate funds for air limbah activities.
- There are many points at which local government budget allocations for sanitation under APBD can be easily “struck out” if higher level support does not exist.
- Across case studies, the largest proportion of air limbah funding was from DAK programs.
- Across most case studies, the local government was not actively coordinating the range of air limbah activities funded through various national, provincial and donor programs. Overall, the investments did not closely match what was planned.

Sanitation service delivery responsibilities

There were multiple institutional and systemic factors inhibiting local governments from taking responsibility for ongoing sanitation service delivery, including with regards to O&M.

- Local governments reported that a major barrier to O&M is that they do not own many of the air limbah assets within their geographic area – for example where these are owned by the community, the province, or where ownership is unclear.
- Allocation of responsibility for O&M was also restricted by the restrictive budgeting processes.
- In several cases, local governments focused on ODF and considered that the community should have primary responsibility for managing air limbah infrastructure and achieving air limbah outcomes.

- In practice there is weak accountability for the quality or implementation of SSKs, or for the achievement of environmental and public health outcomes from air limbah investments.
- However in two case studies, evidence of faecal contamination of rivers acted as an impetus for the local governments to further their efforts in sanitation service delivery.

IMPLICATIONS

Our research has revealed many examples of barriers and challenges to effective sanitation service planning and delivery by local governments. Whilst the research focused on local governance arrangements, the challenges revealed are a product of multiple interacting institutional, regulatory and governance factors at local, provincial as well as national scales.

Care has been taken in outlining the implications such that they are based on the evidence from six in-depth case studies, whilst also reflective of the wider institutional context in Indonesia. Four key areas for change, fundamental to improving local governance arrangements, are detailed in below. These implications are relevant for the range of stakeholders influencing or involved in sanitation service provision in Indonesia, including local, provincial and national governments, donors and civil society organisations.

1. Fostering active, informed local government participation in and ownership of the planning process is a foundational requirement for the effective delivery of sanitation services.

During the air limbah planning process, concurrent strategies are needed to foster local buy-in and interest in sanitation, as well as more intensive technical support.

2. The restrictive ‘nomenklatur’ budgeting requirements are a major barrier to local government allocating local funds towards air limbah - but there is potential to at least partly overcome this problem.

There is a need to target capacity building and support local governments to navigate the nomenclature system to budget cross-sectorally for sanitation. The local government sanitation budgeting task is further complicated because the APBD budgeting nomenclature has not been updated since the introduction of the Ministry of Home Affairs (MOHA) Circular on Guidelines for PPSP Management (SE660); the research team discussed the idea of modifying the nomenclature with MOHA during the meeting with national government stakeholders near the conclusion of the research.

3. There is an urgent need to improve many local stakeholders’ understanding that ODF alone is not sufficient to achieve public health outcomes – and that air limbah represents the essential infrastructure and services needed to reduce health and environmental risks from human waste.

The strong and in some cases effective focus on access targets (which are interpreted as ODF targets) can shift attention away from the main goal of sanitation provision – which is to ensure continuous and system-wide separation of pathogens from people and the

environment. There are multiple institutional and coordination barriers which inhibit local governments from adopting “service orientation” towards sanitation provision, beyond the *private* household domain of toilets to addressing *public* infrastructure, services and health issues. For changes and improved governance arrangements for sanitation to occur within local governments, support and incentivising needs to occur from without; including, for example, improved central government messaging about sanitation requirements and responsibilities.

4. Better coordination across levels of government and between agencies is needed to ensure the multiple sources of funding and multiple actors involved in air limbah service delivery result in effective sanitation outcomes.

In practice air limbah activities are funded through multiple national and donor sources, administered by various agencies, and implementation overseen by a further variety of actors. It was also evident that the pokjas and local governments in the case studies are not on the whole actively coordinating infrastructure funded and delivered by the various actors, nor is it apparent that they would be in a position to do so. The allocation of responsibility for inter-level government coordination of air limbah, however, remains unclear, and requires urgent attention if the effectiveness of sanitation planning and service delivery is to be improved.

RINGKASAN EKSEKUTIF

POIN-POIN KUNCI

Tentang penelitian ini

- Riset ini meneliti tata kelola pemerintah daerah dan penataan lembaga terhadap perencanaan, penganggaran dan implementasi sanitasi air limbah di beberapa kota sedang dan kota kecil di Provinsi Sumatera, Indonesia.
- Fokus riset tertuju pada proses perencanaan strategi sanitasi kota (SSK), efektivitas kelompok kerja (pokja) sanitasi, hubungan antara perencanaan dan investasi, serta peran dan tanggung jawab pemerintah daerah.
- Proyek riset dilakukan mulai Agustus 2014 sampai dengan Mei 2015 sebagai bentuk kerjasama antara Institute for Sustainable Futures at the University of Technology Sydney, Kemitraan Partnership for Governance Reform dan SNV Development Organisation Indonesia dengan Bappenas dari pihak Pemerintah Indonesia.
- Enam studi kasus secara mendalam dilaksanakan di 6 kota kecil, melibatkan total 135 pemangku kepentingan (75 dari pemerintah daerah) dalam diskusi terfokus, wawancara, pertemuan-pertemuan dan lokakarya partisipatif.

Temuan-temuan

- Semua studi kasus menunjukkan bahwa pemerintah daerah telah mengembangkan SSK. Namun, pada banyak kasus, SSK tidak dimanfaatkan untuk mengarahkan investasi atau pengelolaan air limbah dengan strategis.
- Kemampuan pokja untuk mengkoordinasikan kegiatan sanitasi antar-pemerintah daerah berbeda-beda, terhambat secara signifikan karena minimnya dukungan dari para pemimpin daerah terhadap masalah sanitasi.
- Secara keseluruhan, hubungan antara perencanaan dan investasi masih lemah akibat kurangnya kualitas perencanaan dan hambatan terhadap penganggaran yang efektif, termasuk proses penganggaran daerah dan sistem pengesahannya yang bersifat kaku dan berbasis instruksi.
- Banyak kegiatan dan infrastruktur air limbah (dalam program yang dilaksanakan di tingkat nasional, provinsi, daerah dan donor) tidak sesuai dengan prioritas yang telah diidentifikasi dalam SSK atau Memorandum Pelaksanaan Sanitasi (MPS).
- Terdapat faktor-faktor yang bersifat sistemik dan kelembagaan di pemerintahan daerah yang menghambat pemerintah daerah untuk mengambil tanggung jawab pengelolaan sanitasi di daerah, terutama permasalahan operasional dan pemeliharaan. Beberapa hambatan lainnya seperti kepemilikan aset, sistem penganggaran, fokus penyelesaian masalah buang air besar (BABS) di sembarang tempat dan manajemen masyarakat terkait sistem air limbah, dan secara keseluruhan mengakibatkan lemahnya akuntabilitas dalam pelaksanaan perencanaan atau pun meraih tujuan.

Implikasi

- Menumbuhkan partisipasi pemerintah daerah yang aktif dan informatif dalam kepemilikan proses perencanaan merupakan prasyarat dasar bagi efektifitas pengelolaan sanitasi.

- Adanya potensi untuk mengatasi sebagian hambatan yang disebabkan kakunya nomenklatur anggaran yang menyebabkan keterbatasan pemerintah daerah dalam menganggarkan sanitasi, melalui pengembangan kapasitas tentang anggaran dan revisi nomenklatur.
- Adanya kebutuhan yang mendesak untuk meningkatkan pemahaman para pemangku kepentingan di daerah bahwa isu air limbah melampaui hanya sekedar mencapai status BABS (Bebas Buang Air Besar Sembarangan)/ODF (Open-Defecation Free), yang mana sudah dibuktikan bahwa cara ini kurang optimal untuk mengurangi resiko limbah manusia terhadap kesehatan dan lingkungan.
- Koordinasi yang lebih baik antar-pemerintah di berbagai tingkatan dan antara instansi, diperlukan untuk melibatkan berbagai pihak donatur dan aktor guna mengefektifkan pencapaian tujuan pengelolaan air limbah.

TENTANG PENELITIAN INI

Riset ini meneliti tata kelola dan penataan kelembagaan pemerintah daerah terkait perencanaan, penganggaran dan implementasi sanitasi di kota-kota kecil di Sumatera, Indonesia.

Di Indonesia, investasi pemerintah daerah pada sanitasi air limbah masih rendah, dan implementasinya masih lemah (World Bank 2013). Kajian-kajian baru tentang cara-cara terbaik untuk menumbuhkan tata kelola yang baik tentang perencanaan sanitasi dan pengelolaannya oleh pemerintah daerah merupakan hal penting bagi pemerintahan secara nasional dan donor untuk mengembangkan mekanisme dukungan yang efektif dan efisien.

Fokus riset tertuju pada sub-sektor air limbah dalam konteks Strategi Sanitasi Kota/Kabupaten (SSK) sebagai instrumen perencanaan bagi implementasi program nasional Pemerintah Indonesia untuk Program Percepatan Pembangunan Sanitasi (PPSP). Penelitian ini juga bertujuan menunjukkan realita tentang tata kelola sanitasi kota kecil (dengan jumlah penduduk kurang dari 150.000 orang).

Proyek riset telah dilaksanakan antara Agustus 2014 sampai dengan Mei 2015 sebagai bentuk kerjasama *Institute for Sustainable Futures at the University of Technology Sydney*, Kemitraan *Partnership for Governance Reform* dan *SNV Development Organisation* Indonesia dengan Bappenas dari pihak Pemerintah Indonesia. Tim riset ini melakukan penelitian kualitatif partisipatoris dengan para pemangku kepentingan di enam studi kasus pemerintah daerah di dua provinsi; Sumatera Barat (Payakumbuh, Sawahlunto dan Pariaman) dan Sumatera Selatan (Lampung Selatan, Metro dan Pringsewu).

Tujuan penelitian adalah untuk menginformasikan tentang penguatan tata kelola pemerintah daerah untuk memperbaiki sanitasi air limbah di kota-kota kecil dan pedesaan di Sumatera. Pertanyaan dalam riset ini adalah:

Faktor-faktor apa yang mempengaruhi perencanaan sanitasi melalui proses pengembangan SSK agar dapat mengarah pada dampak sanitasi yang efektif bagi kota-kota kecil di Sumatera?

- *Seberapa strategis dan seberapa jangka panjangkah visi perencanaan dalam perencanaan sanitasi terpadu SSK di kota-kota kecil?*
- *Faktor-faktor apa yang mendorong Pokja Sanitasi untuk mengefektifkan fungsi koordinasi SSK?*
- *Bagaimana cara meningkatkan hubungan antara perencanaan dan investasi sanitasi di kota-kota kecil di Sumatera?*
- *Proses pengambilan keputusan tentang implementasi seperti apa yang dapat meningkatkan porsi tanggung jawab pengelolaan sanitasi di kota-kota kecil dalam lingkup pemerintahan daerah?*

PENDEKATAN DAN METODE

Konsep Tata Kelola dan Kerangka Analitis

Dalam penelitian ini, kami mengadopsi definisi “tata kelola yang baik” (good governance) sebagai berikut:

“Competent management of a country’s resources and affairs in a manner that is open, transparent, accountable, equitable and responsive to people’s needs” (Indii 2013).

Selain konsep “tata kelola yang baik”, penelitian ini juga menggunakan secara selektif berbagai kerangka teori kelembagaan yang mungkin dapat digunakan untuk menganalisa pengaturan tata kelola sanitasi (Harris et al 2011). Di samping perbedaan-perbedaan dalam terminologi, terdapat sejumlah aspek-aspek umum yang dapat ditarik dari berbagai kerangka tersebut— sebagian besar berdasarkan analisa konteks, lembaga (“rules of the game”), para aktor dan insentif dan hubungan di antara mereka.

Pendekatan yang kami adopsi mencerminkan fokus inti riset kami tentang pemerintah daerah pada umumnya dan pada khususnya, Pokja Sanitasi. Metode pengumpulan bukti-bukti dan analisis dalam studi kasus menggunakan konsep Institutional Analysis and Development tentang “action arena,” dimana para aktor berinteraksi untuk mencapai hasil dampak (Ostrom 2005). Fokus utama penelitian ini adalah para aktor Pokja Sanitasi dan staf pemerintah daerah lainnya dan rencana aksi, anggaran dan kegiatan mereka tentang implementasi air limbah.

Pendekatan Studi Kasus dan Pemilihan

Pendekatan studi kasus mengadopsi pendekatan konsultatif, partisipatoris dalam mengumpulkan data kualitatif. Secara total 6 studi kasus diseleksi dengan menggunakan beberapa kriteria; Jumlah penduduk, kepadatan penduduk, ketersediaan informasi tentang anggaran sanitasi dan tingkat investasi, sumber dana sanitasi/program (termasuk Australia-Indonesia Infrastructure Grants from Municipal Sanitation Program (SAIIG)), mutu pengelolaan sanitasi dan akses untuk kemudahan mendapatkan logistik. Hubungan kemitraan yang ada dan yang akan datang antara pemerintah daerah dan SNV juga menjadi kriteria kuat untuk memastikan potensi keberlanjutan dampak melebihi durasi proyek penelitian kami.

Metode penyelidikan

Riset ini didesain dengan melibatkan para pemangku kepentingan secara mendalam melalui tiga metode penyelidikan: (i) kelompok diskusi terfokus, (ii) wawancara semi terstruktur, dan (iii) lokakarya terstruktur yang partisipatoris (dengan membawa peserta dari pemerintah daerah yang berbeda-beda untuk melakukan refleksi atas penemuan-penemuan awal). Secara menyeluruh terdapat 135 responden (98 laki-laki dan 37 perempuan) yang dilibatkan sebagai peserta dalam riset ini, terutama dari pemerintah daerah, juga dari masyarakat sipil, media, serta pemerintah propinsi dan pemerintah pusat.

STUDI KASUS – CATATAN PENTING

Payakumbuh

- SSK Payakumbuh dikembangkan sebagai percontohan di bawah program Indonesia Sanitation Sector Development Program (ISSDP) untuk periode 2008-2012, dengan fokus untuk menurunkan problem BAB di sembarang tempat dengan didukung oleh sanitasi onsite dan berbasis komunitas. Informan-informan kunci mengutarakan pengalaman sangat positif dari proyek percontohan ini, tetapi mereka juga mengungkapkan beberapa hambatan ketika menggunakan paket software/perangkat halus yang digunakan untuk memuktahirkan SSK dibawah program PPSP-2.
- Walaupun beberapa tokoh kunci yang memiliki komitmen pada sanitasi telah pindah dari posisinya di pemerintahan, anggota Pokja sanitasi saat ini masih antusias dan aktif dengan terus berhubungan dengan perwakilan komunitas, masyarakat sipil dan media.
- Anggaran sanitasi dibuat dengan menyesuaikan peraturan pemerintah daerah dan nomenklatur pemerintah pusat. Pendanaan sebagian besar digunakan untuk subsektor sampah padat dan drainase dengan mengabaikan investasi air limbah.
- Komitmen pengambilan keputusan strategis di pemerintahan saat ini minim karena kurangnya komitmen pada sanitasi. Fokus pada status STOP BABS (Bebas Buang Air Besar Sembarangan) dan keberhasilan penurunan BABS di dalam periode perencanaan SSK sebelumnya menyebabkan kekeliruan fokus pada pemenuhan toilet ketimbang mencapai tujuan pengelolaan air limbah yang sebenarnya.

Lampung Selatan

- Perencanaan sanitasi SSK Lampung Selatan untuk periode 2013-2017 disiapkan oleh konsultan eksternal dengan sedikit keterlibatan oleh staf pemerintah daerah. SSK tidak digunakan sebagai panduan bagi pemerintah daerah dalam implementasi program air limbah.
- Kapasitas Pokja untuk mengkoordinasikan implementasi program sanitasi sangat terbatas terutama karena adanya rotasi empat kali dalam setahun di pemerintah daerah. Sebagian besar anggota Pokja tidak tahu menahu tentang isi SSK.
- Investasi pada sanitasi air limbah sanitation nampaknya hanya ditentukan oleh sumber dana, terutama dari DAK-SLBM (Dana Alokasi Khusus – Sanitasi dan Lingkungan berbasis Masyarakat). Walaupun pemerintah daerah mengetahui bahwa sanitasi yang

dikelola masyarakat tidak berhasil, pemerintah daerah tidak memiliki kapasitas untuk memikirkan opsi alternatif.

- Rotasi staf yang sering terjadi tidak memungkinkan Pokja mengembangkan pengetahuan, keahlian dan kapasitas untuk mengkoordinasikan layanan sanitasi.

Sawahlunto

- SSK Sawahlunto pada awalnya dikembangkan pada tahun 2011 dengan tujuan untuk mengakses dana sanitasi. Dengan inisiatif sendiri, pemerintah daerah telah mengalokasikan anggaran dan merencanakan untuk melakukan revisi pada tahun 2015 untuk meningkatkan kegunaan SSK sebagai dokumen perencanaan.
- Pokja cukup kuat karena dukungan pengambil keputusan yang memiliki kesamaan visi untuk mentransformasikan kota untuk tujuan wisata.
- Para pengambil keputusan secara umum menyetujui anggaran sanitasi karena adanya kesamaan visi untuk mewujudkan kota wisata dan menyakini bahwa sanitasi yang baik akan mendukung hal tersebut.
- Walaupun putusan sanitasi berada di bawah mandat SKPD masing-masing, pertemuan-pertemuan Pokja dan “FGD kecil” memberikan kesempatan bagi SKPD-SKPD untuk berkoordinasi secara lebih intensif.

Pariaman

- SSK Pariaman periode 2011-2015 disiapkan semata-mata untuk mendapatkan dana sanitasi.
- Pokja sanitasi terhambat untuk menjalankan perannya karena kurangnya wewenang para anggotanya dalam birokrasi pemerintah daerah.
- Dana sanitasi terancam dihapus dalam proses persetujuan anggaran pemerintah daerah karena rendahnya pemahaman dan komitmen para pengambil keputusan dan karena kepatuhan yang terlalu kaku pada nomenklatur penganggaran pemerintah pusat. Bila diadvokasi dan didukung oleh pemerintah pusat, program-program (misalnya SAIG) besar kemungkinannya mendapatkan persetujuan pendanaan.
- Meskipun peran dan tanggung jawab ditentukan oleh pemerintah pusat untuk SKPD termasuk nomenklatur anggaran, Pokja menunjukkan keinginannya untuk berinovasi sehingga para pengambil keputusan didorong untuk menyetujui investasi sanitasi yang lebih besar.

Pringsewu

- SSK Pringsewu periode 2013-2017 telah disiapkan dengan tujuan untuk mendapatkan dana investasi sanitasi.
- Kecilnya otoritas staf Pokja membatasi kemampuannya untuk mempengaruhi atau mengkoordinasi sanitasi.
- Investasi hanya bersumber pada pendanaan DAK-SLBM, pemerintah daerah menganggap persyaratan untuk mendapatkan lahan sebelum mengajukan permintaan

dana sangatlah sulit dipenuhi terutama bila tidak ada jaminan bahwa dana akan disediakan.

- Keputusan mengenai sanitasi diserahkan sesuai dengan mandat masing-masing SKPD, khususnya dari Dinas Pekerjaan Umum. Dokumen SSK tidak memiliki dampak dalam menciptakan kondisi guna mempermudah koordinasi antara divisi.

Metro

- Metro telah menyiapkan SSK dan perencanaan sanitasi periode 2013-2017 untuk memenuhi “perintah” pemerintah pusat, dan bukan untuk menjadikannya sebagai dokumen perencanaan.
- DPRD tidak memprioritaskan layanan air limbah dan pembatalan dana operasional Pokja membatasi berfungsinya peran Pokja.
- Pilihan MCK++ sebagai untuk investasi air limbah nampaknya diambil karena petunjuk teknis dana DAK-SLBM. Pembangunan dilakukan dimana lahannya telah tersedia dan bukan di mana resiko kesehatan lebih tinggi dan sanitasi sangat dibutuhkan.
- Fokus pemerintah daerah pada pencitraan “Daerah hijau & bersih” (*Clean Green*) nampaknya digunakan untuk mengalihkan perhatian dari air limbah. Fokus pada tindakan pengobatan (menyelesaikan masalah) dan bukannya pencegahan (mencegah masalah) menjadikan pemerintah daerah mengabaikan persoalan sanitasi. Pemerintah daerah percaya bahwa masyarakat harus diberdayakan untuk bertanggung jawab atas sanitasi mereka sendiri.

TEMUAN

Bagian ini memaparkan sintesis temuan-temuan kunci yang diambil dari bukti-bukti yang ditemukan dalam 6 studi kasus.

SSK dan proses perencanaan

Dalam semua studi kasus, pemerintah daerah telah berhasil mengembangkan SSK. Tetapi dalam sebagian besar kasus, SSK yang dikembangkan tidak digunakan secara strategis sebagai panduan investasi air limbah atau penyediaan layanan.

- Sebagian besar SSK dikembangkan hanya untuk sekedar sebuah “formalitas” dan bukan sebagai dokumen panduan strategis.
- Di beberapa studi kasus, anggota Pokja memiliki keterlibatan yang terbatas dalam mengembangkan SSK yang menyebabkan rendahnya rasa “kepemilikan lokal” dari SSK ini.
- Kebalikannya, ada satu kasus dimana visi pembangunan daerah mampu mengarahkan ketertarikan pemerintah daerah pada sanitasi dan SSK.
- Kompleksitas proses pembuatan SSK, menghambat anggota Pokja menjiwai perencanaan sanitasi, dan dalam beberapa kasus mempengaruhi kualitas SSK.
- Pemerintah daerah secara umum tidak melibatkan masyarakat dalam perencanaan sanitasi.

- Kurangnya ketersediaan lahan secara umum dianggap sebagai penyebab umum tidak sinkronnya perencanaan dengan kenyataan lapangan.

Koordinasi, Fungsi dan Efektivitas Pokja

Pokja memiliki kapasitas yang beragam dalam mengkoordinasikan kegiatan-kegiatan sanitasi di berbagai pemerintah daerah. Beberapa diantaranya terhambat karena tidak adanya dukungan pemerintah daerah untuk program sanitasi.

- Dalam tataran praktik, beberapa Pokja hanya beranggotakan staf dari eselon rendah dan tidak ada perwakilan dari SKPD kunci. Akibatnya, Pokja kurang memiliki pengaruh di pemerintah daerah untuk mengarahkan atau mengoordinasi implementasi air limbah.
- Di mana kepala daerah (misalnya Sekda, Walikota dan atau anggota DPRD) tidak memiliki ketertarikan terhadap sanitasi, hal ini akan melemahkan ambisi apapun yang dimiliki oleh Pokja untuk mengkoordinasikan program layanan terkait air limbah.
- Jumlah dana operasional yang tersedia untuk Pokja (misalnya honor untuk pertemuan) tidak terlalu mempengaruhi apakah Pokja bertemu secara regular atau berfungsi secara efektif.
- Rotasi staff dan keterbatasan sumber daya juga membatasi kemampuan Pokja mengkoordinasikan perencanaan dan implementasi yang kolaboratif dan lintas SKPD.

Pembiayaan, Penganggaran dan Investasi di tingkat Lokal

Secara umum, hubungan antara perencanaan dengan investasi masih lemah dikarenakan adanya kekurangan-kekurangan dalam perencanaan juga karena hambatan untuk melakukan penganggaran yang efektif (effective budgeting). Sistem penganggaran dan persetujuan yang baku dan tidak dapat diganggu gugat, menjadi penghambat besar bagi pemerintah daerah dalam mengalokasikan anggaran untuk sanitasi.

Terdapat begitu banyak sumber potensi pendanaan (level nasional, propinsi, lokal dan donor) yang dapat membiayai aktivitas-aktivitas air limbah dan infrastruktur; meskipun begitu, banyak diantaranya tidak sesuai dengan prioritas yang diidentifikasi di dalam SSK/MPS.

- Pada sebagian besar kasus, sulit melacak anggaran dan pengeluaran yang akurat di sektor air limbah dengan bergantung pada data pemerintahan daerah.
- Namun demikian, dapat dipastikan bahwa jumlah dana yang dialokasikan oleh sebagian besar pemerintah daerah di dalam APBD untuk air limbah lebih rendah dibandingkan dengan alokasi dana untuk drainase dan komponen-komponen manajemen sampah untuk sanitasi.
- Pada dua kasus dan berdasarkan data yang tersedia, jelas bahwa jumlah dana yang sebenarnya dikeluarkan untuk air limbah tidak sesuai dengan jumlah anggaran yang disediakan di dalam MPS.

- Proses penganggaran APBD yang dilakukan berdasarkan pada sistem nasional yang baku, mempersulit pemerintah daerah mengalokasikan anggaran untuk aktivitas-aktivitas air limbah.
- Ada banyak potensi alokasi anggaran pemerintah daerah untuk sanitasi di APBD dengan mudah dihapus bila tidak ada dukungan dari pemerintah provinsi atau pusat.
- Diantara semua studi kasus, proporsi terbesar untuk dana air limbah adalah dari program-program DAK.
- Dari sebagian besar studi kasus, pemerintah daerah tidak secara aktif mengkoordinasikan aktivitas-aktivitas air limbah yang dibiayai oleh berbagai program nasional, provinsi dan donor. Secara keseluruhan, investasi yang ada tidak sesuai dengan apa yang telah direncanakan sebelumnya.

Tanggung Jawab Penyediaan Layanan Sanitasi

Terdapat faktor-faktor kelembagaan dan sistemik yang menjadi penghambat pemerintah daerah untuk mengambil tanggung jawab atas penyediaan layanan sanitasi yang sedang berlangsung, termasuk dalam kaitannya dengan O&M.

- Pemerintah daerah melaporkan bahwa hambatan utama bagi O&M adalah bahwa mereka tidak memiliki aset-aset air limbah di wilayah geografis mereka – hal ini terjadi di kasus-kasus dimana aset-aset tersebut dimiliki oleh masyarakat, pemerintah provinsi atau bila pemiliknya tidak jelas.
- Alokasi pertanggungjawaban untuk O&M dibatasi pula oleh proses penganggaran yang sangat banyak batasannya.
- Pada beberapa kasus, pemerintah daerah lebih memfokuskan diri pada pencapaian status BABS dan menganggap bahwa masyarakat lah yang memiliki tanggung jawab penuh untuk mengelola infrastruktur air limbah dan mendapatkan keluaran air limbah.
- Dalam tataran praktik, akuntabilitas atas kualitas atau implementasi SSK masih lemah, atau dalam hal pencapaian hasil kesehatan publik dan lingkungan dari investasi air limbah.
- Akan tetapi dalam dua studi kasus terdapat bukti adanya kontaminasi tinja di sungai yang menjadi pendorong bagi pemerintah daerah untuk berusaha lebih keras dalam penyediaan layanan sanitasi.

IMPLIKASI/DAMPAK

Riset kami berhasil mengungkap banyak contoh rintangan dan tantangan bagi penyediaan layanan sanitasi yang efektif oleh pemerintah daerah. Walaupun riset difokuskan pada tata pemerintahan daerah, tantangan-tantangan yang terungkap merupakan produk dari faktor-faktor keterkaitan kelembagaan, peraturan dan tata pemerintahan di tingkat lokal, provinsi maupun nasional. Prinsip kehati-hatian telah dilakukan dalam menguraikan dampak dengan mendasarkannya pada bukti-bukti dari enam studi kasus mendalam, yang mencerminkan juga konteks kelembagaan yang lebih luas di Indonesia.

Empat hal yang merupakan kunci perubahan yang sangat penting untuk meningkatkan tata pemerintahan daerah dijabarkan secara lebih detil di bawah. Dampak-dampak ini relevan bagi para pemangku kepentingan yang mempengaruhi atau terlibat dalam penyediaan layanan sanitasi di Indonesia, termasuk pemerintah lokal, propinsi, pemerintah pusat, lembaga donor dan organisasi masyarakat sipil.

1. Mendorong partisipasi aktif dan rasa kepemilikan pemerintah daerah dalam proses perencanaan merupakan syarat dasar bagi penyediaan layanan sanitasi yang efektif.

Selama proses perencanaan air limbah, strategi yang sinergis diperlukan untuk mendorong ketertarikan pemerintah daerah pada sanitasi dan dukungan teknis yang lebih intensif.

2. Persyaratan penganggaran nomenklatur yang sangat ketat merupakan penghalang utama bagi pemerintah daerah dalam mengalokasikan dana untuk air limbah – tetapi setidaknya ada potensi untuk mengatasi persoalan ini.

Ada kebutuhan peningkatan kapasitas dan mendukung pemerintah daerah untuk mengatasi sistem nomenklatur agar dapat melakukan penganggaran lintas sektor untuk sanitasi. Tugas penganggaran sanitasi pemerintah daerah menjadi semakin rumit karena nomenklatur penganggaran APBD belum diperbarui sejak dikeluarkan melalui Peraturan Mendagri mengenai Panduan Pengelolaan PSPP (SE660); tim riset telah mendiskusikan ide untuk memodifikasi nomenklatur anggaran dengan Mendagri dalam pertemuan dengan pemangku kepentingan pemerintah pusat di masa akhir penyelesaian riset.

3. Adanya kebutuhan mendesak untuk meningkatkan pemahaman pemangku kepentingan di tingkat local bahwa STOP BABS (Bebas Buang Air Besar Sembarangan) saja tidak cukup untuk membawa hasil kesehatan masyarakat – dan bahwa pengelolaan air limbah adalah infrastruktur dan layanan dasar yang diperlukan untuk menurunkan resiko kesehatan dan lingkungan dari limbah manusia.

Fokus yang kuat, meskipun efektif di beberapa kasus, pada status STOP BABS (Bebas Buang Air Besar Sembarangan) mengalihkan perhatian dari tujuan utama penyediaan sanitasi yang sebenarnya– yaitu untuk memisahkan antara pathogen (sumber penyakit) dengan manusia dan lingkungan selama-lamanya.

Terdapat penghalang kelembagaan dan koordinasi yang menghambat pemerintah daerah untuk mengadopsi pandangan “layanan sanitasi” daripada penyediaan sanitasi, mengubah ranah sanitasi dari sekedar menyediakan toilet di rumah-rumah menjadi penanganan infrastruktur publik, pelayanan dan isu-isu kesehatan.

Untuk mengubah dan meningkatkan tata kelola pemerintahan mengenai sanitasi, dukungan dan insentif sangat diperlukan dari pihak luar, termasuk misalnya meningkatkan strategi kampanye pemerintah pusat agar target sektor sanitasi melampaui hanya sekedar mencapai 100% akses terhadap toilet.

4. Koordinasi yang lebih baik di semua level pemerintahan dan antar instansi untuk melibatkan berbagai donatur dan aktor dalam penyediaan layanan air limbah dan sanitasi yang efektif.

Dalam praktiknya, kegiatan terkait air limbah didanai oleh berbagai sumber donatur nasional dan asing; dikelola pula oleh berbagai lembaga dan implementasinya diawasi oleh berbagai aktor juga. Terbukti bahwa Pokja dan pemerintah daerah dalam studi kasus ini tidak semuanya secara aktif mengkoordinasikan infrastruktur yang didanai dan dikerjakan oleh berbagai aktor. Mereka juga nampaknya tidak dalam posisi untuk melakukannya. Alokasi pertanggungjawaban untuk koordinasi lintas tingkatan pemerintah terkait air limbah masih belum jelas dan memerlukan perhatian yang mendesak bila ingin meningkatkan efektifitas perencanaan dan pelayanan penyediaan sanitasi.

CHAPTER 1: INTRODUCTION

1.1 RESEARCH FOCUS

This research investigated local government governance and institutional arrangements for sanitation planning, budgeting and implementation in small cities and towns in Sumatra, Indonesia. The aim is for the evidence and findings from the research to help local and central governments and donor partners to strengthen local governance, towards improving sanitation outcomes.

The research focussed on *air limbah* sanitation (sewage or wastewater) within the context of city/district sanitation strategies or Strategi Sanitasi Kota/Kabupaten (SSK), the key planning instrument for implementation of the Government of Indonesia's national program for Accelerated Sanitation Development for Human Settlements (PPSP).

The research project was undertaken from August 2014 to May 2015 as a collaboration between the Institute for Sustainable Futures at the University of Technology Sydney, Kemitraan Partnership for Governance Reform and SNV Development Organisation Indonesia, with Bappenas as the Government of Indonesia partner. The team undertook participatory, qualitative inquiry with stakeholders (research "participants") from six case study local government locations (see chapter 2 for more details).

1.2 BACKGROUND

The Government of Indonesia has set a target for universal access to sanitation by 2019 in its National Long Term Development Plan (RPJPN 2005-2025). The achievement of this target is predicated on actions by local governments, who are responsible for delivery of sanitation and other services following administrative, fiscal and political decentralisation of Indonesia since 2001.

To enable delivery by local governments, the Dutch government funded *Indonesia Sanitation Sector Development Program (ISSDP)* and conducted a pilot with six initial cities in 2006-2010, using a city-wide strategic planning process for sanitation. The Government of Indonesia committed to scale up the ISSDP process by launching its program for *Accelerated Sanitation Development for Human Settlements (PPSP)* targeting 330 cities by 2014 (WSP 2011a), aligned to its National Medium Term Development Plans (RPJMN 2009-2014 and RPJMN 2015-2019).

Under the PPSP, local governments receive support and guidance from Central agencies to undertake a comprehensive city/regency-wide sanitation planning process for developing integrated multi-year City Sanitation Strategies (SSK or Strategi Sanitasi Kota/Kabupaten). The process is designed to include environmental sanitation risk assessment (EHRA) and development of a sanitation white paper (BPS), strategic plan (SSK) to meet projected needs in line with regional medium term development plans

(RPJMD), regional spatial plans, and Project Memoranda with implementation plans (MPS) including investment plans, timeframes and indicators, and internal review at end of planning cycle. City/regency level sanitation working groups (Pokja Sanitasi, referred to in this report as “pokja”) are responsible for steering the SSK process. A Circular of the Minister of Home Affairs in 2012, No. 660/4919/SJ on Guidelines for PPSP Management (referred to as SE660 hereafter in this document) describes roles and responsibilities for developing and implementing the SSK by provincial and city/regency level Pokja Sanitasi, based on individuals’ institutional designations.

‘Sanitation’ under both ISSDP and PPSP consists of three subsectors: *air limbah* (wastewater) sanitation, stormwater drainage and municipal solid waste management. According to WSP (2011b), this has enabled traditional taboos around the topic of human excreta management, considered a private matter of householders with no public expectations for service from government, to be circumvented, by requiring local governments to develop plans for servicing this subsector.

1.3 RATIONALE FOR THE RESEARCH

Despite the above initiatives, there are low levels of investment by local governments in *air limbah* sanitation and implementation is particularly weak (World Bank 2013). The lack of *air limbah* sanitation results in poor public health and imposes significant economic costs (Hutton et al, 2007). Building an evidence base on how to strengthen local government roles in *air limbah* sanitation planning and service delivery through this research therefore addresses a critical need in the sector.

The importance of governance in an effective public sector and stable institutions for driving economic growth and prosperity is increasingly recognised (DFAT 2014). In the context of decentralisation in Indonesia, new insights into how to best foster good governance for local government capacity in sanitation planning and service delivery will enable national governments and donors to develop more effective and efficient support mechanisms.

“Small towns” (population up to approximately 150,000) were chosen as a focus for this research, because appropriate arrangements for sanitation in small towns differ from both large cities and rural areas. This was recognised by Bappenas during the design stage of this research as a particular knowledge gap across the sector.

Sumatra was deemed an appropriate location for the research by national stakeholders, since it is experiencing significant economic growth. The case study locations were selected to enable the research to leverage SNV’s ongoing relationships within their geographical areas of operation approved by the Ministry of Home Affairs, namely West Sumatra (Sumatera Barat) and Lampung provinces.

1.4 RESEARCH GOALS AND SCOPE

The goal of the research is to inform the strengthening of governance arrangements for local governments to improve *air limbah* sanitation outcomes in small cities and

towns in Sumatra. It is intended that the evidence and findings from the research, and participatory processes employed during the research, will be useful for stakeholders working to strengthen governance beyond the completion of this project.

The primary research question and sub-questions are:

What factors influence how sanitation planning through the SSK development process can lead to effective sanitation outcomes for small towns in Sumatra?

- *How strategic and long term are the SSKs in terms of integrated sanitation planning for small towns?*
- *What factors enable Pokja Sanitasi to function effectively to coordinate the SSK?*
- *How can planning-investment linkages be improved, to enhance investment in sanitation in small towns in Sumatra?*
- *What decision-making processes for implementation could improve the allocation of responsibility for sanitation delivery in small towns within local government?*

The research used a qualitative case study methodology based on six local governments in Sumatra (see chapter 2 for more details). Within the scope of the research, the focus was on local governments at the district level (kota/kabupaten), although it is acknowledged that outcomes are influenced by governance at central and provincial levels of government. Some limited consultations were held with provincial and central government stakeholders for this reason, although strengthening governance at these levels was beyond the scope, timeframe and budget of the research.

The majority of local participants were from local governments, although some community representatives were also interviewed and issues of social inclusion (such as whether planning considered equity) were investigated. Recruitment as far as possible sought to include both women and men as participants, and to encourage active participation in workshops by both women and men who attended. Environmental issues that were explored included as the role of environmental risk assessment and whether environmental pollution was a driver for sanitation.

1.5 LINKAGES WITH INDII, DFAT AND GOI INFRASTRUCTURE OBJECTIVES AND POLICIES

The research is well aligned with IndII's objectives for "assisting Indonesia to explore new strategies for strengthening service delivery modalities, improving governance, and ensuring that expenditures on infrastructure development achieve the maximum possible impact" (IndII 2013). The research provides detailed evidence about the approaches, systems and drivers (or lack of) for local government planning, budgeting and decision-making about sanitation. It also sought to explore local government perspectives affecting the uptake of grants such as the SAIG, to support IndII's efforts in targeting its interventions.

The project's focus on governance arrangements for sanitation aligns with two of the six priority areas of DFAT's Australian Aid program: effective governance, and infrastructure (DFAT 2014). Australia is working to support Indonesia's decentralization efforts by helping local governments improve the way they deliver basic services such as education, health, water and sanitation (DFAT 2015), which overlaps with the intended research outcome for improved sanitation service delivery by local governments.

With sanitation service delivery by kota/kabupaten local governments through the development and implementation of SSKs as the primary mechanism for achievement of the Gol's PPSP program, this research links strongly with Gol objectives. 'Good governance principles' are stressed in the Presidential Decree No.185/2014 regarding acceleration of water supply and sanitation provision. Although the details for coordination of the December 2014 Decree are still under development, the contributions from the research for improved governance can inform this process.

CHAPTER 2: APPROACH AND METHODS

2.1 GOVERNANCE CONCEPTS AND ANALYTICAL FRAMEWORKS

While the importance of improving governance is widely recognised as noted in Chapter 1, there is no single definition of the term, but a general agreement that it must involve good management of resources, include accountability, and address equity (e.g. OECD 2011).

For the purpose of this research, we have adopted DFAT's definition of 'good governance' as:

“competent management of a country's resources and affairs in a manner that is open, transparent, accountable, equitable and responsive to people's needs” (IndII 2013).

The research team's approach has been one of open inquiry, and thus in operationalising the above general definition to local government sanitation context, the analysis has not been restricted to pre-defined criteria or requirements. We have however considered basic principles of governance for effective sanitation (adapted from Ross et al 2014) about addressing and assessing the needs of the community, including the most vulnerable; and the life cycle approach to plan for infrastructure, beyond construction to operation and maintenance.

In terms of analytical approach, there are many different frameworks that could be applied for analysing governance and institutional arrangements for sanitation service delivery. These frameworks apply institutional theory across disciplines such as economics, political science and sociology, and include for example political economy analysis (PEA), institutional analysis and development (IAD) and governance assessments.

In practice, the application of these analytical frameworks differ in characteristics, terminology and emphasis. For example Harris et al (2011) notes that governance assessments often involve a gap analysis of the situation against pre-determined criteria of an “ideal” governance parameters, whereas political economy analysis tends to start with understanding the broad context (often at the “macro” (country) or “meso” (sectoral) scales) as the basis for identifying feasible, rather than ideal solutions (Harris et al., 2011, pp 334).

This research drew selectively from the many different theoretical and analytical frameworks, in recognition that despite the differences in terminology there are a number of common features across frameworks. Generally, analytical frameworks are based on the premise that actions and outcomes are a result of multiple interacting layers, scales, components and influences (see e.g. Ostrom 2005), and in turn each provides various structures for addressing this complexity. The frameworks are broadly

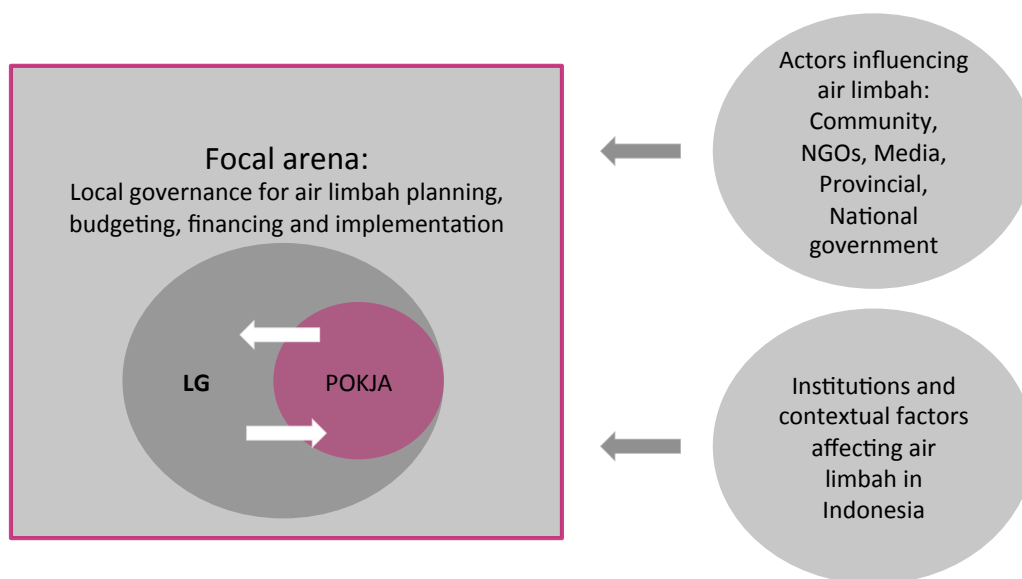
based on analysing the following (albeit not mutually exclusive) “types” or categories of factors, and the relationships within and between them:

- **Context** (“structural factors” or “exogenous factors”) that influence social, political, and economic systems, such as geographic, demographic, historical and cultural factors.
- **Institutions** which are generally defined as the “rules” of the game, and span “formal” rules such as regulations enforced by states, to “informal” rules such as norms.
- **Stakeholders, or Actors** who are individual or organisational entities who for example can influence, drive, obstruct or are affected by the issues being analysed.
- **Incentives, or drivers and barriers** on actors that influence their actions and are shaped by the combination of all of the above.

Our approach to operationalising the analysis of the above types of factors reflects the scale of the research and the focus on *local government*, with a particular sub-focus on the Pokja Sanitasi, and the method of obtaining richness of detail through *case studies*. The approach to evidence collection and analysis has been guided by the IAD concept of the “action arena,” in which actors interact to produce outcomes (Ostrom 2005).

This primary focus for this research, are the *actors* of the Pokja Sanitasi and other local government staff and their actions to plan, budget and implement air limbah activities. This is the starting and focal point from which emergent factors, incentives, contextual, political and social influences, and interactions at a myriad of other scales – from interactions with the community and local parliament, to budgeting protocols, to the impact of multiple sources of financing, to the impact of central government regulations – have been investigated and illuminated. The conceptual approach is illustrated in Figure 2-1 below.

Figure 2-1: Conceptual approach to research



2.2 PARTICIPATORY CASE STUDY APPROACH

A case study approach was adopted, using consultative, participatory engagement for qualitative data collection and analysis. Participatory engagement is a powerful and important approach for change-oriented research, and to help ensure sustainability of outcomes. Case studies were selected as the preferred approach for empirical inquiry because they enable in-depth, detailed investigation about the “how” and “why” (Yin 2014) of local sanitation governance practices, within the real-world, complex context of decentralisation in Indonesia. The findings drawn from six case studies are not intended to be generalisable across the whole of Indonesia or Sumatra, but illustrate in detail specific challenges, barriers and opportunities for sanitation governance faced by local governments.

The unit of the case study is the “small city” kota or kabupaten and the local government with jurisdiction over that kota or kabupaten (noting for example that some district governments have responsibility over a region that includes cities as well as rural areas). A total of six case studies (referred to as “case studies” or “cases” in this report) were selected to represent diversity in several different criteria considered relevant (Table 2-1) including including population density, available information on sanitation budgets and investment levels, sanitation funding sources/programs (including SAIIG), sanitation governance quality and ease of access for logistical practicality. Existing or potential partnership relationships between local governments and SNV were also a strong criterion that determined the potential for project outcomes to be sustained beyond the life of the research project.

Table 2-1: Case study characteristics

	PRIMARY CASE STUDIES		SECONDARY CASE STUDIES			
	Payakumbuh (kota)	Lampung Selatan (kabupaten)	Sawahlunto (kota)	Pariaman (kota)	Pringsewu (kabupaten)	Metro (kota)
Province	West Sumatra	Lampung	West Sumatra	West Sumatra	Lampung	Lampung
Population (approx.)	117,000	84,000	60,000	85,000	100,000	152,000
Population density	1500	520	200	1300	550	2200
SSK Completeness rating on NAWASIS (at Dec 2014)	SSK (2010) predates NAWASIS records	100%	80%	100%	No data at date viewed	100%
Participation in SAIIG?	No	No	Yes - design phase	Yes - early design phase	No	No

Figure 2-2: Case study locations



2.3 METHODS OF INQUIRY

The research was designed to engage stakeholders in two ‘primary case studies’ in greater depth, and four ‘secondary case studies’ to provide more breadth to the investigation, through three main methods of inquiry:

- (i) Focus group discussions, in each primary case study location, which engaged primary case study participants and obtained information to inform interview design.
- (ii) Semi-structured interviews of stakeholders in all six case study locations, to understand sanitation governance and obtain information.
- (iii) Structured participatory workshops, which brought participants together from different local governments (in each of West Sumatera and Lampung), engaged participants in the research findings, sought feedback and identified actions to improve governance arrangements in case study towns.

A total of 135 people (98 men and 37 women) were involved as participants in the research, 75 from local governments, as well as some civil society, media, provincial and national government stakeholders. Local government participants represented a range of participants (officers, head of SKPD, head of Bappeda) and in some but not all

cases decision-makers such as sekda were also interviewed. Some local stakeholders participated in all three activities:

- 14 and 23 pokja participants attended the focus groups in Lampung Seletan and Payakumbuh respectively
- 64 key informants (stakeholder) participated in interviews
- 11 and 12 participants attended the joint workshops in West Sumatera and Lampung respectively.

See Annexe 1 for more information about the events and participant details.

Evidence from the above modes was supplemented by examination of SSK documents for each six case studies, and where available local government budget information. In the case study chapters, the source of evidence is drawn from perspectives provided by the local participants, unless otherwise specified. In line with the University of Technology's Guidelines for Research Ethics, participants are de-identified, and quotes are attributed to 'informants', with descriptors of type of informant added where relevant.

2.4 RESEARCH ACTIVITIES AND TIMELINE

The research activities and timing are summarised in Table 2-2 below.

Table 2-2: Research activities and timeline

Activity	Dates and locations
<p>1 Site selection – primary case study towns and secondary case study towns</p> <p>Reviewed available information on potential towns in Sumatra to select case studies</p>	August-November 2014
<p>2. City Sanitation Strategy (SSK) document review</p> <p>Reviewed SSKs for six case study locations, including as input to designing stakeholder interviews.</p>	September 2014 – February 2015
<p>3. Focus Group Discussions (FGDs) with local governments (two primary case study towns)</p> <p>Engaged stakeholders as research participants and identify (preliminary) local contextual and governance factors which influence sanitation planning and delivery.</p>	23 October 2014 – Payakumbuh 29 October 2014 – Lampung Seletan
<p>4. Stakeholder interviews</p> <p>Developed interview guide based on assessment in previous phases and conduct individual, semi-structured face-to-face interviews with local stakeholders in each case study location.</p>	December 2014 – Payakumbuh, Lampung Seletan (primary case studies) January-February 2015 – Pariaman, Metro, Pringsewu, Sawahlunto (secondary case studies)

<p>5. Data synthesis and development of preliminary findings Synthesised data from previous phases, to inform the development of preliminary findings.</p>	December 2014 – March 2015
<p>6. Structured joint participatory workshops Shared and sought feedback on preliminary findings (from all sites) with case study participants. Engaged participants to identify actions to improve governance arrangements for planning, financing and delivering sanitation services in the case study towns.</p>	<p>14 April 2015 – Padang (Payakumbuh, Pariaman and Sawahlunto participants) 16 April 2015 – Bandar Lampung (Lampung Seletan, Metro and Pringsewu participants)</p>
<p>7. Meetings with national stakeholders Consulted with national government stakeholders to share preliminary findings.</p>	20 April 2015 – Jakarta
<p>8. Final analysis and reporting Analysed situation in each case study drawing on evidence gathered at all stages of research (interview, focus group, workshop and meeting transcripts and notes).</p>	April – May 2015

CHAPTER 3: CASE STUDY – PAYAKUMBUH

People and Place: Payakumbuh (population 117,000, density 1500 pp/km²) is an inland city in West Sumatra (Sumatra Barat) characterised by a relatively flat topography. The indigenous Minangkabau people maintain strong cultural traditions, with Adat (traditional) leaders having a strong influence. The last decade has seen a rapid increase in population due to influx of refugees following the Padang earthquake of 2009 as well as the 2004 tsunami.

Sanitation governance headline issues

- **Planning:** Payakumbuh's SSK, developed as a pilot under the Indonesia Sanitation Sector Development Program (ISSDP) covering 2008-2012, had a strong focus on reducing open defecation (OD) supported by onsite and community-based sanitation. Key informants were positive about their experience from the pilot, but had some reservations about the software tools used to update the SSK under PPSP-2.
- **Pokja Sanitasi:** Although key leaders who were committed to sanitation had since left the local government, the pokja remained enthusiastic and active, with continued engagement with community representatives, civil society and the media.
- **Budgeting and financing:** Sanitation budgets were created following local government rules and central government nomenclature. Funding was mostly directed to the solid waste and drainage subsectors, with negligible investment in air limbah.
- **Roles and responsibilities:** There had been little strategic decision making regarding sanitation under the current local government leadership. The OD focus, and success in significantly reducing OD over the previous SSK planning period, contributed to the lack of a sense of urgency about air limbah beyond toilets.

3.1 SANITATION PLANNING AND THE POKJA SANITASI

The SSK

Payakumbuh was one of the six initial participants in the ISSDP pilot in 2006 that developed its city sanitation strategy covering the period 2008-2012. At the time of the research it was a pilot case for the second phase of the PPSP (PPSP-2) to update its SSK. Thus, although Payakumbuh had no current SSK documents, the case study provided insights from the pokja's experience of both ISSDP and PPSP-2.

The review of the *SSK (2008-2012)* document showed a strategy for air limbah that is focused primarily on achieving cessation of open defecation. The strategy focused on community behavior change, through demand creation and community education using Adat/traditional institutions, although no timelines are specified in the SSK.

Collaboration with media (radio and print) was specifically identified as part of the strategy.

While key actors were identified, roles or channels of accountability are not clearly specified. Six of the 19 sub-districts of Payakumbuh were identified as high priority based on risk assessment, with onsite sanitation, and communal toilets for dense urban areas, specified as the technology options for implementation. The SSK mentions APBD, community retribution, donor and foreign loans as the sources for financing implementation, but no further details are available.

If considering only the SSK's stated objective to tackle open defecation (and not the broader sanitation outcome for separating people from pathogens), the SSK has been successfully implemented. Key informants reported that open defecation rates dropped from 74% in 2006 to 14% in 2013, and cited examples of innovative incentive schemes that successfully engaged the community, such as inter-village competitions, awards and a visit from the mayor to congratulate villages for achieving open-defecation free (ODF) status. Pokja members reported conducting routine community 'toilet inspections' on Fridays to sustain ODF, and following up on any households found to lack toilets by involving local community leaders, who persuade them to build their own toilet. Pride in these achievements was evident in the pokja: *'We could be a role model for the Asia-Pacific!'*

However, the SSK also included offsite sewerage in its list of 'ideal target services' for Payakumbuh, with a budget of IDR 360 million earmarked in the MPSS (covering 2011-2014) for an offsite sewerage feasibility study in 2012, but the research did not find evidence of completion. Furthermore, the Province's rating system for sanitation performance by districts/cities also rated Payakumbuh's air limbah performance poorly, as discussed later. Thus, it appeared that Payakumbuh's implementation of the SSK with respect to air limbah sanitation outcomes, may have been only partially successful.

The Pokja Sanitasi

The research team observed an enthusiastic pokja, coordinated by a highly motivated Bappeda head of physical infrastructure planning who was involved in the ISSDP pilot. However, the pokja's effectiveness was constrained by an absence of strong commitment to sanitation by current leaders within local government. Despite this, the pokja appeared to have retained momentum from the ISSDP pilot stage due, at least in part, to their highly motivated former mayor who continued to maintain contact and encourage them with information on opportunities to continue improving sanitation.

The pokja's ISSDP track record led to its composition not being rigidly restricted by MoHA's SE660 instructions regarding pokja membership, roles and responsibilities for the PPSP. For example, the SE660 does not include community representation in the pokja, but the Payakumbuh pokja informally involved local non-government organisations (NGOs) and the Healthy City Forum (Forum Kota Sehat) to hear representative community views. A former senior member of the pokja, who remained accessible in an advisory capacity, further proposed that pokja membership

should be based on individuals demonstrating a *'feverish passion for sanitation'*, and include members with specific wisdoms to contribute, rather than designation-based membership outlined in the SE660.

Payakumbuh appeared to have the largest pokja amongst the six case studies – 28 pokja members participated in the initial research workshop held in October 2014 (which included representatives from a local NGO and the Healthy City Forum/Forum Kota Sehat). However, it is likely that all are not involved on a day-to-day basis. Key informants mentioned an annual allocation of IDR 80M from the local government for pokja operations (including honorariums and meeting refreshments), which they estimated was sufficient for around three meetings per year. However, pokja members considered that more frequent meetings, for example every month, would speed up activities around sanitation.

Pokja members highlighted that lack of coordination at central government level resulted in confusion for the pokja. They cited different central government requirements for districts and cities to form a pokja AMPL as well as a Pokja Sanitasi, with many overlapping responsibilities and, hence, inefficiencies. Payakumbuh resolved this by having both pokjas comprising the same individuals.

The pokja's feedback on the process for **revising and updating the SSK under PPSP-2** suggested they found it challenging. They reported receiving inadequate support and facilitation initially, which was subsequently rectified by a facilitator provided from central government. Informants from the PPSP Secretariat in Jakarta confirmed this, explaining that they initially assumed that ISSDP participants' previous experience in preparing their SSK and associated documents would make them capable of revising and updating them unaided. However, in the ISSDP pilot, Payakumbuh was supported through the process of developing their EHRA, BPS, SSK, etc. from 'first principles', whereas later participants in the PPSP had access to software 'instruments' to aid rapid scale-up with less facilitation. Pokja informants cited difficulties engaging with new 'instruments':

'If you fill in one thing wrong... one mistake messes up the whole document... we can't manipulate the data. We have only just started learning how to use the instrument. ... In the map [output of instrument] everything shows up red, as if no work has been done, but we have done lots.'

In contrast to the planning process under the ISSDP pilot that was understood and owned by the pokja, there may be some risk that complete reliance on the 'instruments' could have the opposite effect. For example, pokja informants reported that the tools favoured offsite sanitation and produced a recommendation that 60% of service coverage be offsite, which the local government did not agree with. Pokja members also expressed concerns that the BPS, SSK and MPS under PPSP-2 are integrated into a single document that has to be completed in a shorter timeframe, which they considered problematic.

The research team assessed the pokja as being strongly focused on ODF, with less appreciation that separating people from sewage pathogens is the ultimate outcome

from effective sanitation arrangements. This ODF focus, stemming from their successful achievement of 85% ODF status, contributed to a strong preference for onsite systems: *'onsite sanitation is suited to our culture'* – the commitments for further air limbah activities appeared to be limited. Further, they opposed offsite sewerage, on the grounds that *'Payakumbuh's topography is too flat for offsite sanitation'*¹ although, as noted earlier, no feasibility study for offsite sewerage appears to have been conducted. When prompted by the research team, local governments informants said they regarded the option for medium-scale sewerage under SAILG funding (*kawasan* scale with 500-1000 connections) as too risky, because SAILG may assess that they failed to meet the performance criteria and, therefore, not qualify for reimbursement.

3.2 LOCAL GOVERNMENT AND INFLUENCES ON SANITATION IMPLEMENTATION

Key informants consistently identified highly-driven local government bureaucrats as the key driver of their past success, including a dynamic team and committed mayor and Sekda. However, they reported that activities are defined by rules and criteria of funding programs rather than more strategic drivers. They also noted that sanitation planning is not integrated, but that each SKPD undertakes their own planning, priority-setting and decision-making processes in 'silos'.

The research team observed that no agency had comprehensive knowledge about sanitation options or implications, but rather:

- Dinas PU had competencies for building infrastructure, but rarely considered designing for user friendliness, or post construction maintenance.
- The Health Agency engaged with communities but had little capacity to determine technological options.
- Bappeda's role was to coordinate and facilitate, but left all technical matters to Dinas PU.
- After construction, responsibility was handed from Dinas PU to *Dinas Kebersihan* (Cleanliness Agency).

Another key player for facilitating sanitation implementation is the TAPD, the team responsible for compiling budgets to meet planning objectives of all SKPD (also see Box 9-1). They are responsible for ensuring that budget requests are aligned to local planning documents (RPJMD). This team finalises budgets after they have been debated and negotiated between the local executive (mayor) and legislative (parliament), and has power to delete or swap budget lines. Thus, pokja informants identified the TAPD's role as key to determining what programs under the new SSK under PPSP-2 can be financed.

¹ This is presumably due to perceived costs for excavation to achieve necessary hydraulic gradients in pipes.

According to the SE660, the Provincial government has a monitoring and oversight role on sanitation, making it another key stakeholder with potential to influence sanitation implementation. The West Sumatra Province’s monitoring includes rating of its districts’ and cities’ sanitation performance. Under the Province’s rating scheme, Payakumbuh was ranked in first place amongst 19 districts for overall sanitation as well as air limbah. Despite the high rank, the actual rating for air limbah was only ‘fair’. The ratings are based on four aspects of sanitation performance: regulation, physical infrastructure, planning and budget expenditure. The Province rated Payakumbuh’s regulation of air limbah as ‘good’, but gave the lowest ratings (‘poor’ to ‘very poor’) for the other three aspects.

It was evident from the interviews that the local government sought to comply as fully as possible with instructions for central government, but lack of coordination at central level sometimes led to difficulties for them. Local government informants particularly noted that local governments needed to use budgeting nomenclature (defined by MoHA) that did not fully align with the sanitation activities to be delivered under the PPSP (outlined in SE660 developed by a different department in MoHA). This led to a sense of frustration, expressed by one informant:

‘MoHA is not an implementing body for sanitation issue, so they made rules just like that without knowing situation, so in short is like this: local government (us) is like a tailor, central government (MoHA) is the client who brings the cloth, we sew the cloth according to central government instruction, but central government complains, while it is the cloth which is bad quality.’

3.3 BUDGETING AND FINANCING

Analysis of budget realisation data (actual expenditure) for expenditures funded by the local APBD budget, provided by the local government, showed that actual expenditure in 2012 was virtually zero for air limbah sanitation (Table 3-1), although key informants cited that total sanitation expenditure for all subsectors reached 2.4% of the total APBD. Although not clear, there may potentially have been a component of air limbah advocacy included within the Health Agency’s promotion of healthy behavior, but this amounts to less than 5% of the total ‘sanitation’ expenditure. The small ‘wastewater’ expenditure by the Environmental Agency (0.74% of ‘sanitation’ expenditure) appears to be for trade waste pollution control rather than for air limbah.

While the highest expenditure was for drainage infrastructure, the research interviews highlighted a significant commitment to solid waste management, as it was seen as an avenue for local income generation (PAD) that the local government can determine how to expend without conditions imposed by higher levels of government.

Table 3-1: 2012 Realisation budget for sanitation sector in Payakumbuh Kota

Program	Amount (IDR)	(%)
A. Dinas Kesehatan (Health Agency)		
Promotion of healthy behavior	680,625,560.00	4.90%
B. PU (Public Works)		
Drainage	6,325,194,400.00	45.53%
(Clean) Water infrastructure at village level	1,319,102,000.00	9.50%
-Maintenance of (clean) water village infrastructure	131,576,000.00	0.95%
- (Drinking) water coverage	1,319,702,000.00	9.50%
C. Badan Lingkungan Hidup (Environment Agency)		
Solid waste	588,385,200.00	4.24%
Monitoring	154,192,350.00	1.11%
Conservation of water resource	626,787,100.00	4.51%
Controlling pollution (waste water) – including waste water from company	103,298,200.00	0.74%
D. Kebersihan dan Tata Ruang (Cleaning and landscaping agency)		
Solid waste controlling	2,289,129,500.00	16.48%
Monitoring of Environment Policy	312,075,000.00	2.25%
Community empowerment on water conservation	42,279,000.00	0.30%
Total	13,892,346,310.00	100%

Local governments informants revealed that the 2% of APBD funds (pledged by AKKOPSI members for allocation to ‘sanitation’) are generally sufficient to cover only around 30% of targeted sanitation services. It was unclear what proportion of this 30% is allocated for air limbah. They noted that the budget approval process placed great uncertainty for agencies/SKPD (see Box 9-1 in Findings chapter for further details), and they needed to be able to respond to questions from the local parliament DPRD to convey the importance or urgency of their programs, to avoid having those budget lines struck off.

In a more unusual funding arrangement, pokja members revealed that they were provided funds from central government that were not only unsolicited, but which they did not wish to have. They reported that DAK² funds through Ministry of PU for sanitation were provided to the local government on the Ministry’s own initiative, and although they have tried to return it, have had it reassigned back to the local

² Although informants called this ‘DAK’, it is possible that these came from PU’s Sanimas program funds, but would need further investigation to confirm.

government in successive years. They theorised that the Ministry may be trying to meet its own expenditure targets. The informants expressed concern that their failure to spend these unwanted funds could result in reduction of other transfers from central government such as a cut in DAU funds. An explanation of why the local government was unwilling or unable to spend the funds on air limbah sanitation was, however, not provided.

The budgeting rules and processes did not adequately allow funds to be allocated for O&M, that local government informants found particularly problematic, compounded by lack of clear ownership of assets:

'...Who should be responsible for O&M? We can say local government should be responsible but we cannot allocate or request funds for O&M. So, there are rules that prevent us to do more, plus the asset does not belong to local government, but central government or village. But assets have not been formally transferred to local government or village. Even if they do, there is no item line of budgeting O&M.'

3.4 LOCAL GOVERNMENT, COMMUNITY AND TECHNOLOGY

The strong relationship between the community and the Health Agency, forged through previous ODF behavior change campaigns, formed a strong basis for potential further outreach and engagement between the local government and the community.

While public knowledge, awareness and valuation of sanitation was low, the local government believed that the community was very open to persuasion through appropriate communication methods. The local government had a history of working closely with religious and Adat leaders, and intended to leverage local culture and creative arts to engage the community further on sanitation topics. The Forum Kota Sehat (FKS) provided an extended communication channel between community and local government, working closely with the Health Agency to promote healthy lifestyles and behaviors. Although there were no formal channels for community input to sanitation planning, they are represented informally through the local NGO's input to the pokja.

In engaging the community, the local government's previous strategy to engage the media (as documented in their original SSK) appeared to have weakened. The media was a potential avenue to be utilised for further engagement, as they had an interest in sanitation:

'We think that sanitation is not only government problem [for government] but also the community... however, in the past two years, we [media] are not being involved in discussions regarding sanitation, SSK or any planning, so we do not know the progress and do not have angle to publish any news.'

Although the community was largely willing to contribute their efforts and even gift land for the public good, contributing money, or paying tariffs, was more complex, according to a customary leader:

'For example, ... we helped the government to plant the trees, ... however because the government does not allocate maintenance cost, the program has not succeeded. So the society can help to take care of it by cleaning and guarding it, however if it takes cost or tariffs, then it will depend on the nature of each society.'

Thus, in line with the above observations, local government informants noted that communities were willing to contribute efforts to manage community-based sanitation, but could not be expected to pay tariffs to cover O&M costs. Instead, they saw a co-management model as a more feasible option:

'In my opinion, contribution between government and society for operating and maintaining facilities should be 50:50. Why? Because there is a misunderstanding between the government and society. The central government gives grants through local government to build facilities for the public. However, to run and maintain it, central government gives 100% responsibility to local government and society. Society does not have funding, they only have responsibility. So there is a missing link here.'

In addition to onsite sanitation and a small number of MCKs, the local government had set up arrangements for the sanitation service chain beyond the household by operating an IPLT, charging households a fee for services (Figure 3-1).

Equity concerns and the importance of meeting the needs of the poorest and vulnerable in the community were evident, as local government informants mentioned tithes and alms, and sanitation facilities being provided for the poor as part of the ODF interventions of the past. New categorisations of ultra poor, poor and nearly poor were mentioned as a challenge for the pokja in directing their support that is consistent with the national poverty reduction programs.

Figure 3-1: IPLT in Payakumbuh had two trucks averaging four trips per day



CHAPTER 4: CASE STUDY – LAMPUNG SELATAN

People and Place: Kalianda (population 84,000) is the capital of Lampung Selatan kabupaten (total population 950,000, population density 500/km²) in the province of Lampung. The coastal terrain has a flat topography. The district has a multi-ethnic population with a high proportion of migrants from Bali, Java, and upper Sumatra cities.

Sanitation governance headline issues

- **Planning:** Lampung Selatan’s SSK planning sanitation for 2013-2017 was prepared by an external consultant with little involvement by local government staff. The SSK was not used in practice to guide the local government’s air limbah implementation.
- **Pokja Sanitasi:** The capacity of the pokja to coordinate sanitation implementation was severely limited by quarterly staff rotations in the local government. Most pokja members were unfamiliar with the contents of the SSK.
- **Budgeting and financing:** Investment in air limbah sanitation appeared to be shaped by the funding sources, primarily DAK-SLBM (Special Allocation Fund – Community-Based Sanitation and Environment). Even though the local government recognised that community-managed sanitation was largely unsuccessful, they had limited capacity to consider alternative options.
- **Roles and responsibilities:** Frequent staff rotations did not allow the pokja to develop the knowledge, skills and capacity to coordinate sanitation.

4.1 SANITATION PLANNING AND THE POKJA SANITASI

The SSK

The Lampung Selatan kabupaten developed its SSK in 2012, covering the 2013-2017 period. An external consultant prepared the documents with minimal input or oversight from the Pokja Sanitasi, resulting in the pokja having neither a sense of ownership of nor familiarity with its contents. The key informants from the local government also considered that the EHRA was flawed and unreliable.

‘SSK has not been optimally used to guide planning process. Our SSK was prepared by a consultant and when the officials keeping changing, no one was checking on the quality [of the document]’.

The research team’s document review found the SSK to be incomplete (e.g. missing risk maps) despite receiving a high ‘quality’ rating from the Province (as reported on NAWASIS). The SSK’s stated strategy for air limbah was primarily socialisation, provision of 19 communal septic tanks or IPAL funded through USRI or DAK-SLBM

during 2013/14, and construction of an IPLT in 2016/17. While the document stated that options development was based on population, density, land use, local rainfall and level of health risk, it did not include further explanation of how these particular options were selected.

Implementation of air limbah sanitation was lagging, according to key informants. Poor quality construction was evident in one MCK visited by the research team in October 2014, indicative of weak oversight and accountability (see Figure 4-2).

Pokja informants mentioned that a new MPS had been signed in December 2014, but frequent rotations of staff within the local government, and upcoming elections, raised concerns about follow through with implementation:

'... Many parties from central, provincial and district/city were involved in signing the MPS, but next year, the signatories will not be there anymore. So who will be responsible for implementing it and making sure every activity is accomplished? By then the mayor, secretary and head of Bappeda will be all new, will they take responsibility?'

The Pokja Sanitasi

The Pokja Sanitasi's capacity to oversee sanitation planning and implementation was severely constrained by the approximately quarterly staff rotations within the local government. The FGD/workshop conducted by this research team in October 2014 was noted as the first time the present pokja met together. Staff had limited opportunity and were reluctant to invest time in developing new skills and knowledge areas due to the frequency of rotations to new roles. In-depth interviews indicated weak technical knowledge and understanding of the SSK process.

There was also some ambiguity about the leadership of the pokja in Lampung Selatan. The notional head of the pokja in Lampung Selatan was identified to be the Bappeda head of physical infrastructure, who was new to the role in October 2014, with no prior experience in the sanitation sector. While Bappeda is the designated coordinator of the pokja (under MoHA SE660), and usually assigns the budget for pokja operations, key informants reported that the budget for pokja operations in Lampung Selatan was provided and managed by DPU/Cipta Karya (from Pamsimas funds). The Bappeda was noted to have little input into the budget planning process, which resulted in no budget being allocated for conducting the EHRA in the year it was required. Despite an annual budget of IDR 130M for pokja operations (including honorariums) being available, which they estimated could allow six or more meetings, the pokja met less than three times in the year preceding the interviews conducted in December 2014.

Pokja informants reported that their main activity was to collate sanitation-related items from each SKPD's workplan, but did not involve coordination of more substantive sanitation issues around SSK implementation. Pokja members are 'Kabid' and 'Kasi' level (Echelon 3 or 4) who lack authority to make implementation decisions, but reported that, instead, they needed to refer them as suggestions to their supervisor or head of SKPD.

Some key informants were critical of conflicting requirements from central government for establishment of both pokja AMPL and Pokja Sanitasi. They noted that Lampung Selatan has established both pokjas, with Bappeda members common to both, but otherwise different technical agencies in each (with a PDAM in pokja AMPL). However, it is unclear that either pokja performed their duties as discussed above.

4.2 LOCAL GOVERNMENT AND INFLUENCES ON SANITATION IMPLEMENTATION

Political drivers for sanitation were weak, with those stakeholders with potentially the greatest influence having limited engagement with, or interest in, sanitation issues. The political leaders' main priority was economic development and investment in high profile infrastructure such as roads and bridges. Conflict amongst the political leaders of the local government meant that most local government matters fell on the Sekda to attend to, leaving him little time for sanitation. Key informants noted further that the socio-political uncertainty, caused from both within and outside the local government, impacted on bureaucrats' daily operations.

Research participants reported that decision makers – parliamentarians and heads of SKPD – did not consider air limbah to be a priority and, as a result, often did not approve propose APBD funding for air-limbah related activities. Any support for 'sanitation' was directed to solid waste management because it was seen to provide local revenues and visible benefits.

Pokja informants identified central government as a key stakeholder, with Bappenas, in particular, identified as an agency with both influence and interest in sanitation outcomes. They expressed a view that that sanitation in Lampung Selatan would be implemented only if driven more strongly by central government, for example, with regulatory requirements to allocate a specific proportion of APBD funds to sanitation.

Participants were also critical of the targets and expectations set by central government, and were especially concerned about expectations of "100% ODF" (which could have been influenced by the PPSP objectives or the National Medium Term Development Plan (2009-2014) targets) that local governments were expected to meet but found difficult to do so in reality. They also believed that central government placed greater emphasis on funding for physical infrastructure without adequate support for behavior change.

The Province was another stakeholder that had influence on the local government's sanitation implementation, to whom the SE660 assigns a facilitating, coordinating and monitoring role. However, key informants described the province as '*taking without giving*', taking credit for district achievements without providing adequate support.

There were no clear paths of accountability within current institutional arrangements, or consequences for not implementing sanitation plans. At a local level, the environmental agency was expected to conduct M&E, but lacked authority over other Dinas/local government agencies for enforcement.

However, a very recent development appeared to be the introduction of a new level of accountability. At the research project’s workshop in April 2015, the Lampung Selatan Bappeda reported receiving a letter from Indonesia’s Anti-Corruption Commission (KPK) stating that all local government activities need to be aligned with the local government’s Medium Term Development Plan (RPJMD), stating serious consequences for failing to comply, including possible prison sentences. It means, firstly, that any activities that are not consistent with the current RPJMD cannot be budgeted for, and secondly, that local governments would need to ensure that any sanitation activities they intend to finance in the period 2016-2020, will need to be included in the *next* plan for this period (RPJMD 2016-2020).

Although SE660 assigns Bappeda the responsibility for ensuring consistency between PPSP program priorities/activities and the RPJMD, the KPK letter appeared to have added a new level of accountability. Bappeda also noted they would now need to ensure any commitments to sanitation in the current RPJMD would need to have sufficient program budgets – a positive development for air limbah which is mentioned in the RPJMD: ‘...integrating sanitation sector development with the RPJMD will not only protect the bureaucrats but also guarantee the commitment of the Regent and DPRD [local parliament] to sanitation.’

4.3 BUDGETING AND FINANCING

The MPS budget for ‘sanitation’ (from all available funding sources) was IDR 96 billion in total for 2013-2017. It translated to approximately 2% of the local government’s 1.2 trillion budget annually – meeting the sanitation budget pledge made by AKKOPSI members.

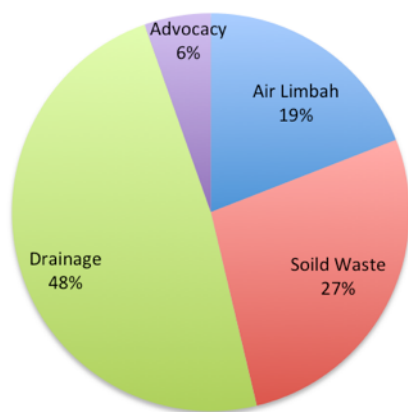


Figure 4-1: Lampung Selatan's budget requirement in its MPS (2013-2017)

The breakdown of the MPS budget for the sanitation subsectors is shown in Figure 4-1 showing that air limbah has less than half the amount allocated to drainage, and advocacy for behavior change receiving only 6%.

The degree to which MPS budgets reflected actual ‘realised’ sanitation expenditure may be estimated by comparing (a) the budgets earmarked to be funded by APBD in the MPS and (b) the budget realisation (actual expenditure) for implementation of sanitation activities. Budget realisation data for Dinas PU (Cipta Karya) for 2010-2014 was made available to the research team, and were used as a proxy for actual sanitation expenditure by the local government, since Cipta Karya was generally responsible for the largest component of sanitation expenditure in all case studies.

Comparison of MPS budgets and Cipta Karya expenditure (Table 4-1) for the years of overlap, 2013 and 2014 shows significant differences. While total sanitation expenditure (combining all three sanitation subsectors) was much smaller than planned in the MPS (45% and 17% of MPS budget in 2013 and 2014 respectively), expenditure for air limbah exceeded MPS projections.

Table 4-1: Comparison of MPS budgets with actual expenditure by local Cipta Karya

(a) Amounts to be funded by APBD in MPS Budget for Sanitation 2013-2017

	2013	2014	2015	2016	2017
1. Air Limbah (millions IDR)	787.808	1428.5	2178	1642.5	2202
Total sanitation (million IDR)	2984.547	10863.2	13185.6	12512.1	10318

(b) Cipta Karya Budget realisation for sanitation activities 2010-2014

	2010	2011	2012	2013	2014
Air Limbah (millions IDR)	262.073	755.4	1139.309	1354.386	1872.651
Total sanitation (million IDR)	1034.8	1105.4	1139.309	1354.386	1872.651

It was noted that air limbah expenditures were all sourced from special allocation funds from central government (DAK SLBM) directed to community-based sanitation projects and communal septic tanks. In this regard, it agreed with the MPS/SSK plan to invest in communal infrastructure. Details on numbers of sites or households served were not available, so it was not possible to ascertain how closely actual investment aligned with what was planned.

Furthermore, it should be noted that it does not immediately follow that greater expenditure results in better sanitation outcomes, as it is known that accountability for DAK expenditure has been weak, especially regarding monitoring and verification of physical outputs (World Bank, 2010). The research team's visit to a MCK in Kalianda nearing commissioning showed poor quality construction, and poor design, so the money in this specific instance was not effectively spent.

4.4 LOCAL GOVERNMENT, COMMUNITY AND TECHNOLOGY

Local government informants observed that there is virtually no demand for sanitation from the community. They noted that if sanitation coverage were to improve, it would need to be driven entirely by the local government, as the community's requests were mainly for better road infrastructure.

There was little scope for the local media to support the local government in communicating sanitation messages. The media interviewed in this research was mainly focused on reporting on issues related to social conflict. Key informants

suggested that a major outbreak of sanitation-related disease may be needed before the media paid any attention to air limbah sanitation.

Through local government efforts, primarily by the Health Agency's advocacy around STBM (with a focus on toilets for stopping open defecation), some interest in household toilets had been generated. Although a network of 'sanitation entrepreneurs' was being developed with NGO assistance, key informants reported that supply chains were not yet adequately established to meet this community segment's demand for household toilets.

Community-based sanitation

The local government's efforts for air limbah had generally focused on onsite systems, community-managed communal septic tanks and community-managed MCKs – none of which places long-term responsibility on the local government.

Although several communal toilets (MCK) had been constructed by local government, community management had been largely unsuccessful, with facilities being neglected and/or not functional after 1-2 years, according to key informants. The local government attributed this failure to the community's unwillingness to take responsibility or pay for the communal systems:

'The society needs consistent facilitation from the government. Unlike in several parts of Java Island where the community can pay tariffs for sanitation services, here, even a broken water tap or water pump is not replaced and no one cares, the MCK becomes Monumen Cipta Karya (Cipta Karya's Monument). Because the society thinks that the government owns it, so it is their duty to fix things. So basically, government should always be there to monitor, guide and pay for maintenance.'

The sanitation service chain beyond households appeared to have been given consideration, but gaps were observed in practice. The research team visited large IPLT, recycling and composting centre, reportedly built in 2011 by the Provincial government (Provincial Department of Public Works) some distance from Kalianda, but not in use. It was purportedly a regional facility to serve several provinces, but was located so far from Kalianda that transport of waste would have been challenging. Furthermore, the research team observed that the IPLT was incorrectly designed and cannot be used in its current form. However, the local government was unable to take any remedial action to make it usable because they did not own the asset.

'The IPLT is incorrectly built in terms of the location, it is too far, remote and hard to access. So it has less economic value because the transport is costly... In terms of the incorrect design, we [local government] cannot do anything [to rectify] because it's a provincial facility.'

The research team clarified this issue with the provincial pokja who agreed that it should be the responsibility of Provincial Department of Public Works to fix, but admitted the current provincial pokja had no knowledge of this situation prior to meeting the research team.

Lampung Selatan local government appeared to be most constrained of the six case studies in its capacity to deliver effective sanitation. At the research project workshops, where opportunities were created to share ideas and explore ‘action plans’ to improve governance, Lampung Selatan was mainly focused on the problems that appeared intractable to them. Most significant amongst these appeared to be the very frequent staff rotations that undermine continuity of sanitation planning and implementation and accumulation of relevant knowledge, skills and capacities. Overall, weak governance was a key reason for the low-level of sanitation initiatives in Lampung Selatan.

Figure 4-2: Newly constructed MCK++ has uneven paving and obstructed toilet doors.



CHAPTER 5: CASE STUDY – SAWAHLUNTO

People and Place: Sawahlunto (population 60,000, density 200 pp/km²) in West Sumatra (Sumatra Barat) Province is a small city/kota in the inland hills, characterised by steep topography, with landslides a common occurrence and attributed to its history as a coal mining town for over 100 years. A majority of its residents were involved in mining until the industry shut down around 2003. Since that time, local governments have pursued their vision to reinvent the city as a tourist destination. The kota nominated to be listed as a UNESCO World Heritage City for its historical mines, in line with a strategy to conserve its heritage and develop a cultural mining-based tourism industry.

Sanitation governance headline issues

- **Planning:** Sawahlunto's SSK was originally developed in 2011 to enable access to sanitation funds. On its own initiative, the local government allocated local budget and plans to undertake a revision in 2015, to improve the usability of the SSK as a planning document.
- **Pokja Sanitasi:** The pokja was affirmed and enabled by the support of decision makers who are united by a shared vision to transform the city towards tourism.
- **Budgeting and financing:** Decision makers generally approved sanitation budgets, because of a shared vision for developing the tourism industry and recognition that improved sanitation will enable this development.
- **Roles and responsibilities:** Although sanitation decisions took place largely under normal SKPD mandates, the pokja's meetings and 'mini-focus group discussions' may provide opportunities for greater coordination between SKPDs.

5.1 SANITATION PLANNING AND THE POKJA SANITASI

The SSK

The SSK (covering 2013-2017) was originally developed only as a formality to access funds for sanitation. Pokja informants noted that it was developed by a few individuals without input from the wider pokja or other stakeholders or buy-in from decision makers, and was not based on reliable EHRA data.

'At that time, we thought we should just write the SSK as fast as possible, so our planning document adopts quite a shallow analysis, because the same people always write and do the planning without support from the decision makers.'

The MPS identified a number of sanitation options for implementation over 2013-2017, but in line with the comments above, these may be largely unrelated to what has actually been implemented. For example, Sawahlunto was at an advanced planning stage for installing a sewerage system under the SAIIG program, but neither the SSK

nor MPS included offsite sanitation as an option. The options that were in the MPS were: campaigning against open defecation, construction of 2000 household toilets for the poor, development of MCK with community management (SANIMAS), and faecal sludge management including construction of IPLT and procurement of sludge transport vehicles.

Some limited progress appeared to have been made towards delivering the 2000 toilets for the poor identified in the MPS. A '1000 toilets program' had been implemented through the local government Health Agency, but did not achieve all its goals, with some households ending up with multiple toilets due to lack of technical knowledge of the implementing vendor. The local Health Agency had decided not to be further involved in the program from this year, arguing that it should focus on its traditional work areas in non-physical aspects of sanitation, advocacy, and promotion of the national health insurance scheme.

Local government participants recognised that the SSK had shortcomings that prevented it from being useful as guide for planning sanitation. The pokja reported that the SSK in its current form was not implementable, in part because its socialisation has not reached the decision makers, namely SKPD heads and members of the local parliament. At the research project's workshop in April 2015, local government representatives reported that they have budgeted for a revision of their SSK and EHRA, on their own initiative, to rectify its shortcomings so it can be used as a strategic guidance document as intended by the PPSP program.

The Pokja Sanitasi

Pokja informants reported that Bappeda, Dinas PU and the Health Agency (Dinkes) are the three agencies that participate most actively in the pokja. Pokja members typically have Kasi/Kabid level designations, and recognised it would have been beneficial to have greater involvement by heads of agencies in the Pokja:

'We can see that the pokja members' is usually lower echelon. Generally, those at the level of decision makers [mayor and SKPD heads] haven't realised what sanitation activities should look like. ... There should be higher level commitment first between the heads and even Head of Kelurahan/Village as the implementers on the ground.'

Although the pokja's relatively low echelon status meant that planning was limited to activity/operational level, the research team assessed that they were nevertheless more functional and effective as a pokja than most other case studies in two main aspects. Firstly, the activities they planned and budgeted for were usually supported by the decision makers who were all united by the city's shared commitment to better sanitation: *'Sawahlunto local government is really committed to pursuing better sanitation as part of the long-term vision to be a cultural mining tourism city.'*

Secondly, the pokja obtained regular indirect input from the community through the involvement of representatives from the Association of BPP-SPAM (community based water supply schemes) in pokja meetings and mini-focus group discussions that were

held to address issues. Thus, they were in a better position to be responsive to community needs.

A budget of IDR 30 million was set by the local government for pokja operations, the lowest budget among the six case studies. The pokja had agreed to forego the usual honorariums and travel reimbursements associated with their role, as part of an arrangement³ for a '14th salary' (a bonus equal to a month's salary) for all civil servants in the local government.

5.2 LOCAL GOVERNMENT AND INFLUENCES ON SANITATION IMPLEMENTATION

Local government actors were broadly united in the goal to transform Sawahlunto into a 'healthy unforgettable clean city', which translates to a supportive environment for sanitation implementation. Key informants noted that SKPD heads therefore allocated the necessary funds for sanitation activities, even if they did not have a sense of ownership of sanitation planning. Similarly, the local parliament, who were supportive of the overarching vision, generally approved sanitation budgets, even though they lacked detailed technical understanding:

'Tourism is what unites all of us. ... Now, the parliament perhaps does not know the technical details about sanitation options, however, we will support any initiative that can bring benefits for all the people.'

The research team identified the Province as a key stakeholder influencing sanitation in Sawahlunto, and met key members of the provincial Pokja Sanitasi. Sumatra Barat Province assesses the performance of sanitation in its districts, and rated Sawahlunto's overall sanitation performance as 'adequate' (behind 'good', the highest rating), ranking it in third place amongst 19 districts in the Province. However, Sawahlunto's air limbah performance received a 'poor' rating, although ranked second in the Province for air limbah. Informants from the Province stated their intention to lift the performance of air limbah management in all districts, with a specific target for eight districts (potentially including Sawahlunto) to be enabled to improve from 'poor' to 'fair' during 2015-2019 period.

Local government informants identified central government as a strong influence on sanitation implementation. However, they noted that a lack of linkage between local and national processes resulted in a disjointed planning process, largely due to constraints imposed by central government. In particular, they noted that when agencies sought budgets to implement their plans, they were required to describe their activities in accordance with a 'nomenclature' – a prescribed list of activities set from the central level (see Box 9-1 for more details). This made it difficult to include new activities, so annual work plans for sanitation could not be changed from year to

³ This is a joint commitment between local parliament and local government to cut personnel and travel expenditure. According to local parliament informant, this allows APBD to be prioritised for program expenditure rather than personnel expenditure, at 52% and 48% respectively.

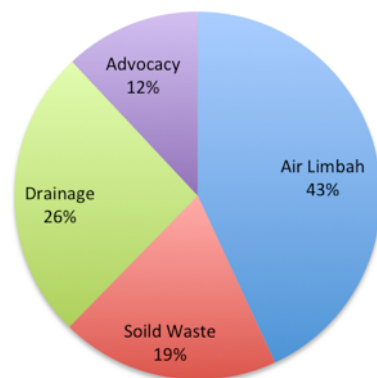
year. Incremental increases in spending only occurred because of annual increases in allocations from central to local levels such as the DAU that translate to increases in agency budgets.

The introduction of SAIIG was viewed as supporting the city’s vision to become a cultural tourism destination. Current plans were for initial O&M to be overseen by Dinas Kebersihan (Cleaning Agency) to transition to semi-autonomous technical implementation unit (BLUD) that will be set up in the future, with authority to charge tariffs from users and retain the income.

There did not appear to be formal channels of accountability by the local government to achieve sanitation outcomes, in terms of consequences for failing to do so. The pokja, however, imposed a level of accountability and enforcement regarding open defecation on villages, as mentioned by participants in the April workshop. Under the arrangement, the Health agency conducted spot checks every Friday, gave warnings to poorly performing villages and conducted follow up checks.

5.3 BUDGETING AND FINANCING

Sawahlunto’s MPS budget for ‘sanitation’ (from all available funding sources) was IDR



63.6 billion, allocated in the proportions shown in Figure 5-1. The allocation of the largest proportion to air limbah, and a significant proportion to sanitation advocacy/behavior change, make Sawahlunto stand out amongst the case studies.

The budget realisation (actual expenditure) data provided by Dinas PU for sanitation expenditure in 2014 is shown in Table 5-1 below.

Figure 5-1: Sawahlunto’s budget requirement in its MPS (2013-2017)

Although provided as ‘sanitation’ expenditure, the data does not include the drainage and solid waste subsectors. At the same time, it is not limited to air limbah expenditure, but shows expenditures for programs and DAK sources that combine drinking water and sanitation (PAMSIMAS and DAK), and settlement infrastructure. Nevertheless, the three lines that are clearly air limbah alone amount to IDR 4.9 billion, or 0.9% of the APBD, demonstrating a significant financial commitment for air limbah sanitation.

Table 5-1: DPU's APBD budget realisation for sanitation in 2014

Description	Amount (IDR)
Sanitation infrastructure (DAK)	467,533,300
Settlement and drinking water (DAK)	2,263,905,000
Sanimas	252,730,000
Community settlement infrastructure (DAK)	3,749,158,000
Replication PAMSIMAS II	196,180,000
IPAL communal (SAIIG)	4,217,400,000
Total sanitation	11,146,906,300
Total APBD	558,130,665,122
Total direct expenditure	286,944,190,806
% sanitation : total APBD	2.00%
% sanitation : direct expenditure	3.90%

For 2014, the MPS allocated IDR 4.2 billion from the APBD for sanitation in total, and IDR 2.8 billion for air limbah sanitation. The actual expenditure for air limbah was, thus, twice the amount planned in the MPS, and approximately equal to the amount planned for all three sanitation subsectors combined. This further demonstrates that the MPS is not reflective of actual budgeting for sanitation implementation.

Regarding SAIIG, key informants considered that the project criteria did not sufficiently reflect Sawahlunto's local conditions, particularly the implications of hilly topography and low population density on costs per connection. They noted that the city succeeded in negotiating on SAIIG's requirement for a minimum of 500 service connections (which would have required extensive pipe lengths to serve Sawahlunto's low population density), and agreed to plan for 340 connections in the relatively flat and dense market area. The reimbursement from SAIIG (when outputs are demonstrated) was expected to be a fixed payment per functional service connection, an amount that was estimated to cover approximately 60% of the cost to the local government according to the SAIIG program's modeling. Local government informants reported, however, that in their own estimation, the reimbursement will cover a much smaller proportion of the cost. Nevertheless, they expressed appreciation that this program was enabling the city to improve sanitation and move towards achieving its vision.

'We are thankful to the external donors, specifically to AusAID through SAIIG, that have helped us to have better sanitation. Even though it is far from the total expenditure, this is a good starting point for us. However, it will be best if SAIIG could tailor its approach based on big, medium and small cities because in Sawahlunto the calculation of cost is double due to distance between houses.'

5.4 LOCAL GOVERNMENT, COMMUNITY AND TECHNOLOGY

The community was reported to have little interest in sanitation, and mainly made requests for roads and transport infrastructure. Local government informants reported that open defecation levels were still relatively high, with only 19 of 37 villages (desa and kelurahan) declared to have achieved open defecation free status.

Local government engagement with the community for sanitation advocacy appeared to be relatively limited. It was usually the role of the Health Agency to promote air limbah sanitation, but informants noted that the agency's priority was to promote the national health insurance scheme. Informants also saw limited opportunities to use the local media for sanitation reporting or communication at present, but saw possibilities for the provincial level media to have a more influential role.

The main motivation for the local government to engage with the community appeared to be so that management of facilities could be to be transferred smoothly to them, and less about explicitly seeking community input and representation in sanitation planning. The potential to leverage a successful model of community-managed water supply for sanitation was identified as a key opportunity. Informants noted that this had developed as a successful co-management partnership between community and the local government in Sawahlunto.

'We have an example of a workable community-based practice in drinking water, BP-SPAM under PU. I think we can merge institutional arrangements for drinking water and sanitation at community level through BP SPAM. It's working already, they manage the fund from the community and get interest out of it.'

The key lesson from this model, developed under Pamsimas, is the need for active engagement of the community through all stages, from planning and implementation to monitoring and evaluation. This involvement was a demonstration of the local government's trust in the community, as seen by BP-SPAM informants: *'passive engagement of the community in the sanitation sector is the main obstacle in developing the sanitation sector.'*

Currently, there are 20 locations with community-based sanitation, using communal wastewater treatment (IPAL Kommunal) connecting around 50 households each. Informants considered communal septic tanks as suited to the hilly topography. The pokja noted that land acquisition was the greatest challenge they faced in implementing community-based sanitation, sometimes requiring 2-3 years of consultation with traditional owners. Most land was customary (ulayat) land, owned by community, and the sale of land requires consent from 'all' community members and was a significant constraint for sanitation investment: *'one should consult and wait for all members, elders and descendants to approve the price and agreement.'*

Onsite sanitation was viewed by local government informants to be the best-suited option for the topography, which was seen to be unstable and, therefore, not conducive to pipe networks. However, they observed that wastewater was frequently directed to the local rivers, resulting in high levels of contamination by *E. coli* and poor

river health, requiring other technologies in addition to onsite solutions: *'the condition now is that the quality of the water in the river is worse... so the local government feels that they need to take action.'*

The decision to invest in offsite sanitation was underpinned by the local government's commitment to achieving a 'clean Sawahlunto' for tourism development. Despite their view that the city was not generally suited for offsite sanitation, informants noted that the need to respond to the faecal contamination of the river led the city to participate in the SAIG program. The local government was negotiating with community leaders regarding sanitation tariffs for O&M. The local government is planning to finance O&M initially, before charging community, as the former mining workers are accustomed to receiving utilities (water, electricity, phone) at no cost, so informants considered that tariffs would need to be introduced very gradually. Since people already paid for water under Pamsimas and BPP-SPAM projects, informants noted the potential to link sanitation payments to water bills.

The Sekda and local government agencies welcomed the Village Act 2014 that will provide villages access to around IDR 50-450 million per annum, and see opportunities for greater village investment in sanitation in the future: *'With the current budget at village level, we perhaps could secure a share of that budget [for sanitation services]. However, we haven't reached this situation... the community does not really think about sanitation.'* However, informants expressed concern about the readiness of the villages to manage the funds, and looked to former PNPM facilitators to build capacity and provide guidance for villages to manage the funds.

CHAPTER 6: CASE STUDY – PARIAMAN

People and Place: Pariaman (population 85,000, density 1,300 pp/km²) became an autonomous district (kota) in 2003. Previously, it was the capital city of the Padang Pariaman district (kabupaten). It is a coastal city with a flat topography, where flooding from local rivers is a significant concern for local government.

Sanitation governance headline issues

- **Planning:** Pariaman's SSK covering 2011-2015 was prepared primarily to enable access to sanitation funds.
- **Pokja Santisai:** The pokja was constrained in performing its role by its lack of authority of members within the local government bureaucracy.
- **Budgeting and financing:** Sanitation budgets risked being struck off during the local government's budget approval process, due to low understanding and commitment by decision makers and rigid adherence to central government budgeting nomenclature. If advocated and supported by central government (e.g. SALLG), programs were more likely to be approved for funding.
- **Roles and responsibilities:** Roles and responsibilities were defined by national systems for SKPD and budget nomenclature, although the pokja showed willingness to innovate so decision makers were persuaded to approve greater sanitation investment.

6.1 SANITATION PLANNING AND THE POKJA SANITASI

The SSK

Pariaman's SSK covers the planning period 2011-2015. Key informants stated that it was prepared as a formality intended to gain access to funds, and has a limited role in guiding annual sanitation planning or coordination of SKPD sanitation activities:

'For us, the SSK is basically a budgeting patron; if there is no SSK, then our meeting will have no basis... however, we cannot totally rely on SSK or MPS when we plan... in reality, it does not go according to the document.'

Pokja interviewees were not familiar with the strategic goals or vision of the SSK, and considered that the SSK was not based on reliable data. The SSK document review indicated a focus on technical coordination with less attention to community preparation and demand creating for sanitation. Plans in the SSK include provision of MCK in all villages (kelurahan), and regional IPAL and IPLT.

The Pokja Sanitasi

The pokja officially consisted of five members, but only three in practice. The pokja was reportedly driven by the Bappeda coordinator, with participation mainly involving the

DPU and Health Agency representatives. They were observed to be all kasi/kabit level low echelon staff, which lacked decision-making authority.

Key informants noted that pokja members' lack of authority constrained the pokja's effectiveness. Senior local government staff and DPRD, the decision makers with key roles in the budget approvals process, did not adequately support or understand sanitation, which meant they frequently deleted sanitation budget lines from the items to be financed by the local budget (see Box 9-1 in Findings chapter). Reports from pokja staff provided to their supervising staff (required in the SE660) were usually not read, which was discouraging. Thus, pokja meetings were held only on an ad hoc basis, usually in response to meetings with donors who were funding sanitation projects (e.g. IDB-USRI, SAIIG), even though they could meet more regularly with the IDR 70-100 M allocated in Bappeda's annual budget for pokja operations (honorariums, meeting refreshments and administration).

At the research workshop in April 2015, Pariaman pokja participants shared strategies to improve their influence on decision makers. They noted that decision makers were likely to comply with programs and directives from higher levels of government, so would appeal to such directives wherever possible. For example, budgets for the SAIIG project were said to have been approved by reference to the central government's endorsement of the program: *'when we say "this is SAIIG" they don't cut [the requested budget], but when we say "APBD" it can be cut'*. As another strategy, they hoped to invite communities to muserenbang (general meeting of citizens) and promote their adoption of the 2016 sanitation program, to which the local government would then be compelled to respond.

During the workshop, participants identified a further opportunity to address the Health Agency's inability to secure adequate finances through the APBD for sanitation advocacy and demand creation. During budget finalisation by the local government budget team (TAPD), the 'supply' and 'demand' aspects of air limbah are overseen by different division heads of Bappeda (also see Box 9-1). The head of the 'Infrastructure and Fisik' division (also the pokja coordinator) oversees budgets for the DPU's infrastructure construction and SAIIG program and other supply-side investments, while the head of the 'Social and Cultural' (Sosbud) division oversees the Health Agency's budget, amongst others. The Sosbud division is also responsible for ensuring adequate financing to deliver the mayor's promise of health insurance and free access of education to Pariaman residents, which is currently achieved by reallocating part of the Health Agency's sanitation advocacy budget. Through better coordination between the division heads, initiated by the Pokja coordinator, the reduction in the Health Agency's budget could potentially be prevented:

'After this workshop, I will guard the stimulation fund for sanitation under Dinas Kesehatan [Health Agency] by coordinating this issue with Bappeda division for social and cultural sector who plans and proposes the activities of Dinas Kesehatan.'

6.2 LOCAL GOVERNMENT AND INFLUENCES ON SANITATION IMPLEMENTATION

Key informants noted that local government decision makers' support for sanitation was critical for sanitation implementation. While local leaders stated their vision was to become a tourist destination incorporating sanitation: *'that is clean, based on Moslem values, and good sanitation'*. Their development priority is strongly directed to building and resurfacing roads: *'...often we sacrifice our own budget for fixing the state road (that it responsibility of Province).'*

Getting decision makers to understand the urgency for sanitation problems to be addressed was a great challenge to the pokja. Key informants mentioned that an external review undertaken in 2014 revealed that no houses in Pariaman had septic tanks, a result that had surprised and concerned them. While they saw an urgent need to address the septic tank issue, they observed that air limbah budgets were difficult to get approval for – decision makers gave higher priority to approving budgets for drainage because flooding is a visible problem.

Key informants noted that each SKPD works in isolation, with no integrated approach to sanitation decision-making. *'...And also we need policy makers support to tell us the links between our mandates, to coordinate and to synergise.'* DPU acts as the technical implementer and allocates the funds mainly through DAK SLBM. They were pushing for bylaws to standardise septic tanks for new settlements/housing.

Local government informants identified the Province as a key stakeholder for enabling access to regional sanitation infrastructure for Pariaman. Kota Pariaman is geographically small and surrounded by Padang Pariaman kabupaten, making it more realistic to have joint regional infrastructure than for them to each have its own solid waste processing and recycling plant (TPA Regional), IPLT, etc. To this extent, they stressed the need for a 'provincial master plan' that they could reference in their planning, and for financial support from the province.

The Province was perceived as having a 'hands off' monitoring role in relation to the local government, a relationship that key informants considered could be improved towards greater collaboration. Pariaman performed very poorly in the Province's rating scheme, ranked 14th in sanitation overall, and 18th of 19 districts for wastewater performance; however, they noted that they received no explanation or guidance on how to improve their performance. They wished for greater cooperation and support: *'provincial government should be able to look at which local governments require more help... More assistance should come to the farthest or most difficult areas'*.

The Province's monitoring role evidently extended to water quality testing, as key informants noted this to have revealed high levels of *E. coli* in the city river. Being confronted by this evidence of the impact of poor sanitation was cited as the key reason why the local government was persuaded to participate in SAIIG.

6.3 BUDGETING AND FINANCING

Pariaman's MPS showed a total sanitation budget requirement for IDR 100.1 billion over 2013-2017, allocated in the proportions shown in Figure 6-1, which includes IDR 36.4 billion for air limbah.



Figure 6-1: Pariaman's budget requirement in its MPS (2013-2017)

Pariaman stands out amongst the case studies for which MPS documents were available, as the only one budgeting for centralised sewerage (to be funded through a combination of APBD and APBN sources). Although not explicit, the research team inferred that this amount in the budget could refer to its SAIIG project. The MPS also differs from the others in showing a portion of the air limbah requirement (IDR 16 billion) 'waitlisted' or awaiting a source of funding.

Regarding SAIIG, key informants during interviews in January 2015 expressed difficulties in meeting the criteria for accessing SAIIG funds. They considered that the criteria were imposed on them without sufficient consideration of the local context, including higher local costs than the SAIIG model assumes:

'At the beginning we did not want to participate... but, because they re-invited and made an appeal to us, we finally agreed. However, ... they came and told us what to do while actually, we are the ones who really understand our own situation. How can we find a location for 600 SR (service connections), when they only allocate 4 million (rupiah) per SR? We calculate it will cost us 12 million per SR.'

Nevertheless, they were positive about being in the SAIIG program during the Participatory Workshop in April 2015, recognising that it had gotten sewerage onto the local government's investment agenda: *'even if we are not reimbursed, it has been an opportunity for us to solve the problem'*.

6.4 LOCAL GOVERNMENT, COMMUNITY AND TECHNOLOGY

The community's awareness and prioritisation of sanitation was reported to be low, due in part to a low incidence of reported sanitation-related illness.

'In Pariaman, we cannot "sell" sanitation based on hard facts regarding health or disease, because the number of diarrhea cases is low and people's immune systems can adapt... [There needs to be] more selling of economic incentives, and to say good sanitation will bring more tourists.'

Open defecation rates are high, with the local coastline described as *'the longest toilet in Indonesia'*, although exact open defecation rates were unclear due to inconsistent estimates from informants (ranging from 46% to 82%).

While the Health Agency is the prime SKPD for community engagement and awareness raising for sanitation, the agency's scope for sanitation advocacy appeared to be limited. Key informants reported that promotion of the national health insurance scheme was the Agency's priority, with very little budget allocation for sanitation advocacy. The Health Agency reported a further barrier to sanitation advocacy was their difficulty in accessing the influential people in the community:

'We also found the reason why it is difficult to change behavior, because most of the time, the community meeting is attended not by the decision makers... most of them are the elderly.'

The research team observed an additional channel by which the local government was able to engage with some parts of the community on sanitation issues. PAKEM was a 'community based committee' comprised of representative Adat leaders and SKPD representatives. PAKEM received the community's applications for infrastructure funds. Many of the proposals related to sanitation and wastewater according to informants, suggesting a higher level of demand in some communities than recognised by the local government.

Regarding community engagement and sanitation advocacy, the local government had not at the time utilised the local radio station (National Radio RRI-Pariaman) to convey sanitation messages to the community.

'We provide a one hour slot for a talk show for any SKPD to provide information to the public. However, until now, only Dinkes actively uses this time slot. ... There is no planned campaign or systematic exposure from the pokja or SKPD regarding sanitation.'

Community-based sanitation

Local government informants reported that there were 44 Communal IPAL systems in operation. While under community management by definition, they noted that in most cases, the community was unable to pay for or maintain them.

'There are complaints regarding ...[communal septic tanks], but we (found) it is because the community does not know how to treat and maintain the facilities. We already give information during the training (for CBOs), but they came back and ask for our assistance. This means that actually they do not understand how to maintain it ... we cannot just give one training and leave them.'

Informants reported that in some instances, parliament members built MCKs for their constituents (using the 'Aspirational Funds' allocated to parliamentarians to spend on their constituents as they wish). The local government was not aware these MCKs existed until they broke down and the community approached the local government to rectify.

Land acquisition required for accessing DAK-SLBM funds was a significant challenge for the local government, which limited its ability to provide air limbah infrastructure:

'The biggest challenge in implementing sanitation is land acquisition. This is Minang land, mostly adat land, so it is difficult (to get decision from the people) ...We even had experience of having everything set up to build a sanitation facility but it failing, because the community changed their mind.'

O&M planning for SAIG project

While there are currently no arrangements for the local government to raise sanitation tariffs from the community, local government informants indicated they had been considering options for funding O&M of the sewerage system being planned under the SAIG program. The establishment of a water supply authority by the Pariaman local government was reported to be part of the local government's plan for raising sanitation tariffs from the community. The city received water supplied by the adjoining kabupaten's PDAM. Pariaman local government was exploring the option of creating a Drinking Water UPTD (technical implementation unit) that could later be upgraded to a financially independent Pariaman City PDAM and Sanitation (PDAMS) authority. They expected the Drinking Water UPTD to be responsible for O&M of the SAIG sewerage system, with sanitation tariffs charged through the water bills.

Other opportunities for community involvement in sanitation

Local government informants identified an opportunity for greater village-level investment in sanitation through the increased funds to be made available to villages through the updated Village Act 2014 (*Undang Undang Desa*), to be dispersed by the local government. It would require capacity building for the village, as local government informants were concerned that the villages were not adequately prepared to receive and manage the five-to-ten-fold increase in funds being made available to them, which the local government believed.

In addressing equity of access, the local government mentioned that they prioritised the sanitation program for slum areas, but they were not well targeted for the poor. They had no interventions that are specifically directed to the poor.

CHAPTER 7: CASE STUDY – PRINGSEWU

People and Place: Pringsewu city (population 100,000) is the capital of the kabupaten Pringsewu (population 400,000, density 550 pp/km²) in the province of Lampung. A relatively new autonomous kabupaten, Pringsewu held the 2nd highest Human Development Index among all the cities/districts in Lampung. Javanese trans-migrants make up the majority of the population. While the district had no natural resources or potential tourist attractions, local interviewees envisioned the city's continued development as a leading 'rice producer city'. The local government prioritised agriculture, education and trade, and noted that 'all' the nation's banks had opened branches in the city as indication of its growing commercial activity. The research team was informed that Pringsewu's locally raised revenue (PAD) was around IDR 51 billion.

Sanitation governance headline issues

- **Planning:** Pringsewu's SSK covering 2013-2017 was prepared with the objective of gaining access to funds for sanitation investment.
- **Pokja Sanitasi:** Low authority of staff in the pokja limited its ability to influence or coordinate sanitation.
- **Budgeting and financing:** Investment was based on DAK-SLBM funding, although the local government considered that the requirement to secure land before applying for funds was challenging where there was no guarantee that the funds would be provided.
- **Roles and responsibilities:** Decisions for sanitation were based on normal SKPD mandates, primarily the local government Departments of Public Works (Dinas PU). The SSK plans have no influence on enabling greater coordination between sections.

7.1 SANITATION PLANNING AND THE POKJA SANITASI

The SSK

Local government informants noted that Pringsewu signed their MPS at the end of 2014 with reference to implementing their SSK covering the planning period 2013-2017. The SSK document's stated mission is to engage whole of society participation in the PPSP, with an air limbah strategy to achieve universal minimum service standards by 2017. Key informants noted however, that both the SSK and MPS were prepared in order to access funding, and were not being used as planning documents.

The Pokja Sanitasi

The pokja officially consists of 12 members, although key informants noted that only the three members from Bappeda, Dinas PU and Health are active. The pokja was

coordinated by the Bappeda member, and had available an annual budget of IDR 150 million for pokja operations. Pokja members were observed to be *Kepala Bidang* (Kabid) and *Kepala Seksi* (Kasi) level low-echelon staff with little authority or influence on sanitation decisions. Key informants indicated that all decisions were made independently by each SKPD, with little attention paid to the pokja's suggestions.

At the participatory workshop held in April 2015, where participants shared strategies to improve their influence on decision makers (SKPD heads and the DPRD), Pringsewu participants identified two key opportunities:

- The first was to effect 'instructions from above' from the Regent (Bupati) to heads of SKPD to support (and approve budgets for) sanitation, using personal and organisational linkages to the Bupati. The pokja planned to leverage links with the Bupati's wife, who was patron of the local Women's Family Welfare Movement (PKK).
- A second strategy was for the Bappeda coordinator to strengthen engagement with the head of the DPRD's Commission C (a strategic commission on physical infrastructure). The individuals were introduced to each other by the research team at the time of research interviews, and discovered a common interest in matters related to sanitation.

At the same workshop, the representative from Dinas PU stated he planned to create a visual 'progress matrix' to monitor progress of joint sanitation work plans, aimed at maintaining motivation and morale of lower-echelon staff (through evidence of progress being made through their efforts). If these intentions are all carried through, the pokja's effectiveness may be improved.

7.2 LOCAL GOVERNMENT AND INFLUENCES ON SANITATION IMPLEMENTATION

The support for sanitation from the leaders of the local government – leaders of the local government, and heads of SKPD, as well as members of parliament – was recognised by key informants as very important for the implementation of air limbah sanitation services. However, commitment for sanitation was low:

'Our main problem is not the physical aspects... our parliament does not understand the level of importance and urgency regarding sanitation. They just build MCKs to win favour with their voters, but actually many MCKs are not used. The parliament always cuts our budget whenever we want to invite experts or specialists in sanitation [to provide us with advice].'

The leaders had other pressing priorities and goals, as described by one DPRD informant:

'Our parliament has three priorities: firstly to prevent change in land use from agricultural to commercial (e.g. shops); secondly to reduce the rate of maternal and infant mortality; and thirdly, to protect women and children from violence. For our sanitation-related priorities, we see that our sanitation is not good

because we have repeated flooding. We have to fix our drainage system to ensure that the waste water flows to the river.'

Thus, only the drainage subsector of sanitation received any attention from leaders, while the role air limbah sanitation towards achieving their maternal- and infant-mortality goal did not appear to be recognised.

Many informants referred to the central government's '100: 0: 100' target (100% open defecation free; zero slums; 100% access to drinking water), but considered it too ambitious for local governments to achieve:

'Does the central government have any realisation of local conditions? The target of 100:0:100 is very difficult to achieve. We do not have any budget and [central government] ministries' function is only to coordinate [without funding assistance].'

'[Compared with donor aid] the central government's DAK (SLBM) program does not provide a facilitator to guide the local government from preparation until completion – they only provide a technical guidance book. While, for example, ADB Sanimas also provides us with a facilitator so they are more successful and the impact is clearer.'

The SE660 identified the Province as a key stakeholder influencing local government implementation of sanitation, but found that Lampung Province's influence in Pringsewu to be low overall. Through interviews with Province-level stakeholders, the team understood that the Provincial Pokja Sanitasi was in effect *one* person who coordinated everything, including preparation of the Provincial Roadmap (as recommended in the MoHA SE660). While SE660 requires that sanitation is included in the Province's medium-term development plan (RPJMD), the team heard that the Province prioritised other infrastructure, education and health over sanitation in practice, and the small sum allocated by the Province for sanitation was sourced entirely from central government. Local government informants also considered that the province assumed that the local government would have all the necessary technical skills to operate sanitation services, and did not provide any support for capacity building.

7.3 BUDGETING AND FINANCING

Although key informants mentioned the formalisation of the MPS in late-2014, MPS data for Pringsewu was not available from USDP, our source for all MPS data for this project. The SSK contained data on budgetary requirements that appeared unreliable (e.g., the total requirement for all subsectors was smaller than the air limbah subsector requirement). The research team noted this as consistent with the SSK not being linked to actual budgeting and financing of sanitation.

The only financial data provided by the local government were the costs associated with 21 MCKs (including wastewater treatment facilities) installed during 2010 – 2015, that key informants identified as the most concrete impact of PPSP on their air limbah

subsector, providing access to over 3000 households in 21 villages. The source of funding was DAK-SLBM (IDR 6.3 billion) along with the required 10% co-contribution from APBD funds. The effectiveness of the expenditure is not known, as informants noted that there had been no evaluation of actual usage or sustainable operation and maintenance of the facilities.

Key informants mentioned they considered the process for securing DAK funds for community based sanitation (DAK SLBM) was challenging, as the local government was expected to secure land first, in order to be eligible, while there was no guarantee that the DAK funds will be provided if eligibility criteria were met – creating a risk for local governments.

7.4 LOCAL GOVERNMENT, COMMUNITY AND TECHNOLOGY

Key local government informants felt that sanitation 'is important but not urgent, observing that overall community interest in sanitation was low. Any impacts of pathogen contamination of water resources in Pringsewu were apparently largely invisible to the community, since most of the city received safe drinking water supplied by the PDAM, while others were able to purchase water from alternate suppliers. Informants observed that the community valued investment in irrigation, and flood mitigating drainage above air limbah sanitation.

Therefore, the local government did not have strong engagement with the community on sanitation, beyond the work of the health agency, and community empowerment agency (PMD) who was not directly involved in the pokja or PPSP.

The research team also observed that opportunities to leverage media interest for engaging the public were limited. The media had little interest in sanitation as a topic, as a media association representative commented: *'Frankly, sanitation issues cannot be headline news.'* Furthermore, the absence of media reporting and sanitation as a political issue allows local politicians to continue taking little interest in sanitation.

According to informants, the media had no special non-commercial arrangements with the local government, but required payment for any advertorial – unlike some media channels observed in West Sumatra that offered special arrangements for local governments to communicate with the community.

With community-managed sanitation forming the local government's main approach to sanitation, local government's engagement with communities appeared to be driven by the agenda for handing communal facilities over for community management, rather than for involving them in sanitation planning. From the local government's perspective, all the funding for sanitation programs involved management by the community (masyarakat), making it the primary sanitation option:

'All the programs are mas', mas', mas' – Sanimas, Pamsimas, (SLBM). All need communities to be empowered.'

'There are 26 'mandatory affairs' that the local government must fulfill, the local government is not only caring for sanitation [and therefore needs the community to take responsibility].'

At the same time, informants noted the challenges of handing over responsibility due to the low community interest as well as understanding:

'The key is how we stimulate the community strategically. How can we make them love being healthy and clean? Then we can talk about community initiative and [change].'

'We cannot rely on the community to handle everything themselves. There should be continuous guidance [from the local government] from planning, establishment of community based committee, operating, monitoring and maintaining until they understand the whole process.'

A further difficulty regarding funding for O&M of community-based services was noted by key informants. The local government is unable to access funds for O&M of community-based systems (also see Section 9.4 in Findings chapter). Local government informants expressed interest in exploring the Village Fund (under Village Act 2014 Undang Undang Desa) that transferred IDR 14 billion to the local government to be disbursed to 131 villages (126 desa and 5 kelurahan). Central government's technical guidelines on the usage of the fund, when available, would clarify if this was a possibility.

In consideration of the air limbah service chain beyond the household, the pokja made a priority of establishing a reliable and complete service for faecal sludge management. An IPLT was built in 2014, but the local government was unable to finance any vehicles for sludge transportation. Residents currently need to wait 2-3 days to obtain services from the adjoining district. However, there was great interest in making the service a profitable activity in the future, arising from a market for treated sludge – a 'yellow revolution', that would attract private sector players to provide services in the sector. The pokja did not, however, have a specific plan for achieving the vision.

CHAPTER 8: CASE STUDY – METRO

People and Place: Metro (population 152,000, density 2200 pp/km²) is an inland city in Lampung province that became an autonomous district (kota) in 1999. It is a semi-rural city with a relatively flat topography. City leaders envisioned the city developing as a centre of excellence for education.

Sanitation governance headline issues

- **Planning:** Metro prepared its SSK, planning sanitation over 2013-2017, in order to comply with an ‘instruction’ from central government, rather than with the aim of using it as a planning document.
- **Pokja:** The local parliament’s lack of prioritisation for air limbah and withdrawal of the pokja’s operational budget limited the ability of the pokja to function.
- **Budgeting and financing:** The choice of MCK++ for investment in air limbah appeared to have been based on the instructions associated with DAK-SLBM funding. Investment was made where land was available rather than where health risks are highest and sanitation was most urgently needed.
- **Roles and responsibilities:** The local government’s focus on a ‘clean green’ image appeared to divert its attention from air limbah. The focus on curative measures (solving problems) rather than preventative measures (avoiding problems) further prevented the local government from giving attention to sanitation. The local government believed communities should be empowered to take responsibility for their own sanitation.

8.1 SANITATION PLANNING AND THE POKJA SANITASI

The SSK

The SSK was completed in 2013, covering the planning period 2013-2017. Local government informants noted that it was prepared as a formality to fulfill an ‘instruction’ from central government to join the PPSP program. Thus, the SSK was not used as a strategic sanitation-planning document. The SSK stated its mission for *air limbah* sanitation in general terms, namely to achieve ‘environmentally sound wastewater management’.

The Pokja Sanitasi

The pokja was reportedly established in 2012-2014, but key informants noted that they had difficulty in appointing members with the necessary knowledge and capacities to coordinate implementation of the SSK. Most members were not familiar with the contents of the SSK. Coordination of the pokja by the Bappeda member was reported

to be weak – for example, some agency representatives were not informed about scheduled pokja meetings.

Recently, the pokja's role was severely curtailed by the local parliament, who have cancelled the pokja's operating budget and reallocated it to infrastructure development, according to pokja informants. Furthermore, the parliament had issued a requirement that all local government staff meetings should produce specific outputs with potential for generating revenues for the city, else they should not be held. Thus, pokja informants noted that they only gathered if there is a formal instruction from central government, or a potential funding opportunity (e.g. meeting with donors), and had limited scope for regular meetings.

At the April workshop, when potential actions to improve sanitation governance were explored, the Bappeda coordinator committed to funding pokja operations out of internal Bappeda funds to enable regular meetings – indicating a level of autonomy that had not been exercised previously.

Key informants also noted that stronger instructions or directives from central government would act as a significant enabler for the pokja to fulfill its role.

8.2 LOCAL GOVERNMENT AND INFLUENCES ON SANITATION IMPLEMENTATION

The city's ambitions to be a clean and attractive centre for education led it to prioritising the solid waste and drainage subsectors of sanitation, and projecting a clean, green image. However, there was little interest in air limbah sanitation by the municipal and parliamentary leaders who '*never ask about the progress in the field of [air limbah] sanitation*'.

Key informants noted that decision-making on sanitation took place within each SKPD, with little scope for coordination or influence from the pokja. Institutional silos and bureaucratic procedures prevented collaboration. For example, informants described that the Health Agency's budget came under the purview of the 'Social and Cultural' (Sosbud) Division of Bappeda, and the pokja needed to obtain permission from the Sosbud division leader in order to coordinate and collaborate with the Health Agency. Since the division had many other responsibilities, it was not easy to access busy field leaders to obtain the permission, so coordination stalled.

Local government informants mentioned that the MoHA SE 660 provided guidance on activities to be undertaken under the PPSP, but assigned them to specific SKPD in a way that did not facilitate integration and coordination.

'[According to the] current SE Mendagri [SE 660] ... PU only needs to be concerned about building infrastructure; health for sanitation campaign and advocacy; while solid waste management is under City Planning and Environment.'

Coordination and collaboration was also limited, due to the land requirements of the main funding source. Dinas PU, responsible for building infrastructure and primarily using DAK-SLBM funds, was required to select its sites on the basis of where land was

available, and reportedly found it unhelpful to take any regard of the EHRA or Health Agency’s data on where the need for sanitation was high.

The role of the Health Agency in air limbah sanitation also appeared restricted. The local government was participating in the national STBM program, but according to key informants, this was done only for compliance with central government – just as in the case of the city’s participation in the PPSP. Thus, there was no further commitment or support for the SLBM program from the local government, so the Health Agency ‘walked alone’ in practice. Furthermore, the Health Agency’s financing arrangements were biased towards curative rather than preventative measures, which resulted in limited focus on air limbah sanitation.

Local government informants believed that there was potential and a need for greater central and provincial government influence on sanitation implementation in Metro. They indicated that additional support from the Province in particular could help improve sanitation planning and implementation:

‘Central government made the policy, the kota/kabupaten prepares all the planning and documentation.... – [whereas] the provincial government does coordination [in a disconnected, ‘hands off’ way]. It is true that [the Province] does not have territory, but they also do not guide or assist us, in terms of capacity building or funding. Moreover, they cannot ensure that MPS will be implemented. So basically the link that should be strengthened is that with the provincial pokja.’

Overall, pokja informants noted that air limbah sanitation in the city required a greater ‘push’ from central government, for it to become a higher priority. Air limbah was currently implemented mainly because of the availability of DAK SLBM funds.

8.3 BUDGETING AND FINANCING

Metro’s MPS budget for ‘sanitation’ (from all available funding sources over 2013-2017) was estimated at IDR 79.5 billion, allocated in the proportions shown in Figure 8-1. The air limbah subsector was marked to be funded primarily through APBD and APBN funds, and a smaller portion from the community.

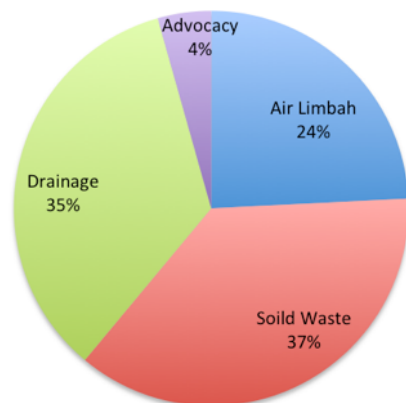


Figure 8-1: Metro's budget requirement in its MPS (2013-2017)

At the April workshop, Metro local government participants confirmed that only APBD and APBN funds were available for air limbah, but that in reality they had no access to funding support from the community, nor the other potential sources suggested for the MPS – province, donors or the private sector.

Local government informants suggested that their capacity to finance air limbah (through the APBD) would be improved if the MoHA could define it as one of the ‘mandatory affairs’ for local governments to comply with under Home Affairs Decree No.13/2006 (see Box 9-1 for further details).

‘Currently, sanitation does not have a clear status [Urusan] based on Permendagri 13/2006. It is stated as a “hidden” affair in Health, Public Works, Urban, Housing and Settlement. It will be better if [air limbah] sanitation become one of the mandatory affairs [Urusan Wajib], like education. Then, it will become an overarching issue to all sectors, enforced with clear and strong regulation.’

8.4 LOCAL GOVERNMENT, COMMUNITY AND TECHNOLOGY

The community’s awareness of and demand for sanitation was reported to be low. Although key informants mentioned groundwater contamination, they reported that the community was unaware and unconcerned by this as their drinking water was supplied by a PDAM who had access to plentiful supply sources. The community’s demands were mainly for street lighting, drainage, and irrigation infrastructure.

The research team concluded that there was no SKPD (including the Health Agency) that was actively engaging with the community on air limbah sanitation. From the data received, 21 of the city’s 22 villages were reported to have been stimulated towards healthy lifestyles, but none had reached ODF status.

At the same time, there appeared to be latent potential for triggering concern and demand for air limbah. Key informants noted that the community was relatively easy to engage in matters of public good, because they were culturally homogeneous and valued the concept of mutual assistance or ‘Gotong Royong’. This was illustrated through the example of a highly participatory community-led Green City Forum for ‘greening’ the city.

Metro local government participants at the April 2015 workshop also recognised the need for local government-led intervention in air limbah sanitation: *‘We have to do it because it is important as a preventative [rather than curative] health measure – to avoid having to put out fires. We think it is important so we should resource it. It will not be demand driven’.*

However, community-based sanitation funded through DAK-SLBM appeared to be the only model for service delivery that the local government considered: *‘our budget is small, we have fiscal limitations... the community has to be involved’.* Key informants noted that land was a key determinant on whether and where facilities were constructed. They noted that communities, understandably, preferred to generate an income from high-value urban land rather than giving it to the local government for public facilities. They related instances where certain villages, which urgently needed sanitation facilities, could not be provided for because no land could be obtained by the local government.

Local government informants considered that the technology options prescribed by the *Instructions for Implementing DAK-SLBM* were limited and not always suited to the context. Informants claimed that 16 MCK++ units had been built since 2012, but none were in use. They planned to develop small sewer networks with IPAL communal wastewater treatment in the future because *'communities don't want MCK, they want household connections'*. Furthermore, IPAL could be constructed under roads, which resolved the land issue. While these were permissible in the *Instructions*, they were overly prescriptive on technical details and the local government preferred to have more autonomy of choice:

'Rather than following central government's technical guidance which is not sensitive towards our [local topographical, urban/rural and other] conditions, we would rather decide it by ourselves to fit within our constraints.'

The research team selected Metro as a case study based on information that they were leaders in sanitation implementation. This information was evidently based on their approach to the solid waste subsector of sanitation, and cultivation of its clean green image. Air limbah sanitation is clearly neglected, and although the pokja appeared interested to take action, it may be constrained unless the local parliament could be convinced to prioritise air limbah.

CHAPTER 9: SYNTHESIS - KEY FINDINGS

This chapter presents a synthesis of key findings drawing from evidence across the six case studies. A snapshot of findings by case study are presented in the table below, and the sections in this chapter align with the research questions which addressed:

- The SSK and the planning process
- The Pokja Sanitasi and its ability to perform its role
- Air limbah budgeting and investment
- Responsibilities for air limbah delivery

Table 9-1: Snapshot of findings by case study

Case study	SSK	Pokja sanitasi	Budgeting & investment
Payakumbuh	SSK (2008-12) focus is ODF, on-site and community-based sanitation. Participants expressed some reservations about PPSP-2 software tools.	Previous leaders committed to sanitation. Current pokja remain active and engaged with community on sanitation.	Most funding to solid waste and drainage aspects of sanitation, with negligible investment in air limbah.
Lampung Seletan	SSK prepared by external consultants and not used in practice to guide implementation.	Pokja capacity limited by staff rotations. Most pokja members unfamiliar with SSK content.	Investment primarily DAK-SLBM (community-based sanitation)
Sawahlunto	SSK originally prepared to enable access to funding. LG reviewing SSK on own initiative with aim to improve usefulness as planning instrument.	Pokja supported by local decision makers who have shared vision to develop tourism for city.	Decision makers generally approved proposed sanitation budgets and recognise sanitation as important for tourism development.
Pariaman	SSK primarily prepared to enable access to funding.	Pokja members constrained by lack of authority.	Sanitation budgets risk being rejected. However sanitation program advocated by central government (e.g. SAIIG) are more likely to be supported by local decision-makers.
Pringsewu	SSK primarily prepared to enable access to funding.	Pokja members constrained by lack of authority.	Investment primarily DAK-SLBM. Land access an issue.
Metro	SSK not primarily prepared with aim for use as planning instrument.	Pokja lacks local leaders' support and operational budget.	MCK++ focus appears have been based on DAK-SLBM. Investments made where land available.

9.1 SSK AND THE PLANNING PROCESS

All case study local governments had developed SSKs. However, in most cases the SSK was not being used to strategically guide air limbah investment or service delivery.

Most SSKs were developed more “as a formality” rather than as a strategic guiding document.

In five of six case studies, respondents indicated that the SSK was developed “as a formality”, for example to access funds, and was not used as the primary planning document for guiding investment or service delivery. Whilst access to funds is conditional on a completed SSK, there are no requirements for alignment between investments and the SSK, or for air limbah to be planned and implemented strategically to deliver effective long term services.

It appeared that these SSKs had not been developed in a way that strategically articulated and linked goals, needs and strategies in a meaningful way – and the SSKs were not being used to guide strategic, cross-SKPD decision-making, investment and implementation.

In several case studies, pokja members had limited involvement in developing SSKs, contributing to a low level of ‘local ownership’ of the SSK.

In most case studies, several pokja members had not been fully engaged in the process of developing the SSKs and were consequently not familiar with the content of the SSKs.

In some cases wider local government ownership of the process or plan was constrained because the SSK had been prepared by a few individuals, or by an external consultant largely working independently of pokja members. In contrast, Payakumbuh’s experience in developing their the pilot stage of the ISSDP demonstrates the value of close engagement by a breath of local government staff in engendering ownership of the sanitation planning process and outputs.

Several pokja members considered that the facilitators, whose specific role is to support the pokja in the SSK process, were useful; however, case study participants mentioned some facilitators bias the selection of technology options due to their tendency to encourage MCKs.

In contrast, in one case a common local development vision has helped to drive strong local government interest in sanitation and the SSK.

In Sawahlunto, the SSK was developed within the context of leadership as well as staff of the local government, and local parliament members, sharing a common strategic vision to reinvent the city as a leading tourism destination. Their motivation to update their SSK, which was initially developed as a ‘formality’ only, was driven by a common

understanding that sanitation is critical to achieving this local development goal and that a genuine strategic plan for sanitation can lead to better outcomes.

The complexity of the SSK development process inhibited some pokja members' engagement with sanitation planning, and in some cases also affected the robustness of the SSK.

Some pokja members considered that the process of analysis using SSK tools was not transparent and noted they had found it difficult to understand why the tools had recommended certain technology options. Pokja members also spoke about the complexity of EHRA process, the difficulties with obtaining data especially for assessing risks – in half of the case studies participants considered that the SSK process had used unreliable data sets. Others noted that whilst data might be collected, there was no strategic analysis undertaken of what the data sets mean for sanitation planning and implementing.

Local governments did not typically engage the community in sanitation planning.

Whilst there is no formal requirement for community engagement in the air limbah planning process according to SE660, this lack of community engagement resulted in sanitation interventions that did not consider the specific needs and perspectives of communities. One case study had community representation on the pokja, but the extent to which this representation influenced the planning process is unclear.

A lack of available land was commonly cited as causing a mis-match between planned priorities and actual investments.

Infrastructure was typically sited and hence air limbah services provided to people where land is available, rather than where risks are highest, as identified in the EHRA. As land availability was the restricting factor as to whether DAK-SLBM funded systems can be installed, investments tended to be mis-matched to needs. Local governments generally did not target investment where needs (or health risks) were highest, but rather, built infrastructure where land had been donated by community.

9.2 POKJA COORDINATION, FUNCTION AND EFFECTIVENESS

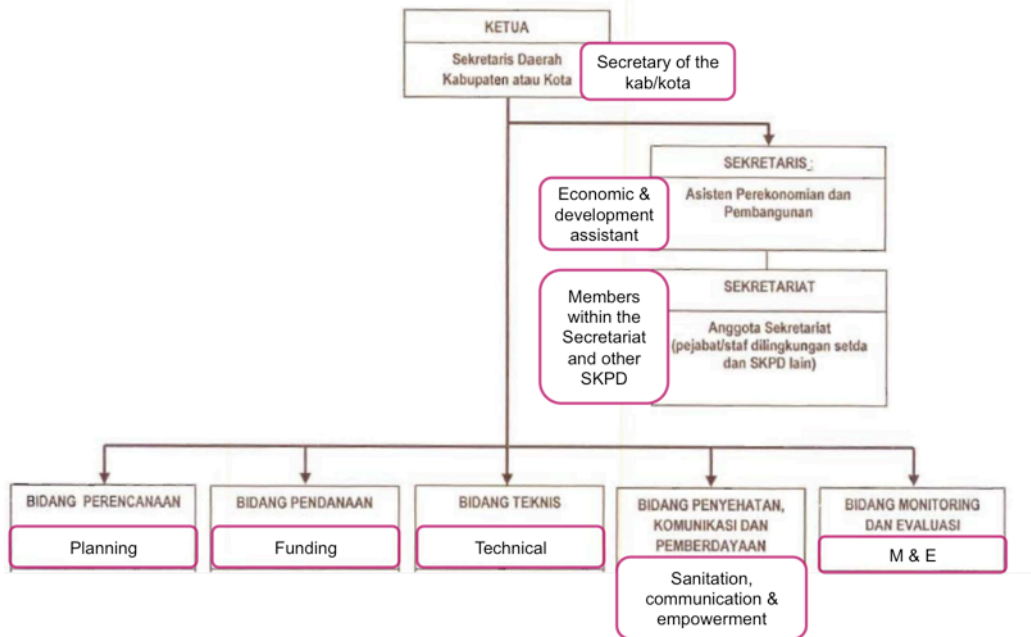
Pokjas varied in their capacity to coordinate sanitation activities across local government, with several significantly constrained by local leaders' lack of support for sanitation.

In practice, several pokjas comprised only lower echelon staff and were missing representation from key SKPDs (sectoral agencies). As a result, these pokjas lacked the required influence within local government to drive or coordinate air limbah implementation.

The SE660 guidelines lay out the responsibilities of the Pokja Sanitasi, specifically in five *bidang*, or 'fields' (Figure 9-1). The guidelines recommend leadership at senior level across agencies, with each field to be chaired by the head (Kepala) of the SKPD relevant to the field, and with the Sekda as overall chair of the pokja.

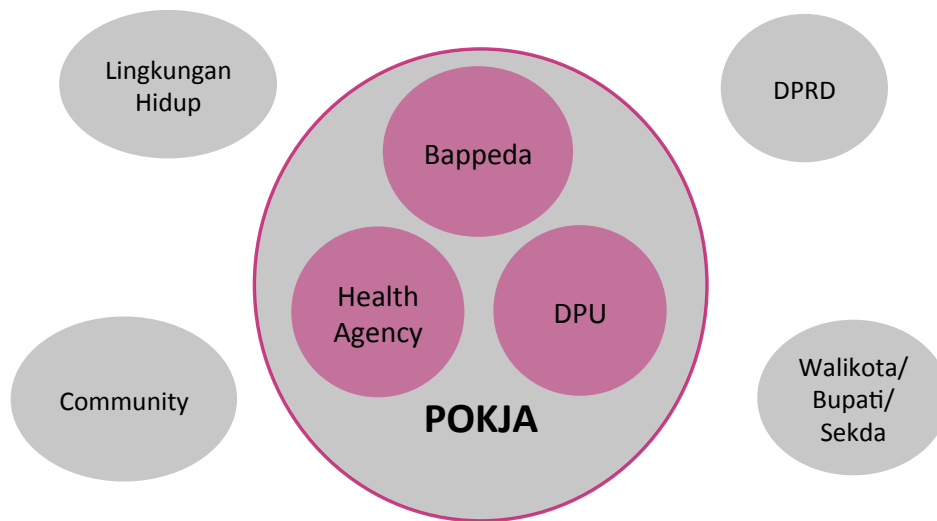
However, in most case studies, neither the Sekda nor the heads of SKPD were involved in the pokja, so the pokja's active members were heads of divisions and sections (Kepala Bidang (Kabid) and Kepala Seksi (Kasi)) – staff at lower echelon levels. This contributed to their lack of influence within the local government. Participants noted that lower echelon pokja staff needed to refer to their superiors for approval and decisions about implementation. Further, at lower echelons, staff noted they lacked power and legitimacy to coordinate SSK implementation across SKPDs. Instead, the implementation decisions were made within individual SKPD.

Figure 9-1: Roles of the Pokja Sanitasi (Ministry of Home Affairs SE 660)



Study participants considered that all of the entities in Figure 9-2 needed to play an active role to ensure success of the air limbah planning and implementation. However, the pokjas in most case studies were missing representation from the environmental agency (Lingkungan Hidup), who are intended to be responsible for monitoring. Interviewees in most case studies also noted that the sector funding agency (Bidang Pendanaan) was not involved in the pokja, and lacked interest in sanitation because it incurred costs without potential for revenue generation.

Figure 9-2: Diagram of typical pokja composition, and other stakeholders with influence or interest in sanitation.



Where local leaders (the Sekda, Mayor and/or local parliament members) lack interest in sanitation, this can undermine what ambitions a pokja may have for coordinating air limbah service delivery.

There are several ways in which lack of support from local leaders posed barriers to pokja effectiveness. As discussed in more detail in the following section, in one of the cases, cuts to pokja operational budgets signaled lack of support for coordination activities that did not generate revenue (such as sanitation). For a proposed air limbah budget to be approved, various levels within local government also need to provide support (see next section). In another case, SKPD heads had not engaged with information or reports provided by the pokja about sanitation.

The amount available in a pokja’s operational budget (e.g. for honorariums for meetings) did not necessarily influence whether the pokja met regularly or functioned effectively.

As illustrated in Table 9-2, the amount available to pokjas in their operational budgets varied. In one case, local leaders cut the pokja’s operational budget to zero because

they did not perceive value in the pokja meeting or performing a coordination function that had tangible, revenue-generating outputs. In this case the budget cut signaled the lack of support from local leaders for sanitation, and the pokja found it difficult to continue operations. However, another pokja with relatively small operational budget met frequently. Their success could be attributed to a shared common vision among the pokja and the local government, as well as the local government's support of a 14th salary (see Sawahlunto case study for more details).

Table 9-2: Pokja Sanitasi operational budgets and levels of activity

	Annual Pokja Operational Budget	Pokja activity
1	IDR 80 M	Active pokja meets around 3 times a year but would like to meet monthly
2	IDR 130 M	Rarely meet, less than 3 times/year
3	IDR 30 M	Active pokja conduct internal FGDs to discuss issues. Forego travel honorariums as part of scheme of annual bonuses to all civil servants.
4	IDR 70-100 M	Meet on ad hoc basis, not very often
5	IDR 150 M	Moderately active
6	IDR 0	Pokja unable to meet unless they show Parliament that their meeting will result in revenues.

Staff rotations and resource constraints further limited many pokjas' ability to coordinate collaborative, cross-SKPD planning or implementation.

The pokja staff members had existing SKPD responsibilities and hence reported challenges in finding time to complete the BPS / SKK process in what they described as the 'ambitious' 12 month period. Further, in one Lampung case study, pokja members were rotated extremely frequently (about every three months), thereby prohibiting the development of institutional knowledge, skill, capacity and local government support for air limbah planning and implementation. In part due to these time and capacity restrictions, case studies had different engagement levels among the pokja agencies; Bappeda, Health and PU appeared to be the most active (Figure 9-2).

9.3 LOCAL FINANCING, BUDGETING AND INVESTMENT

Overall, the links between planning and investment were weak, due to shortcomings in planning (see Section 9.1 above) as well as barriers to effective financing and budgeting.

Prescriptive local budgeting and approvals systems pose significant barriers to local government allocating funds for sanitation.

There are many pathways (national, provincial, local and donor programs) through which air limbah activities and infrastructure are funded and implemented in practice. Overall, these do not closely match the priorities identified in the SSK/MPS.

In most cases, exact air limbah expenditure was difficult to ascertain.

Three of the six case study local governments responded to requests to provide ‘budget realisation’ data for this research. On two cases, in the MPS expenditure on air limbah was not disaggregated from other infrastructure services (e.g. PAMSIMAS, DAK for ‘community settlement infrastructure’ and DAK for ‘settlement and drinking water’), and may possibly have included *no* air limbah.

Nevertheless it is evident that the amounts allocated by most local governments in their APBDs for air limbah were low compared to that allocated to drainage and waste management components of sanitation.

For example in Payakumbuh, expenditure records for 2012 showed 45% of the sanitation budget was spent on drainage but less than 1% was spent on air limbah. Similarly, participants in Pringsewu and Pariaman reported that occurrence of flooding led to drainage being the highest priority, while Metro prioritised solid waste management to build its ‘clean green city’ image. Sawahlunto was the exception, with its MPS allocating 43% of its sanitation budget to air limbah, and its expenditure in 2014 exceeding the amount budgeted in the MPS (largely due to its participation in SAIIIG, not included in MPS).

The APBD budgeting processes are shaped by prescriptive national systems that made it difficult for local governments to allocate funds for air limbah activities.

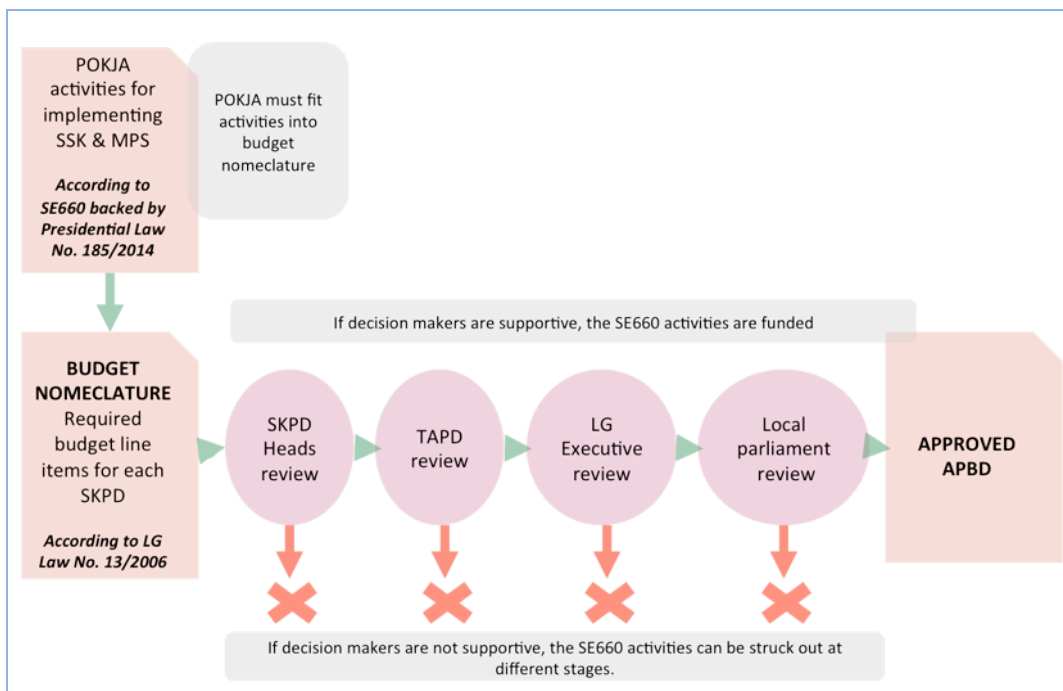
Local governments are required to use the nomenclature provided by MoHA in identifying programs and activities to be funded by the APBD. See Box 9-1 for further details.

There are many points at which local government budget allocations for sanitation under APBD can be easily “struck out” if higher level support does not exist.

In cases where the leaders were committed to implementing PPSP, then it was likely for the SE660 roles to be interpreted to fit within the required nomenclature and approved. Conversely, if leaders were not committed to the SSK, then these ‘non-conforming activities’ were more likely to be removed. Importantly, these activities can be removed at several points in the budgeting process, as illustrated in Box 9-1.

To secure the local budgets for air limbah, some pokja participants called on the national government to prescribe by regulation the % of the APBD that needed to be allocated towards air limbah.

Box 9-1: Local government budget approval process explained



The budget approval process for financing LG activities holds many potential obstacles for gaining the necessary finances to implement sanitation in line with the SSK.

In this process, the Pokja Sanitasi's role is to coordinate SKPD workplans to include sanitation activities that align with the guidelines in MoHA's Circular SE600 (2012), for implementing the SSK and MPS.

At the same time, SKPD need to prepare their budgets in accordance with a 'nomenclature' specified by MoHA that operationalizes the MoHA Decree No. 13/2006. The nomenclature provides a set list of budget line items ($n > 2000$) for specified mandatory affairs (urusan wajib)⁴ and optional affairs to be undertaken by LGs.

In order to be funded under the local budget (APBD), the sanitation activities under SE660 must therefore be 'fitted' into the nomenclature that has wording that does not align exactly with the SE660. For example, the Health Agency's activities in training enumerators and implementing EHRA mapping, and sanitation advocacy (activities specified in the SE660) would need to be placed under the nomenclature's budget lines for "Health Promotion and Empowerment Program". The specific lines in the

⁴ Mandatory affairs in local government budgets are: education, health, public works, housing, spatial planning, development planning, transport, environment, land, demographics, women's empowerment, family planning and welfare, social, labour, cooperatives SMEs and MEs, regional investment, culture, youth and sport, national unity and politics of the interior, public administration, personnel, rural community and empowerment, statistics, archives, communication and information

nomenclature are *‘Media development and promotion of information for healthy living; Community outreach for healthy lifestyles; Improved education of health extension workers; Monitoring, evaluation and reporting’*.

Budgets are reviewed by a series of decision makers, as illustrated in the figure above. At each review point, the decision makers determine whether the SE660 activities can be included within the nomenclature, or not. Where competing priorities take precedence, the sanitation activities are often deleted – a situation most case study participants highlighted as a barrier to implementing air limbah.

In the APBD budget approval process, the TAPD (LG budget team) compiles the SKPD plans and budgets. The TAPD consists of the Sekda, Finance and Revenue Agency, and the head and division heads of Bappeda. Their role is to ensure that budgets are in accordance with the priorities of the LG executive (headed by the mayor/regent), and to verify that plans are in accordance with the LG’s medium term development plan (RPJMD). Thus, the TAPD has the power to delete or switch approved budget lines – but not to add or change line items.

A further complication for air limbah sanitation financing arises because, within the TAPD, the ‘supply’ and ‘demand’ sides are under the purview of different divisions in Bappeda. Budgets for the supply side, namely DPU’s construction of infrastructure, SAILG program funding, etc., are managed by Bappeda’s ‘Infrastructure and Fisik’ division (who is also the Pokja Sanitasi coordinator). Budgets for the demand side, namely the Health Agency’s activities around community engagement and sanitation demand creation, are managed by Bappeda’s ‘Social and Cultural’ (Sosbud) division. When the head of the Sosbud division prioritises other activities over air limbah, they might re-allocate the proposed budget for the Health Agency’s air limbah demand-side activities elsewhere within the health or other agencies.

Study participants pointed to the need for improved alignment between the activities of the SE600 and the nomenclature for achieving the outcomes of the PPSP. The urgency has increased since the passage of the Presidential Decree No.185/2014 regarding acceleration of water supply and sanitation provision which gives the SE660 legal standing it previously lacked. It calls for revision of MoHA Decree No. 13/2006 so the two decrees work in coordination with each other.

Across case studies, the largest proportion of air limbah funding is from DAK programs.

Of the range of funding sources available for air limbah sanitation (see Figure 9-3 and Table 9-3) DAK SLBM provided the largest quantum of air limbah financing in the six case studies.

Table 9-3: Main programs and sources of air limbah funding in the case studies

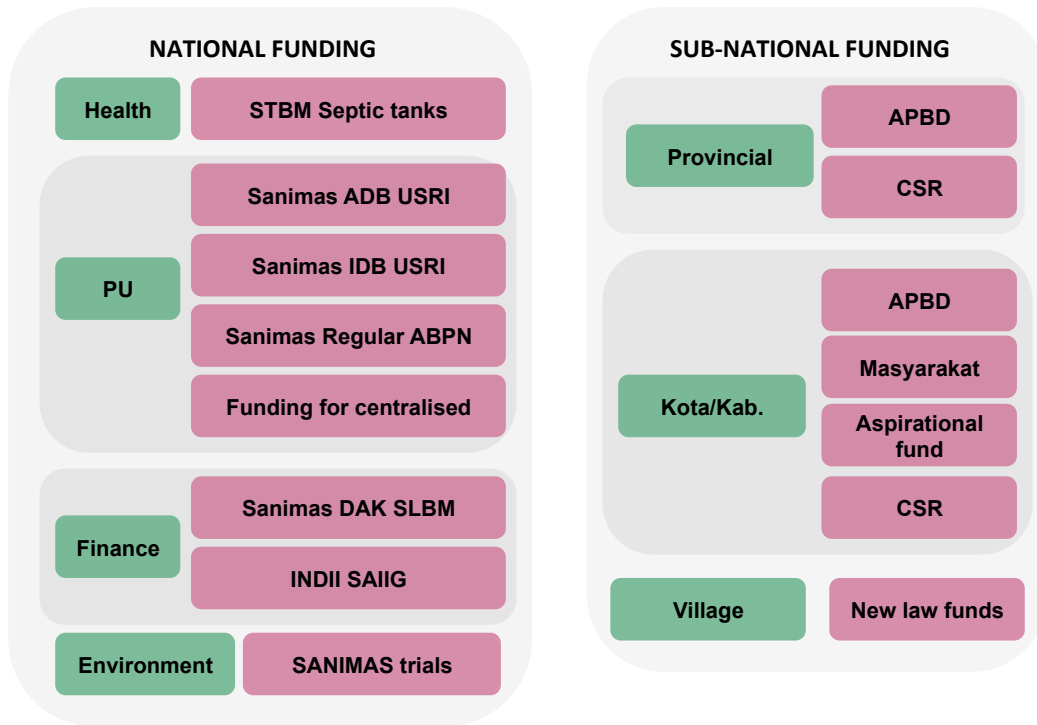
	Main funding sources for air limbah	Information source
Payakumbuh	Households and health agency budgets (ODF focus). Historical used of Sanimas funds for MCK++ likely	LG research participants
Lampung Selatan	DAK SLBM and Sanimas funds	DPU's budget realization data
Sawahlunto	DAK SLBM, Sanimas, other DAK (air limbah with water supply/ settlement infrastructure APBD for SAIIG program	DPU's budget realization data
Pariaman	DAK-SLBM, APBD for SAIIG	LG research participants
Pringsewu	DAK-SLBM	Information on 21 MCKs built over 2010-2015
Metro	DAK-SLBM	LG research participants

Across most case studies, the local government was not actively coordinating the range of air limbah activities funded through various national, provincial and donor programs. Overall, the investments did not closely match what was planned.

The case studies participants discussed the challenges of linking investment to planning when funding is channeled through the province. In Lampung Selatan, the province selected the site and constructed the system, and the resulting infrastructure was not in an area of need (or demand) identified by the SSK/MPS. On the other hand, some participants were requesting greater support from provinces for funding and capacity building. It was not apparent that the various funding sources were clearly linked to the priorities identified in the SSK.

There are many different funding programs from different national and sub-national sources that are available to local governments (Figure 9-3). Research participants considered that most programs required the completion of SSK to qualify for funds.

Figure 9-3: National and sub-national funding sources for air limbah infrastructure



9.4 SANITATION SERVICE DELIVERY RESPONSIBILITIES

There were multiple institutional and systemic factors inhibiting local governments from taking responsibility for ongoing sanitation service delivery, including with regards to O&M. Overall local governments are not held accountable – either internally or by other levels of government - for SSK development, implementation, or achievement of health outcomes from sanitation.

Local governments reported that a major barrier to undertaking O&M is that they do not own many of the air limbah assets within their geographic area – for example where these are owned by the community, the province, or where ownership is unclear.

Many air limbah assets were owned by the community (Septic tanks and SANIMAS) or the province (IPLT); or, the status of asset ownership and transfer was unclear. Several case study participants noted that a major barrier to undertaking O&M is that the assets are not listed on the local government asset register, and hence they are unable to allocate funds for operation and maintenance of these assets.

The restrictive budgeting processes, as outlined earlier, also restrict allocation of responsibility for O&M.

O&M for air limbah is missing in the nomenclature required for financing activities through the local government budget (APBD). See Box 9-1 for further details on budget approval process.

In several cases, local governments focused on ODF and considered that the community should have primary responsibility for managing air limbah infrastructure and achieving air limbah outcomes.

A recurring theme across the case studies is that many local governments perceived their role in meeting air limbah outcomes to be primarily – or in some cases, only – focused on stopping open defecation. This appeared to be reinforced by the Central Government’s ‘100: 0: 100 target’ – that is, 100% ODF, zero slum dwellers, and 100% access to water – referred to by at least some participants in each case studies referred.

It was unclear how well local government participants appreciated that toilets, while necessary, are not always sufficient for keeping faecal pathogens apart from people and the environment. It is possible that in at least some cases, this understanding is weak. For example, in one case study, the air limbah strategy was based entirely on promoting toilets and onsite systems as a ‘cultural’ preference. In another, reducing maternal and infant mortality was stated as a priority, but not air limbah that is linked to achievement of that priority.

In most case study locations, local governments generally preferred community-managed, after onsite systems. Most local government participants recognised that communities lack the capacity to manage air limbah infrastructure, but despite this there was an overall tendency to consider the community as primarily (or at the extreme, solely) responsible for air limbah.

In most cases, most participants did not appear to have a strong sense of the need for local governments to take overarching responsibility for sanitation service delivery, with the notable exception of SAIG program investments. In some cases the topography, and uncertain asset ownership were cited as barriers to local government responsibility for networked technologies and O&M respectively. In other cases, it was evident that the preference for community-managed and onsite reflects reluctance by the local government to take responsibility for sanitation service delivery by considering alternative networked options that would require a greater role for LG.

In practice there is weak accountability for the quality or implementation of SSKs, or for the achievement of environmental and public health outcomes from air limbah investments.

The SE660 specifies roles for monitoring and evaluation, but the pokja members did not mention any guidelines on whom to report to or any follow up actions for non-delivery. It appears that neither the pokja nor specific SKPDs were held accountable if plans are not implemented.

The provincial requirements of kab./kotas and the indicator NAWASIS system appear to have been only weak drivers of accountability. The completed kab./kota SSKs are meant to be submitted to the provincial government for evaluation, collation of needs across the province and for assistance with funding. Once components of the SSK are completed, the Province is meant to register the kab./kota completed works in the national USDP NAWASIS online reporting system along with ratings for completeness and quality. However, the NAWASIS is a self-reporting system and it was uncertain who, if anyone, is responsible for independently reviewing whether the air limbah systems were constructed as designed.

There are several types of related monitoring for air limbah at the kab/kota level, which also appear to be weak drivers for accountability. The SE660 suggests that environmental SKPD should be responsible for monitoring effluent quality and surface water quality, and the health SKPD should be responsible for drinking water quality and community health. However, where this monitoring does occur, it does not appear to inform assessments of the effectiveness of the air limbah systems, nor were there any examples where corrective action was taken based on the results of the monitoring.

However in two case studies, evidence of faecal contamination of rivers acted as an impetus for the local governments to further their efforts in sanitation service delivery.

In most case study locations it was not apparent that water quality monitoring was conducted. However, in Sawahlunto and Pariaman, case study participants described evidence of *E. coli* in rivers as being a key driving factor driving for their actions to improve sanitation, including involvement in the SAIIG program. In contrast, Pringsewu participants mentioned contamination of their groundwater, but availability of PDAM-supplied drinking water appeared to remove any need for a response to this largely 'invisible' impact.

CHAPTER 10: IMPLICATIONS

This chapter outlines key implications arising from the research for improving local governance arrangements for small city and town sanitation in Indonesia. The research has revealed many examples of barriers and challenges to effective sanitation service planning and delivery by local governments. Whilst the research focused on local governance arrangements, the challenges identified are a product of multiple interacting institutional, regulatory and governance factors at local, provincial as well as national scales.

Consequently, there are many *interlinked* changes required for improving local governance of sanitation, inclusive of how sanitation planning might be better linked to sanitation budgeting and financing, and implementation. Improved water quality and service standard monitoring is required, for example, to form the basis for strategic prioritisation in plans and also to help make the case amongst the community and leaders for improving air limbah. Furthermore, actions to address systemic issues concerning budgeting should precede further efforts to improve the quality of plans. In essence, a pragmatic balance needs to be struck between investing in “comprehensive” planning approaches and “good enough” planning to identify sanitation strategies that are not only appropriate to ameliorating public health and environmental risks, but also will have a chance to be funded and implemented in practice. SSKs thus need to recognise, without being entirely limited by, existing contextual constraints (whether related to land availability, budgeting, decision-making, capacity or other factors) so that the SSK is useful to guide strategies in practice, and planned strategies are achievable.

The research investigated the experiences of six local governments and sanitation provision. Whilst these cases were not intended to be representative of local governments in small cities across Indonesia, the case study approach enabled in-depth inquiry and substantial research evidence. Care has been taken in outlining the implications in this section such that they are based on this evidence whilst also reflective of the wider institutional context in Indonesia.

Four key areas for change, fundamental to improving local governance arrangements, are detailed below. These implications are relevant for the range of stakeholders influencing or involved in sanitation service provision in Indonesia, including local, provincial and national governments, donors and civil society organisations.

1. Fostering active, informed local government participation in and ownership of the planning process is a foundational requirement for the effective delivery of sanitation services.

Across case studies, there was a range of levels of involvement in developing SSKs. In many cases, key staff had limited engagement which contributed to a lack of ownership by the local government of the sanitation planning process or outputs.

Where this ownership is lacking, local governments tended not to recognise nor use the SSK as a strategic basis for budgeting and implementing air limbah. Strong engagement with the planning process and support for sanitation is required from SKPD heads and leaders within local government. During the planning process, concurrent strategies are needed to foster local buy-in and interest in sanitation, as well as more intensive technical support.

2. The restrictive ‘nomenklatur’ budgeting requirements are a major barrier to local government allocating local funds towards air limbah - but there is potential to at least partly overcome this problem.

Participants revealed that it is considerably challenging for pokja staff to navigate the APBD budgeting nomenclature, including determining where and how to insert air limbah-related activities, and to prevent these proposed activities being ‘struck off’. This reveals a specific area to target capacity building and the need to develop guidance to support local governments’ cross-sectoral sanitation budgeting practices.

The local government sanitation budgeting task is further complicated because the APBD budgeting nomenclature has not been updated since the introduction of the SE660. Hence the two systems are inconsistent, and the sanitation activities listed in the SE660 do not have a corresponding named line in the nomenclature. This misalignment and the impact on local government budgeting was raised by researchers in the final project engagement with national government stakeholders – MOHA identified that changes to nomenclature could be enacted from within the ministry.

3. There is need to improve understanding that access to sanitation alone is not sufficient to achieve public health outcomes – and that air limbah represents the essential infrastructure and services needed to reduced health and environmental risks from human waste.

The strong and in several cases effective focus on access/ODF targets can shift attention away from the main goal of sanitation provision – which is to ensure continuous and system-wide separation of pathogens from people and the environment. The “success” of meeting (MDG-related) ODF targets can create a sense that sanitation problem is “solved” and that further action is not required. The SDGs that will replace the MDGs in 2016 are intended to bring the attention back to ongoing requirements of sustainable water management, but in practice the legacy of the toilet-provision focus is likely to persist and influence what is implemented on the ground.

There are multiple institutional and coordination barriers which inhibit local governments from adopting “service orientation” towards sanitation provision, beyond the *private* household domain of toilets to addressing *public* infrastructure, services and health issues. For changes and improved governance arrangements for sanitation to occur within local governments, support and incentivising needs to occur from without. For example, there could be a role for central government to focus messaging about sanitation beyond the 100% access to toilets target (e.g. sludge management), and to improve awareness-raising (amongst local governments, but also within

communities) about the importance of infrastructure and services beyond the household. Various programs could also take a system-wide view to consider, select and implement the most appropriate sanitation technologies and models in an area, rather than for example focusing on only community-based or on only FSM.

4. Better coordination across levels of government and between agencies is needed to ensure the multiple sources of funding and multiple actors involved in air limbah service delivery result in effective sanitation outcomes.

In practice air limbah activities are funded through multiple national and donor sources, administered by various agencies, and implementation overseen by a further variety of actors. In our cases, the air limbah activities implemented on the ground within local government areas did not closely reflect the strategies identified in the SSK – and moreover, in several cases the SSK was not developed as a strategic guiding plan.

It was also evident that the pokjas and local governments in the case studies are not on the whole actively coordinating infrastructure funded and delivered by the various actors, nor is it apparent that they are in a position to do so. They would most likely lack the required influence amongst local, provincial, national and (in some cases) donor actors to act as a coordinating stakeholder. From the perspectives by participants in the case studies, it would seem unrealistic to expect the drive for better coordination across and within levels of government to be instigated by local governments themselves. The allocation of responsibility for inter-level government coordination of air limbah, however, remains unclear, and requires urgent attention if the effectiveness of sanitation planning and service delivery is to be improved.

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ANNEXES

ANNEXE 1 - Key Events

ANNEXE 2 - Research Participants

ANNEXE 3- Interview guide

ANNEXE 4 – Research Team and Partners

ANNEXE 1: Key Events

Key events/activities are briefly described below. Detailed case study participant lists (excluding names) are provided in Annexe 2.

All workshops with case study participants were facilitated by Kemitraan, and hosted by SNV partners. Interviews were conducted by Kemitraan.

1. Focus Group Discussions

Workshops including focus group discussions (FGDs) were held with Pokja Sanitasi members in Payakumbuh and Lampung Selatan, the two primary case study locations.

The aims of the activity were to:

- Actively engage stakeholders as direct participants in the research,
- Assess local government capacity and arrangements for sanitation planning, financing and delivery
- Identify local contextual and governance factors which influence sanitation planning and delivery and
- Inform the design of interviews (in next activity).

Participants undertook a stakeholder mapping exercise to help open up conversations and to shed light on key relationships between relevant sanitation stakeholders, before participating in focus group discussions.

At the conclusion of the workshop, the research team undertook a brief field tour in order to sight key sanitation infrastructure in the town. A representative from the local government accompanied the team on the site visits, which included a faecal sludge treatment facility and communal toilet/washing facilities (MCK) in each town.

Attendance at the FGDs is summarised below (also see Annexe 2):

- **Payakumbuh (23 October 2014)**, workshop was held with 27 participants from the offices of Planning (Bappeda), Public Works, District Health, Cleaning and Gardening, Education, Environment, Community Empowerment (PNPM), Womens Empowerment (TP-PKK), Healthy City Forum (NGO).
- **Kalianda, Lampung Selatan (29 October 2014)**, workshop was held with 14 participants from offices of Bappeda, Public Works, District Health, Cleaning, Education, Environment.

2. Individual, semi-structured in-depth face-to-face interviews

This was the main data collection exercise. An interview guide was developed based on assessment in previous phases and drawing on a political economy framework (see Annexe 3). Individual, semi-structured face-to-face interviews were conducted with

local government stakeholders for each of the 2 primary case study towns and 4 secondary case study towns, including following a research ethics protocol.

Interviews sought to investigate:

- Roles played by different agencies during preparation of the SSK and since, and factors influencing such roles and coordination between agencies
- Specific considerations taken into account in planning ‘small towns’ sanitation within a district, including population growth, existing infrastructure, poverty and affordability etc.
- Attitudes of district leaders towards sanitation and financing sanitation
- Understanding of citizen demand for services
- How SSK and individual agency annual planning and budgeting cycles are coordinated in practice

Budget realisation data (actual expenditure) for sanitation funded through local budgets (APBD) was also requested, but provided by only 3 of the 6 LGs.

The following interviews were conducted:

- **West Sumatra Province** - Padang (10-12 December) with 4 participants from the provincial Pokja Sanitasi
- **Payakumbuh** (10-12 December) - with 7 participants from the Pokja AMPL (and past members), media and NGO representatives
- **Lampung Selatan** (15-17 December) - with 12 participants of the Pokja AMPL/Sanitasi (and past members), media and community representatives
- **Sawahlunto** (19-23 January) - with 12 participants from the Pokja AMPL, local parliament (DPRD), media, and community based organisation (BPP-SPAM)
- **Pariaman** (19-23 January) - with 9 participants from the Pokja AMPL, local parliament (DPRD), media, community and community based organisation (BPP-SPAM)
- **Pringsewu** (2-6 February) - with 11 participants from Pokja AMPL/Sanitasi, DPRD, Women’s Organisation (PKK), media, sanitation entrepreneur
- **Metro** (2-6 February) - with 9 participants from Pokja AMPL/Sanitasi, DPRD and community forum

3. Participatory workshops

Preliminary findings were developed from analysis of research data from the previous phases, including document analysis.

A structured workshop was held in each of the two provincial capitals, for participants from the 3 case study local governments in each province. 4-5 representatives from each case study were selectively invited to participate.

The aims of the workshops were to:

- Share preliminary findings (drawn from all sites) with the local government case study participants, and seek their feedback
- To enable ideas exchange between (and within) kota/kabupaten
- Engage local government stakeholders to draw on preliminary findings to identify actions to improve governance arrangements for planning, financing and delivering sanitation services in the case study towns.
- To provide participants with an opportunity to share perspectives and experiences with the central government partner (Bappenas)

Following a presentation from the research team on key findings, participants discussed findings as they related to their own experiences, and developed 'action plans' to improve governance arrangements in case study towns.

The feedback from the workshops were that very positive, in particular, the opportunity for cross-local government exchange of experiences and ideas, and the opportunity to hear from and be heard by the Bappenas member on the research team.

Attendance at the Participatory Workshops is summarised below (also see Annexe 2):

- **Padang (14 April 2015)**, workshop with 12 participants, including local government representatives from Payakumbuh (4), Sawahlunto (1), Pariaman (3) as well as representatives from NGOs (2 from Payakumbuh), BPP-SPAM (Sawahlunto) and media (Pariaman)
- **Bandar Lampung (16 April 2015)**, workshop with 12 participants, including local government representatives from Lampung Selatan (2), Pringsewu (3), Metro (4) as well as representatives from media (2 from Pringsewu) and community forum (Metro)

4. GoI Roundtable

A Roundtable was held with 9 key government stakeholders invited, in order to:

- Share preliminary findings including responses from the participatory workshops, and seek their feedback
- Engage national participants to draw on preliminary findings to understand potential implications for coordination and for supporting local governments to plan, finance and deliver sanitation services.

GoI attendees (4 women, 5 men) at the Roundtable held on 20 April included: representatives from Ministry of Finance, USDP, Ministry of Home Affairs, and Set PMU PPSP.

5. Meetings with national and provincial stakeholders

In addition to the events above, consultations were held with national stakeholders, to inform them about the research and to consult with them on their priorities for coordinating and enabling local government planning and delivery of sanitation services

Meetings were held with the following national stakeholders (7 women, 12 men):

USDP: Mr Mees van Krimpen; Pak Iskander (Provincial Sanitation Development Advisor (Prosda) for Sumatra); Ibu Wita Purwasi.

Indll: Mr Jim Coucouvinis; Ibu Nur Fadrina Mourbas, Pak Ikabul Arianto.

AKKOPSI & PPSP Pokja AMPL Secretariat: Capt Josrizal Zain (Executive Director, AKKOPSI); Pak Adi and Ibu Aya (PPSP Secretariat)

BAPPENAS Pak Wahanuddin; Pak Aldy Mardikanto

Ministry of Public Works Ibu Nina Indrasari; Pak Prasetyo

Ministry of Home Affairs - Bangda Mas Albion Ginting; Pak Suharyanto; Ibu Zanariah; Ibu Roza Syofiadewi

USDP - MoHA Pak Arief Budiman; Ibu Dyah Ernawati

ANNEXE 2: Local and provincial research participants

Organisational affiliations (where provided attendance sheets) of the case study participants in each research event (FGD, Interviews, Participatory Workshops) are listed below.

Individuals' names and specific positions have been suppressed consistent with the University of Technology Sydney's Research Ethics guidelines.

1. Focus Group Discussions

FGD Participants/representative agencies: Payakumbuh (23 October 2014) – 5 women, 22 men	
1	Infrastructure & Physical Bappeda
2	Sub Field of Facility and Infrastructure Bappeda
3	Sub Field of Education Bappeda
4	Bappeda
5	Bappeda
6	Sub Field data & analysis
7	Sub Field data (research & development)
8	Bappeda
9	Bappeda
10	Bappeda
11	Environmental & family health
12	Environmental & family health
13	Dinas PU
14	Dinas PU
15	Dinas PU
16	National Program Community Empowerment (PNPM)
17	National Program Community Empowerment (PNPM)
18	Water District Office (PDAM)
19	Community Empowerment of Family Planning
20	Bappeda
21	City Planning
22	City Planning
23	City Planning
24	Dinas PU
25	Environment District
26	Health City Forum (Forum Kota Sehat)
27	NGO Dian

FGD Participants/representative agencies: Lampung Selatan (29 October 2014) – 7 women, 7 men	
1	Bappeda
2	Bappeda
3	Community Empowerment
4	Community Empowerment
5	Education
6	Education
7	Health Agency
8	DPU
9	Bappeda
10	Environmental control, Bappeda
11	Environment
12	Community Empowerment
13	Bappeda
14	DPU Technical control unit

2. Individual, semi-structured in-depth face-to-face interviews

Total by gender – 14 women, 51 men

Payakumbuh Interviewees (10-12 December 2014)	
1	Bappeda
2	Infrastructure Section, Bappeda
3	Customer Service of PDAM
4	Health Agency (former)
5	Healthy City Forum (Forum Kota Sehat)
6	LSM Dian (NGO)
7	Local media

Lampung Selatan Interviewees (15-17 December 2014)	
1	Bappeda
2	Assistant for Economic Development
3	Infrastructure Section, Bappeda
4	Development Control Division, Bappeda
5	City Planning and Settlement, Bappeda
6	Cipta Karya
7	Cipta Karya
8	Cipta Karya
9	Planning Section
10	Cleaning, Market and Scenery Agency
11	Local media
12	Sanitation Marketer Forum, Environment Dusun 5

Sawahlunto Interviewees (19-23 January 2015)	
1	Sekda
2	Bappeda
3	Fisik & Infrastruktur Bappeda
4	Health Agency
5	Penyehatan Lingkungan Dinkes
6	Penyehatan Lingkungan Dinkes
7	Cipta Karya
8	Cipta Karya
9	Local media
10	BP-SPAM Association
11	Commission 3 (DPRD)
12	Commission 3 (DPRD)

Pariaman Interviewees (19-23 January 2015)	
1	Sekda
2	Bappeda
3	Physical & Infrastructure
4	Fisik & Infrastructure
5	Local media
6	Cipta Karya
7	BPP-SPAM
8	Community Leader
9	Health Agency

Pringsewu Interviewees (2-6 February)	
1	Sekda
2	Bappeda
3	Fisik & Infrastruktur Bappeda
4	City Council Provincial Pokja
5	Penyehatan Lingkungan Dinkes
6	Village Women Organizations (PKK)
7	Sanitation Entrepreneur (Wirausha Sanitasi)
8	Cipta Karya
9	Commission C (DPRD)
10	PWI (Indonesia Journalist Association) (former)
11	PWI (Indonesia Journalist Association)

Metro Interviewees (2-6 February)	
1	Health Agency
2	Health Agency
3	Cipta Karya DPU
4	Cipta Karya DPU
5	Environment Agency
6	City and Physical Infrastructure
7	Community Empowerment Organisation
8	Green City Forum (Masyarakat Hijau Metro)
9	Commission C (Local Parliament)

Province Interviewees- Sumatra Barat (10-12 December 2015)	
1	Economic & Development Bureau, Provincial Secretariat
2	Economic & Development Bureau, Provincial Sekda Office
3	Provincial Planning Agency, Bappeda
4	Provincial Facilitator PPSP

Province Interviewees - Lampung (15-17 December)	
1	Provincial Bappeda Physical & Infrastructure division

3. Participatory workshops

Padang (14 April 2015) – 4 women, 8 men	
1	Media (Kominfo / RRI SP)
2	Bappeda, Pariaman
3	DPU, Pariaman
4	Health Agency, Pariaman
5	Bappeda, Sawahlunto
6	BPP-SPAM Association, Sawahlunto
7	Bappeda, Payakumbuh
8	Health Agency, Payakumbuh
9	Asosiasi, Payakumbuh
10	NGO Dian, Payakumbuh
11	Healthy City Forum (FKS,) Payakumbuh
12	Formerly of Health Agency, Payakumbuh

Bandar Lampung (16 April 2015) – 1 woman, 11 men	
1	Bappeda, Pringsewu
2	Health Agency, Pringsewu
3	Dinas PU, Pringsewu

4	Indonesia Journalist Association (PWI), Pringsewu
5	Indonesia Journalist Association (PWI), Pringsewu
6	Bappeda, Lampung Selatan
7	Bappeda, Lampung Selatan
8	Bappeda, Metro
9	Dinas PU, Metro
10	Health Agency, Metro
11	Health Agency, Metro
12	(Green City Forum) Masyarakat Hijau Metro

ANNEXE 3: Semi-Structured Interview Guide

The following questions were used as a guiding framework for the semi structured interviews with case study participants.

Themes and questions:

Themes are not mutually exclusive

- Interviewee’s perspectives on **air limbah**...
- What is the current situation? >> What **changes** would you like to see? In 5 years how do you see the role of the government?

1) The air limbah context

- What is the state of sanitation in small towns?
- What are the sanitation facilities operated by district government?
- What works well? What are the problems?

2) Stakeholders: roles and influence on air limbah outcomes (or lack thereof)

- Who is involved in air limbah service delivery, and how?
- Pokja sanitasi (district)
 - How well coordinated is this? Who organises?
 - What are the challenges? How could they be overcome?
 - Role changes within LG - impact? How could it be overcome?
- What is the role and influence (driving or posing barriers) of:
 - Head of Bappeda, Sekda, Mayor
 - Local parliament
 - Provincial pokja (or other provincial government)
 - Community, including local leaders
 - NGOs
 - Media
- Who is driving sanitation, and how and why?
- Who is posing barriers to sanitation, and how and why?

3) SSK = process of planning

- How were you involved in SSK planning?
- How useful was it?
- What were the difficulties? (capacity, timing, information, lack of commitment)
- SSK Facilitator – what support did they provide, how useful?

- Other training / capacity building / meetings – e.g. MOHA meeting in Jakarta?

4) SSK implementation?

- How useful has the SSK plan been to guide implementation? Why or why not?

5) Technology and options: onsite vs. offsite

- What are your views on what sanitation options are suitable for small town X? Why? (e.g. what factors - density, soil, topography)
- Are there advantages of decentralised (offsite?)
- What would it take to move from onsite to offsite?

6) Asset operations and maintenance – longer-term requirements (data required)

- What are the operation and maintenance requirements for sanitation systems? (onsite, offsite, desludging, sludge management facilities) (testing understanding)

7) \$\$ Investment in air limbah, including tariff/fees (data required from DPPKAD)

- What is the \$\$ investment in air limbah?
- What is the \$ investment on infrastructure, O&M?
- What are the sources?
 - APBD? As a % of total?
 - DAK?
 - Fees, tariffs collected?
 - External grants e.g. SANIMAS?
- How does air limbah \$ compare to investment in other aspects of sanitation?
- How is the investment requirement calculated?
- How is \$ managed?
- What is the monitoring and reporting?
- Is there a UPTD / BLUD? Do they collect tariffs?
- What is the link to MPSS (investment plans?)

8) Asset monitoring

- Are sanitation assets listed on an assets register?
- Is this kept updated?
- How is the register used? e.g. to apply for grants?

9) Community

- How does the LG engage the community? (demand creation, consultation)?
- What do you think should be the role of the community in sanitation?
- How do you think responsibility should be shared between LG and community?
- What are the challenges for the community?
 - Can they pay for it (ops and maintenance, desludging)?
 - Do they have technical capacity and understanding of what is required?
 - How can the community be coordinated?
 - Who owns community assets?
- How can local government help address these challenges?

10) Service delivery to the poorest and most vulnerable

- What does the LG do in practice to provide sanitation to the poorest and most vulnerable?

11) Regulatory obligations

- How do regulations affect what you / LG does for sanitation provision?
 - (Including to check, their awareness of MoHA SE660 specifying pokja roles)
- What else is needed?

ANNEXE 4: Research team, partners and capacity building

1. Research Team Members and Roles

Team member	Position, Organisation	Role on team
Juliet Willetts	Associate Professor, Research Director, ISF	Project director – provided oversight, expert advice and internal peer review (including for internal quality assurance)
Joanne Chong	Research Director, ISF	Team leader
Kumi Abeysuriya	Senior Research Consultant, ISF	Researcher, project manager
Katie Ross	Research Principal, ISF	Researcher
Lenny Hidayat	Researcher, Kemitraan	Researcher, lead workshop facilitator
Hery Sulistio	Researcher, Kemitraan	Researcher, workshop facilitator
Nyoman Suartana	Urban Sanitation Programme Leader, SNV Indonesia	Liaison coordinator for local government staff, workshops and interviews; manager of SNV team providing research support.
Maria Carriero	Water, Sanitation and Hygiene Sector Leader, SNV Indonesia	Expert advisor

2. Distribution of Tasks across Partners

Partner	Tasks
ISF	<ul style="list-style-type: none"> • Research leadership and management • Internal peer review and quality assurance • Lead selection of case study sites • Lead design of SSK plan review • Lead design of FGDs with local governments; present at and co-facilitate FGDs • Lead design of interview guide

	<ul style="list-style-type: none"> • Synthesise data and develop preliminary findings • Lead design of participatory workshops, present at and co-facilitate workshops • Prepare for and participate in meetings with national stakeholders • Oversee and conduct analysis • Lead writing of outputs
Kemitraan	<ul style="list-style-type: none"> • Co-design approach and undertake review of SSKs • Co-design FGDs with local governments; lead facilitator of FGDs • Co-design interview guide; conduct interviews • Synthesise data and assist in the development of preliminary findings • Co-design participatory workshops; lead facilitator of workshops • Prepare for and participate in meetings with national stakeholders • Conduct analysis • Provide inputs for and review parts of outputs • Translate documents
SNV	<ul style="list-style-type: none"> • Provide information and inputs to inform site selection and SSK plan reviews • Coordinate FGD invitations and logistics; attend, observe and note-take FGDs • Coordinate workshop invitations and logistics; attend, observe and note-take workshops • Contribute to synthesis of data and analysis

3. Collaboration and capacity building for undertaking sanitation governance research in Indonesia

From internal team monitoring and evaluation surveys and reflections sessions conducted during the course of the research, team members strongly endorsed the capacity building that had occurred through the research partnership. Mutual learning built on the range different and overlapping knowledge areas of respective organisations (e.g. governance, sanitation, stakeholder facilitation particularly to

encourage participants to openly share views) and collaborative, well-organised approach with clear allocation of roles and close working between partners.

Feedback from Indonesian research and NGO partners and GOI partner Bappenas at conclusion of project included:

“We have been dealing with governance issues for more than 15 years, however this is the first time we have had the opportunity to conduct qualitative research in this area – we found that sanitation is a key link between good governance and basic infrastructure services. We name it, the *Unseen Governance*”.

“We have improved our techniques in qualitative research management, and learned how to extract and synthesise complex information into a concise manner”.

“This is a model for international collaboration. We have had past experience working with international organisations, but this is one of the most workable and effective collaborations we ever had.”

“What I learned is how to encourage respondents (government officers) to share their problems - usually, it is really difficult to ask them [to be open about problems].”

Feedback from ISF research partners included:

“I have learned a great deal about the overall governance, institutional and political context of Indonesia, and the impacts on and implications for sanitation outcomes.”

“It has been an immensely rewarding experience collaborating with Kemitraan, SNV and Bappenas. We had so many rich discussions – on the road, in airports, before and during and after workshops, and over many meals – about the governance and institutional arrangements pertaining to LG sanitation, and also more widely in terms of the Indonesian context. We are glad to have helped inspire interest in the sanitation sector and in the power of participatory, independent research. The Indonesia-based team members provided essential expertise and nous to help us navigate and understand the detailed institutional arrangements and administrative procedures relevant to this research.”

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