AZKA AKADEMI ZAKAT PPZ

AZJAF
AZKA INTERNATIONAL JOURNAL OF ZAKAT & SOCIAL FINANCE ISSN : 2735-1890 e-ISSN : 2716-6643
Vol. 2 No. 1 (2021)

azka.zakat.com.my

DOI: 10.51377/azjaf.vol2no1.43

ZAKAT FUNDING SOLUTION IN COMMUNITY-LED TOTAL SANITATION (CLTS) APPROACH FOR CLEAN WATER AND PROPER SANITATION IN BANTEN, INDONESIA

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A PEER-REVIEWED ARTICLE
(**RECEIVED** – 16TH JUN 2020: **REVISED** – 26TH AUGUST 2020: **ACCEPTED** – 1ST OCTOBER 2020)

ABSTRACT

Providing clean water and sanitation for developing countries presents its problems mainly related to people's unhealthy behavior and funding that needed to build clean water facilities and infrastructure. Various attempts were made by both the government and the private sector to provide proper sanitation, particularly for the poor. It also aims to give one of the most significant service delivery challenges related to poverty alleviation and sustainable living. This article presents new sanitation developments focused on community-led total sanitation (CLTS) approach and zakat as a funding solution. The researchers used the Miles and Huberman (1992) research model consisting of data reduction, data display, and verification. The result is LAZ Harfa with the CLTS approach could increase the number of houses with latrines by 40.19 percent in Banten from 2006 to 2019, also coaching schools in building 25 latrines, the number of beneficiaries increased significantly to 47,174 from 14,461 individuals. The article closes by arguing that zakat as possible alternative funding by seeing the potential that can improve the sustainability of sanitation service interventions.

Keywords: clean water; community-led total sanitation; funding; proper sanitation; zakat.

INTRODUCTION

Poverty remains an ingrained problem in Indonesia. Out of a population of around 267.3 million, about 24.97 million Indonesians still live below the poverty line. Based on the latest data, approximately 9.22 percent of the entire population remains vulnerable to falling into poverty, as their income hovers marginally above the national poverty line. In September 2019, Indonesia's poverty line was recorded at IDR 440,538 per capita/month with a composition of the food poverty line of IDR 324,911 (73.75 percent) and the non-food poverty line IDR 115,627(26.25 percent). On average, poor households in Indonesia had 4.58 household members. Therefore, the average poverty line per poor household is IDR 2,017,664 /poor /month (BPS, 2019).

Poverty is a complex and multidimensional issue and cannot be easily seen from an absolute number. It is no longer understood merely as an economic incapacity but also as a failure to fulfill basic rights, such as the fulfillment of health, clean water needs, and proper environment. In Indonesia, poverty makes most of the poor people vulnerable to disease, inability to meet nutritional needs every day, gaining very minimal knowledge about environmental sanitation, and lacking healthy living behavior, one of them is open defecation. WHO reports that around 55 million people were practicing open defecation in Indonesia or one quarter approximately of the population in 2018. This is the second-highest country total, after India. Moreover, the current study with Environmental Performance Index (EPI) in 2018, Indonesia is ranked 133rd of 180 countries, or if compared to the Southeast Asian region, East Timor still has better sanitation access compared to Indonesia, which is ranked 125th.

The fact that the poorest Indonesians are being left behind, with significant gaps in access to sanitation among households. There are still 29.96% or over 70 million people who lack access to an improved water source, and more than 110 million of the country's 240 million population has no access to improved sanitation (Susenas, 2017). Only about 2% of people have access

to sewerage in urban areas; this is one of the lowest in the world among middle-income countries.

Indonesia's poor sanitation conditions have resulted in an increase in the government budget for handling water and sanitation access. Bappenas estimates that a national budget of around Rp160.1 trillion is needed for various financing schemes, both government and non-government budgets (Media Indonesia, 2020). Considering that the huge funds needed, while many government programs also require a budget from the state budget, the Ministry of National Development Planning/Bappenas through the National Housing, Settlement, Drinking and Sanitation Working Group (PPAS) through workshops organized by the National Development Planning Agency and the National Amil Zakat Agency on February 26-27 2020, encouraging the synergy of the Religious Institutions for the utilization of ZISWAF in overcoming sanitation problems in Indonesia.

According to BAZNAS, the ZISWAF fund has the potential to reach IDR 421 trillion or 3.4 percent of Gross Domestic Product (GDP) so that it can play an important role in the provision of safe and proper drinking water and sanitation services for low-income communities. From year to year, the number continues to increase by up to 25-30 percent. Even during the global crisis in 2009, it was increased by more than 6%. It shows that zakat practice is immune to the financial crisis, and therefore it has a tremendous potential to contribute to national development. With these facts, further studies regarding zakat as possible alternative funding by seeing the potential that can improve the sustainability of sanitation service interventions are needed.

LITERATURE REVIEW

It is assessed that individuals worldwide hone open defecation due to **a** lack of access to sanitation facilities. An estimated 946 million people in the world practiced open defecation in 2015, 90% of whom lived in rural areas (UNICEF and WHO 2015). Open defecation unfavorably influences human health, contributing to diarrheal illnesses and childhood stunting (Clasen et al. 2014; Spears et al. 2013; Vyas et al. 2016). Poor sanitation also has an adverse economic

impact (DeFrancis 2011), excessively influences the security, health, and nobility of women (Hulland et al. 2015; Jadhav et al. 2016; Khanna and Das 2016; Kulkarni and O'Reilly 2014).

In Indonesia, 110 million individuals need to get -to appropriate sanitation, and 63 million practice open defecation (WHO/UNICEF, 2012). Two of the four fundamental causes of passing for children beneath five in Indonesia (loose bowels and typhoid) are fecal-borne ailments connected straightforwardly to insufficient water supply, sanitation, and cleanliness issues (Ministry of Health, 2002). Lacking sanitation is related not as it were with antagonistic health effects, but also with noteworthy economic losses. Lacking sanitation and destitute cleanliness in Indonesia is assessed to take a toll around US$6.3 billion, or more than 2.4 percent of the country's gross domestic product (GDP) (Napitupulu and Hutton, 2008).

The program as a solution to sanitation problems that we analyze in this paper is a community-led approach that focuses on creating demand for sanitation, in contrast to the traditional approach of providing sanitation equipment (Sah and Negussie, 2009). Community-Led Total Sanitation (CLTS) was initially developed in Bangladesh in 1999 by sanitation practitioner, Kamal Kar. It is presently broadly actualized in more than 60 nations around the world (Wells and Sijbesma, 2012), having been implemented by numerous international NGOs (for example, Plan International, UNICEF, Care, World Vision), and the World Bank. Governments are progressively taking the lead in scaling up CLTS, with numerous having embraced CLTS as national policy. CLTS is seen by many in the water and sanitation sector as the most promising approach to making strides sanitation as of now accessible.

The following is a rough outline of a grouping of steps which might be taken after, and apparatuses that may well be connected in activating CLTS in villages. This is definitely not the only way of doing it, but some essential elements will be emphasized and could be free to modify and change in accordance with the situation.

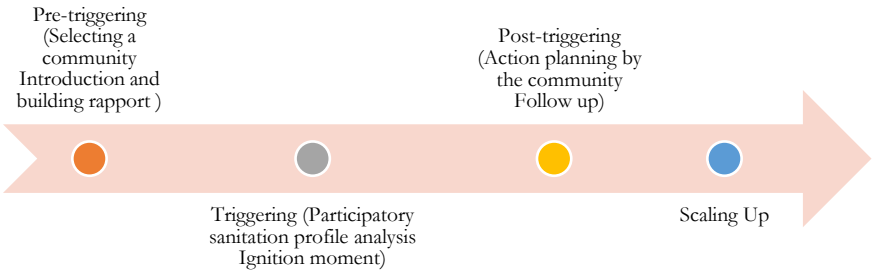


Figure 1: The Sequence of CLTS Steps
Source: Handbook of CLTS, 2018

As a country with the biggest Muslim populace within the world, Indonesia can possibly get a tremendous commitment from zakat funds, of around US$14.5 billion. Ideally, these zakat funds can be utilized, among others, for drinking water and sanitation advancement program.

Indonesian Ulama Council (MUI), through Fatwa No. 001/MUNAS/-IX/MUI/2015, has explained in detail that it is permissible to use *Zakat* (alms), *Infaq* (donation), *Sedekah* (charity), and *Waqf* (ZISWAF) funds for the construction of clean water and sanitation facilities because the provision of these facilities to the community is a government obligation as a manifestation of the implementation of *hifzhu an-nafs* (protecting the soul).

As put by Dean and Khan (1997, 198), "*Islam is not restricted to individual riches, but to its accumulation at others' expense. Zakat functions to anticipate amassing and anticipate misuse or social conflict.*" It should be separated from *sadaqah*, which may be a shape of charity and implied to be deliberate. According to Hasan (2006), zakat became a formal and obligatory transfer system within Islam's moment decade.

The sum of zakat is ordinarily characterized as 2.5 percent of all productive wealth accumulated over the course of a year. The items of wealth considered to determine the *nisab* —the minimum amount that one needs to have before being obliged to pay zakat — can vary and includes gold and silver as well as agricultural products and livestock. However, in present-day times, trade resources, bank

accounts, monetary resources, and rentable buildings are too considered (Hassan 2010). The Quran lists eight categories of people who can claim the right to receive zakat, the two most common being those who are poor and those who are needy ((Hasan 2006).

As a centuries-old institution, zakat is not ordinarily tied to a political range (Malik 2016) and frequently appreciates high levels of public trust. More as of late, zakat assets have ended up a noteworthy source of financing for humanitarian actions; in a few nations, it has been channeled through public institutions to support national poverty reduction schemes.

Gauges show that the volume of zakat collected every year is not negligible. Concurring to a later study in Indonesia, Malaysia, Qatar, Saudi Arabia, and Yemen, these nations alone collect at slightest USD5.7 billion every year, whereas the worldwide volume of zakat surpasses tens of billions of dollars (Stirk 2015).

METHODOLOGY

This paper is descriptive with collecting data methods consisted of secondary data. This study aims to describe how community empowerment through the Community-Led Total Sanitation (CLTS) approach utilizes zakat funds. Pandeglang Regency, Banten is a research location where the Amil Zakat Institution (LAZ) Harapan Dhuafa –Harfa operates and implements its program.

The selection of LAZ Harfa is based on one of the four main focuses of the LAZ Harfa program is the health sector with the Community-Led Total Sanitation (CLTS) approach. In implementing the health program, LAZ Harfa has been working with Caritas Australia and Australia Aid (an Australian agency) since 2006, which later formed the Environmental Services Program (ESP). The Environmental Services Program (ESP) is focused on empowering programs for the community, programs that are specific to environmental improvement services that are intended to benefit the community in carrying out their activities. With the election of LAZ Harfa, who also collaborates with international NGOs, it is hoped that it can provide a new perspective for other zakat institutions in utilizing zakat funds for sanitation programs. In this study,

researchers used the Miles and Huberman (1992) research model consisting of several steps in Table 1 below:

Table 1: The Miles and Huberman Research Model

(1) Data Reduction	(2) Data Display	(3) Verification
Data reduction is the activity of summarizing, choosing the main points, and then focusing on the important things, and looking for themes and patterns. Reduced data will provide a clearer picture and make it easier for researchers to conduct further data collection. In this study, researchers reduced secondary data from LAZ Harfa as well as several news documents that exist in digital media that are only related to CLTS activities.	Data display is a collection of information that is arranged, allowing for conclusions and taking action. In presenting data, researchers present in the form of descriptions. The data description is in the form of an explanation of the empowerment program through the CLTS approach as well as the success and achievement of targets obtained from the community empowerment program.	Verification that is drawing conclusions. This conclusion draws in line with the research objectives that were formulated from the start. Researchers provide conclusions on data that already exist or have been obtained. The data obtained by researchers came from community empowerment program activities through the CLTS approach by observing and documenting secondary data.

The data in this research consists of:

a. The total latrines built during the CLTS activities took place from 2006 to 2019, which were carried out in 29 villages in Banten.
b. The beneficiaries of the construction of clean water facilities in the community from 2011-2019.

The limitation of the research in this study describes and analyzes the process of CLTS as implemented by LAZ Harfa Banten through the perspectives of local actors. So, this result could need some adjustments to the implementation of CLTS in other places, which could be caused by different cultures or beliefs. Active participation from the community is also needed in the success of this CLTS approach. This research does not involve an in-depth interview process so that it can provide further research opportunities in order to obtain more dynamic research results.

RESULTS

LAZ Harapan Dhuafa (Harfa) is a provincial scale amil zakat institution that collects social funds (ZISWAF). Some of the programs implemented by LAZ Harfa that concern in the health sector are health promotion programs (Promkes) such as hygiene, nutrition, and handwashing with soap, Clean Water Facilities Program (SAB), and Latrine *Arisan (Arisan Jamban)* programs that involve community participation and without subsidies through Community-Led Total Sanitation (CLTS) approach. Community-Led Total Sanitation (CLTS) approach focus on changing hygiene and sanitation behavior through community empowerment with the triggering method. Those programs are some of LAZ Harfa's concerns as a social humanitarian institution for the surrounding environmental conditions.

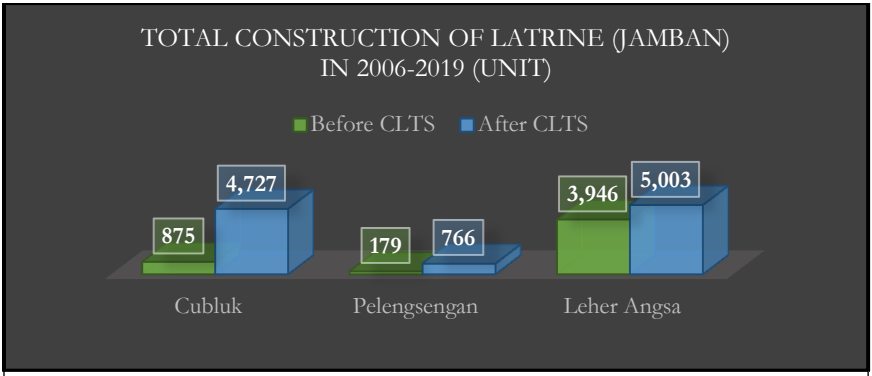
In implementing the Community-Led Total Sanitation (CLTS) approach, it has an indicator of success. It is the achievement of the Open Defecation Free (ODF) condition, which is achieved by (1) the whole community has defecated only in the toilet and discharged feces/dirt only to the toilet, (2) no visible human feces in the surrounding environment, (3) efforts to improve the quality of existing toilets so that all go to the latrine safe, strong, healthy, and comfortable, (4) application of sanctions, regulations or other efforts by the community to preventing the occurrence of open defecation, and (5) community independent monitoring.

Some activities in implementing CLTS start from CLTS facilitators of LAZ Harfa are sent to villages to initiate a community analysis of existing sanitation practices and a discussion of the

negative health consequences of such practices. The community actively participates in the facilitated meeting and is then left to forge its own plan to improve village sanitation with only limited follow-up support and monitoring from the program. These discussions or "triggerings" are held in public places and are open to all. They involve a "walk of shame," during which the facilitator helps people analyze how fecal contamination spreads from exposed excreta to their living environments and food and drinking water. A map of the village is drawn on the ground, and villagers are asked to indicate where they live, where they defecate, and the routes they take there and back. This illustrates that everyone is ingesting small amounts of each other's feces, which is intended to lead to individual and collective decisions to improve community health by becoming an open defecation free (ODF) community. In realizing ODF Village, the activity that LAZ Harfa has implemented since 2006 until now using Latrine Arisan (Arisan Jamban). Latrine Arisan or Arisan Jamban is one of the approaches applied to facilitate the community in understanding the problems and potential for improved sanitation in their communities.

Based on data from LAZ Harfa, where there are 29 assisted villages in 8 sub-districts in Pandeglang Regency, and there are around 26,113 houses in the assisted area. Before the CLTS LAZ Harfa intervention, there were 6,035 houses, or only 23.11 percent of the total number of households that had previously had latrines, while there were still 20,078 other houses that did not have their own latrines. Here is the recap of the construction of the latrine from CLTS triggering results for July 2006 until the 2019 period by LAZ Harfa.

In 2006, the number of latrines in stage 0 or the initial stage, called before the intervention of LAZ Harfa, amounted to 5,000 toilets consisting of 875 *cubluk*, 179 *plengesan*, 3946 *leher angsa* for 29 villages under the guidance of LAZ Harfa. Following the CLTS LAZ Harfa intervention, an increase in the number of houses with latrines was 16,531 or an increase of 63.31 percent, with 10,496 latrines built, consisting of 4727 *cubluk*, 766 *pelengesan*, and 5003 *leher angsa*. So that the number of houses without latrines decreased to 9,582 houses or an increase in the number of houses with latrines was 40.19 percent.



- *Cubluk* is a latrine/toilet that has no drainage underneath, so the feces goes directly to the final disposal/storage site
- *Plengsengan* is a toilet/toilet with a flat channel which is tilted to the sewage.
- *Leher angsa* or swan neck toilet is a toilet that has a U-shaped channel underneath the seat with the shape of a "U" (like a swan's neck) with the intention of storing water to keep the feces odor from coming out.

Figure 2: Total Construction of Latrine

In terms of providing latrine or toilet facilities to support the CLTS approach, LAZ Harfa does not provide subsidies of any kind is provided. CLTS founders believe that CLTS is less effective when subsidies are available (Kar and Pasteur, 2005). They argue that the existence of subsidies causes people to postpone investing in sanitation in the hope that they will receive a subsidy and that subsidies instill a culture of dependency rather than self-determination. The lack of subsidies also makes the program much less expensive, and savings can be utilized to spread and scale up the program.

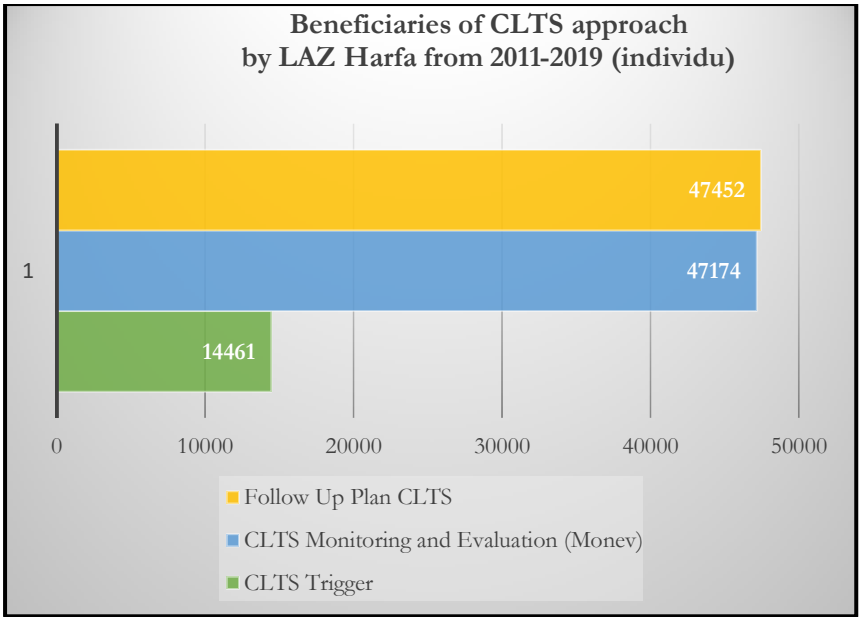


Figure 3: Beneficiaries of CLTS Approach by LAZ Harfa

CLTS triggering is an effort to change the behavior of people who are hygienic and sanitary through community empowerment with the principle of the participatory method and CLTS approach. Through the CLTS trigger method, there are 14,461 individuals who benefit from LAZ Harfa. One of the 29 villages coached by LAZ Harfa is Sukarame Village. LAZ Harfa, in collaboration with Bank Indonesia, held CLTS triggering in Sukarame Village's way to provide awareness to the community that open defecation is very dangerous for health and the environment in which to live. Sukarame village itself has approximately 162 families and is one of the villages that does not have a permanent latrine, so the community still behaves in open defecation either going to the river or the nearest garden. The result was that the community gave an enthusiastic response to the CLTS triggering activity, and a mutual agreement was made after that so that residents could change their defecation habits and change to be able to have a toilet permanently and make an agreement to

contribute to the creation of Clean Water Facilities in Sukarame Village.

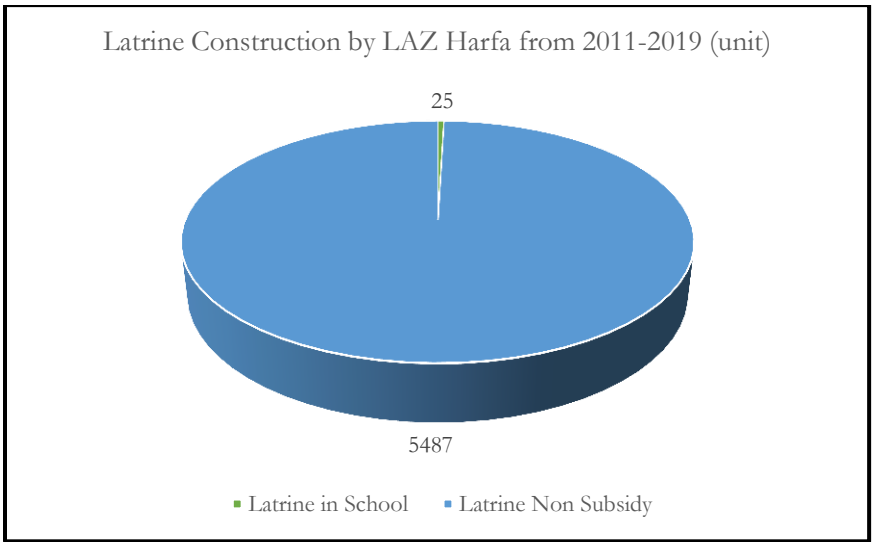


Figure 4: Latrine Construction by LAZ Harfa from 2011-2019

In the monitoring and evaluation of CLTS, the number of beneficiaries increased significantly to 47,174 individuals, and at the follow-up plan stage, the number increased to 47,452 individuals. The beneficiaries consisted of 11,634 households or 16,478 households. The amount was specified consisting of 30,123 the number of adult beneficiaries, 17,126 the number of children beneficiaries, 149 the number of beneficiaries with disabilities, and 54 the number of beneficiaries with disabilities for children.

What is different from the CLTS approach taken by LAZ Harfa is that it targeted schools to improve the quality of clean water and sanitation, considering that there are not a few schools that have toilets for defecation and inadequate clean water facilities. Therefore, from 2011 to 2019, LAZ Harfa coached schools in building latrines so that through the CLTS approach, 25 latrines were successfully built. Through the construction of latrines in schools, there are 2751 total beneficiaries consisting of 590 total adult beneficiaries and 2161

beneficiaries of children. Whereas for the construction of non-subsidized latrines built in the community as many as 5487 units with a total of 43639 people consisting of 25253 the number of adult beneficiaries, 18070 the number of children beneficiaries, 176 the number of adults disabled beneficiaries, and 140 the number of beneficiaries of children with disabilities child.

The success of the CLTS approach by LAZ Harfa cannot be separated from the sustaining zakat funding. Through the results of the 9th MUNAS MUI, ZISWAF(Zakat, Infaq, Sadaqah, Waqaf) funds can be used for the construction of clean water and community sanitation facilities. With two provisions, first is no urgent need for mustahiq, which is direct, and second, the benefits of clean water facilities are intended for the benefit of the public good (*maslahah aammah*) and virtue (*Al-birr*). ZISWAF fund has a potential of 3.4 percent of Indonesia's total Gross Domestic Product (GDP), which means it is very likely to be used to improve the welfare and health of the community, including in providing access to drinking water and sanitation as one of the keys to stunting prevention which is currently a priority of the government. In utilizing zakat funds, LAZ Harfa allocates 35 to 40 percent of the zakat funds collected for the CLTS approach, and the proportion is considered large, considering LAZ Harfa has several programs funded by ZISWAF funds.

DISCUSSION

By the early 2000s, the need for rural sanitation services in Indonesia was clear. The government was faced with the challenge of delivering services at scale in a geographically dispersed and decentralized country. Half the country's population was without progressed sanitation administrations, counting more than 60 percent of the rural population (WHO Global Health Observatory 2012).

In addressing water and sanitation issues, sanitation was the "forgotten twin." Existing approaches, which centered on investment in infrastructure and subsidies, had fizzled to attain comes about. An estimated $600 million in yearly investment amid 2005–2015 was required to attain the country's water and sanitation Millennium Development Goal targets—far more than the government and donors may give.

The Indonesian government had contributed an average of just $27 million a year within the segment over the past 30 years, and most of it had gone to urban ranges. Population growth and lack of effective large-scale rural sanitation programs had led to a decline in rural access to sanitation at the national level, from 43 percent in 1985 to 37 percent in 2008 (Perez 2012).

A new approach was called for the government needed to increase private investment in sanitation and find new mechanisms for delivering services at scale, particularly to poor people living in a range of dispersed geographical areas over the country's 17,000 islands. This case study outlines the story of the paradigm shift in Indonesia from investment in hardware subsidies to investment in behavior change. It tracks how it introduced community-led total sanitation (CLTS) and total sanitation and sanitation marketing (TSSM). It identifies some of the key delivery challenges faced by implementers and the decisions and actions that helped overcome many of these challenges.

Between 2003, when the government presented the primary approach for community-based water supply and sanitation, and 2014, when CLTS was joined into the national policy, sanitation got to be a priority for national and local governments. During this time, 25 million individuals picked up to get to progressed sanitation in rural Indonesia.

Despite the government's no-subsidy CLTS policy, some government-sponsored programs still provide latrine subsidies to rural households. This overlap in approaches, along with a history of government and NGO subsidies, has created expectations for external support in communities. However, the challenge of increasing latrine access for the ultra-poor is real and requires alternative approaches. Many CLTS implementers believed that some form of "smart subsidies" may be appropriate for the most vulnerable populations, ideally through village-based financing mechanisms, provided they had shown a commitment to change their behavior. There were also examples from a few communities of self-help activities called "*gotong royong" or "sambatan*," where community members came together to build latrines for each other.

Moreover, local governments have to allocate adequate funding for CLTS activities before they can assume responsibility for implementation across the district. They ought to consider expanding the number of sub-district government staff included in CLTS to supervise volunteers and guarantee that activities proceed after the life of an NGO project. Through the bureaucracy and formal processes by the government, CLTS program funding will require a lot of funds because it requires staff per sub-district who also controls the sustainability of the program.

CLTS led by community

Financing community-scale infrastructure projects encounter with communicative planning forms within the past decades have appeared that multi-stakeholder approaches with community involvement can lead to cost-effective solutions. In numerous cases, they have been appeared to be less costly than equipment, supply-driven solutions that fail to meet people's needs and wants.

To broaden sanitation foundation commitments to the regional level, the Government of Indonesia synergizes the efforts of all partners, actualizes ceaseless sanitation services, and optimizes different funding sources. One of the potential funds that can be used is the zakat fund. Zakat Funds, a form of alms-giving treated in Islam as a devout commitment or charge that alludes to an alternative scheme, rises from the Islamic society to supply sanitation and drinking water services throughout Indonesia.

In the non-economic empowerment project of zakat-funding, there is Community Lead Total Sanitation (CLTS) of LAZ Harapan Dhuafa (Harfa) in Banten Province. This project has the objective of developing the healthy behavior of *mustahiq* so that they can be optimal in performing their functions in society. That CLTS project concerns creating knowledge and ability of *mustahiq* and does not distribute zakat in the shape of cash or products anymore.

The scale of sanitation may be a gigantic challenge since the size of Indonesia's population and the diversity inside the nation. There are 34 million rural people still openly defecate, with 63 million not accessing improved sanitation. Achieving universal access to

sanitation for all is a huge challenge. Here are some of the challenges faced by zakat institutions in implementing CLTS.

1. *Use of subsidies/alternate funding:* Where communities have received funds and projects from many development agencies for years, including from the government, this has created a dependency (e.g., Papua and Papua Barat in 2004 after special autonomy applied). Subsidies and aid have undermined the social spirit of these communities, with working together (*gotong royong*) being exceptionally uncommon and an expectation of outside support. This is a challenge for the CLTS philosophy. After triggering, communities look for a few support or expect village funds to be utilized to support them.
2. *Variable quality and capacity of sanitarians:* Sanitarians are government health officers with other roles and are not always available, motivated, or monitored for CLTS triggering and follow up. In most regions, a sanitarian may be responsible for 20 villages. The quality and capacity of sanitarians vary across areas and inside programs. Ministry of Health, with support from partners, has developed standardized training content and modules, but more investment is needed in longer-term capacity development and in the monitoring of performance, including incentives for sanitarians based on achievements. The number of skilled sanitarians graduating from training is inadequately in meeting the demand for implementation, and there is an overall shortfall in the numbers of sanitarians required.
3. *No post-ODF monitoring:* There is no clear procedure for monitoring sustainability and slippage of previously verified ODF communities. Post ODF monitoring is uneven and not formalized. CLTS reporting is only required yearly, which is not adequately normal to address issues that caused the slippage. The accentuation is on coming to ODF, with the follow-up being generally disregarded. Also, there is no natural progression to the other pillars of CLTS.

LAZ Harfa is one of such LAZ in Indonesia that can be used as a solution to various CLTS forward challenges, as described above.

The potential size of the yearly zakat pool has been evaluated between US$200 billion and US$1 trillion, agreeing to Obaidullah and Shirazi in 2015 and the World Bank and IDBG in 2016. Then, since the number of skilled sanitarians graduating from training is insufficient, LAZ has many trained human resources who can fill the lack of sanitarian resources. Even in the LAZ Harfa case, the sanitarians have advantages over the sanitarians of the government. This is because the sanitarians owned by LAZ Harfa can work more in totality by living with the community for an unlimited period of time. Monitoring conducted by LAZ Harfa is also carried out on a weekly basis, not only yearly as conducted by the government and several other institutions. This can further collaborate so that the potential for zakat in Indonesia can be optimal, and then replication can be done in other areas.

CONCLUSION

Our results show that CLTS expanded latrine development in Banten by LAZ Harfa supervision with adequately high pre-existing social capital within the form of community participation. Our findings are thus cautionary with regard to utilizing participatory development approaches in low social capital environments and, at the very least, suggest a need for greater investment in community-support for participatory development programs in areas with evidently low social capital. The zakat funds can be raised from Muslims in Indonesia, which can be used, among others, for drinking water and sanitation development program.

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