

Final Report 2014



HIGH FIVE

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Background

| 01 |

Diarrhea is a major public health problem in Indonesia. The national prevalence of diarrhea is 11 percent, and it is one of the biggest killers of children under five. Multiple studies (eg. Fewtrell L et al., 2005; Curtis, 2003) suggest that hygiene and sanitation practices are important keys to reduce diarrhea illness. However, some caregivers are not practicing these behaviors, consequently placing infants and children at risk. For example, while toilet use is very common in urban areas, it was discovered that more than 60% of toilets in urban areas channelled feces to poor sanitary facilities or to open spaces (i.e. river, drainage, stream) or even unsafe (leaking) septic tanks (EHRA-ISSDP, National Analysis Report; 2007). As for hand washing with soap, it was reported that more than 95% of mothers in South Sulawesi, East Java and North Sumatera --three of USAID's target provinces-- washed their hands before preparing meals, but it was not clear if soap was used (IDHS, 2009). Other sources of data showed that while the majority washes their hands at critical times, they do not use soap, thus canceling the protective effect of hand washing (Rimbatmaja, et al., 2007). Negative values and beliefs toward hygiene is one reason for the limited practices regarding hand washing with soap and use of sanitary services. Safe water practices, including water treatment and proper storage is also limited. Studies conducted in various areas of Indonesia (BHS baseline, 2005; Ainslie, et al., 2008) found that more than 90% of Indonesian households boil their drinking water. However, in at least 45-65% of the households, the treated water was contaminated with E.coli (CARE, 2005; IPWR 2007). Unsafe storage and poor practices for water handling were suspected to be the causes of the recontamination of boiled water. Regarding solid waste and waste water management, limited infrastructure is one crucial barrier to the improvement of hygiene practices related to waste in Indonesia (www.digilb.ampl.net, retrieved 8 February 2009).

“Diarrhea is a major public health problem in Indonesia. The national prevalence of diarrhea is 11 percent, and it is one of the biggest killers of children under five.”

In response to this, the Government of Indonesia has recently launched the Community-based Total Sanitation (Sanitasi Total Berbasis Masyarakat=STBM) strategy, an integrated approach dealing with five key behaviors: Eliminating open defecation; hand washing with soap; household water treatment and safe storage and food management; solid waste management; and waste water management. Simultaneously, in regards to sanitation access improvement, the Government of Indonesia issued a policy that requires every city to develop City Sanitation Strategy (Strategy Sanitasi Kota=SSK), a comprehensive plan for water, sanitation and hygiene development of the city, which should be used as direction for watsan stakeholders in developing their program.

High Five developed and applied behavior change communication strategy to create a model of STBM approach toward sanitation and hygiene practices improvement in urban area, and utilized SSK as a reference. High Five encouraged partners at all levels to take part in planning, implementing, monitoring and evaluating the program, incorporated their action plans, which enhanced their sense of ownership of the program.

The goal of the High Five program is to improve hygiene and sanitation practices at the household and community levels, and at the same time to contribute to the achievement of the national STBM strategy. This initiative is estimated to benefit 12,000 households or 48,000 people living in urban area within the period of three years.

The specific objectives of the program are:

- 1) To create an enabling environment by engaging public-private partnerships and communities in developing and implementing plans for improved water supply, sanitation and hygiene;
- 2) To improve sanitation and hygiene behaviors through participatory programming at the community level with stakeholders, social networks and community members;
- 3) To ensure sustainable demand and access for safe water, hygiene and sanitation facilities at the household and community levels through empowered and informed communities advocating for themselves

This final report highlights activities and results of three-year High Five program implementation in Medan, Surabaya and Makassar.

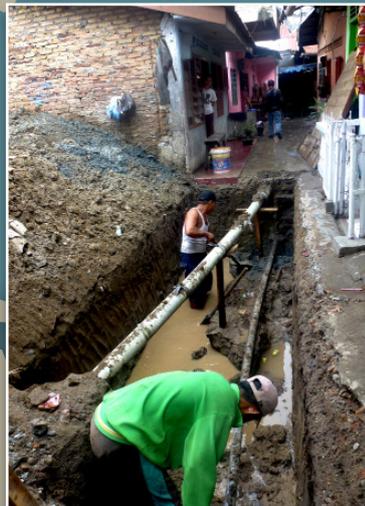
Working Area

High Five works in the capital of three provinces with high diarrhea prevalence: Medan (North Sumatra), Surabaya (East Java) and Makassar (South Sulawesi). The program implementation focuses in two kelurahan in each city, which were called High Intervention Kelurahan. The program was replicated in at least five kelurahans in each city, which were called Low Intervention Kelurahan. The criteria of the kelurahan are diarrhea incidence, readiness for community dialogue and collective action, active and committed community-based networks (posyandus, Family Welfare Movement-PKK) and active schools willing to participate.

Medan, North Sumatera

Medan city is home to **1,993,601 people**, many of whom rely on the seven rivers crossing the city to channel waste water (grey and black water) and dump solid waste. In 2007, it was reported¹ that only **289,405 individual PDAM (State-Owned Water Supply Company) connections² were present for 498,400 households**, or less than six connections for every 10 households. Other households rely on well water, with the minority of households using open surface water sources, such as untreated river water, which often leads to increased incidence and prevalence of enteric infections.

Like many other cities in Indonesia that do not have ample space for landfills, Medan also faces a major issue of illegal dumping of municipal solid waste, which leads to generally poor environmental and hydrological conditions, increased breeding sites for vectors and additional influx of contaminants into the rivers. In regards to hygiene and sanitation practices, an ESP/USAID mini survey (2009) showed that 39.3 percent of mothers were practicing all proper behaviors³, while the majority (60.7 percent) was practicing some or few of the behaviors. Understanding that the mini survey was conducted in an intervention program area (three villages), one could presume that the condition in the majority of Medan's 148 villages is likely to be at or below these levels.



Makassar, South Sula

Surabaya, East Java

Surabaya, the East Java province capital, has the largest population among the three proposed sites at **2,829,552 people**, who are distributed among 163 villages. The number of **households with a piped water connection is 278,382 or about 40 percent⁴**. The rest, like in Medan, relies on well water and surface water sources that inherently contain organic and non-organic contaminants. Deteriorating or poorly installed sanitation systems, such as septic tanks or toilet effluent pipes, often lead to premature discharge in areas that can expose human excreta to groundwater, other drinking water sources or even edible crops. In other areas where natural attenuation was not planned, excreta may often be channeled directly to gutters or river systems in/around the city. Municipa

Makassar, home to **1,223,540 people in 163 villages**, continues to struggle with the issue of leaking pipe water system. Household connection coverage is estimated to be at **40 percent, 50 percent of which contain some level of leakage**. While the leakage from wastewater distribution systems presents an obvious hygiene risk to human and environmental health, weak connections in drinking water systems are no less concerning due to the risk of organic or inorganic pollution being vacuumed into the distribution lines during episodes of electricity outages. Similarly, leaking drinking water systems can diminish residual chlorine levels (leftover from water treatment plants) due to the influx of soil particulates, which also alters the taste and turbidity of household drinking water. As was the case in the other two cities, many households in Makassar rely on well water with smaller number of them depending on groundwater. Since leaking septic tank is common and there is generally no primary waste treatment in toilet effluent, groundwater is at risk of further contamination, which poses a threat to those drinking directly from this supply. In terms of hygiene and sanitation behavior, JHU/CCP studies show that practices, especially proper hand washing, safe water storage, water treatment and waste disposal, are still low among mothers with children under the age of five.



solid waste is also a serious issue for the city where daily volume of solid waste is estimated to be **8,700 cubic meter**, despite Surabaya's management capacity of 6,700 cubic meter, which leaves some 2,000 cubic meter (25 percent) of waste unattended⁵. While some portion of this waste is undoubtedly reused or recycled, the remaining uncollected waste tends to comprise mostly organic content that can lead to colloid formation in water sources. In regards to hygiene and sanitation behaviors, about 57 percent of households in previous USAID-program areas (three villages) practice proper behaviors⁶, and it can be presumed that the remaining 160 villages would have similar or lower levels.



1. Medan City Profile, Cipta Karya, the Ministry of Public Works, 2007
2. Total for both domestic (household) and non-domestic connections.
3. Proper behavior according to the survey meant all of the following behaviors: Hand washing with soap, proper solid waste disposal, water treatment and child's feces disposal.
4. Surabaya City Profile, Cipta Karya, the Ministry of Public Works, 2007
5. Surabaya City Profile, Cipta Karya, the Ministry of Public Works, 2007
6. ESP/ USAID mini survey report, 2009

Activities and Results

IR 1 Engaging Public-Private Partners to Support
STBM Practices Improvement Effort

| 03 |

Being acknowledged as an initiator of five STBM pillars implementation in urban setting is considered as one of the biggest successes of High Five. Not only that High Five is the first STBM implementer in urban areas, it is also the first program that implement behavior change communication in improving all five STBM pillars practices. High Five believed that to be called “total sanitation”, an integrated hygiene and sanitation practices improvement strategy is needed to reduce diarrhea prevalence, following the F diagram.

Developing partnership with government at national and local level

STBM, at the beginning of the program, was believed to be an effective way to improve sanitation and hygiene practices in rural areas, and was seen unfit to be implemented in urban areas. Since it was mainly implemented in rural, STBM-related programs focused more on eliminating open defecation, which commonly

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practiced among people in rural areas, and later on expanded the focus to hand washing with soap practice. Meanwhile, in urban areas we faced different case. The majority of households in cities own private toilet. The sludge, however, goes straight to uncovered gutter or non-septic tank, which potentially contaminate ground water and open to vectors to bring diarrheal diseases to people. Stakeholders’ belief that STBM is for rural area was the main challenge for High Five program, which needs to be addressed seriously since developing a STBM model in urban setting was one of our main mandates.

During the first year of the program, High Five actively introduced the program concept in various workshops and coordination meetings, and started to share our experiences in implementing

*Nugroho Tri Utomo,
Director of
Housing and
Settlement, Bappenas,
in High Five’s
culmination ceremony,
2 April 2014.*



“Thank you for your support, High Five team, the initiator of STBM implementation in urban setting. Answering challenges in the next five years with five times harder effort, in 2020 all the Indonesian people will have improved sanitation access. With High Five’s successes, we expect a further collaboration. I am also happy that, instead of closing ceremony, this event is called “culmination ceremony”. Hopefully, there will be other culminations achieved. Thank you, High Five team and all stakeholders that have been collaborating these days,”

*Wilfried Purba
Director of Health
Sanitation, Ministry of
Health in High Five’s
culmination ceremony,
2 April 2014.*



“High appreciation be to High Five, who started this STBM in urban setting approach. I am hopeful that High Five’s approach can be rolled out to other cities... and High Five team, you are expected to maintain the collaboration with the Ministry of Health, and through other working groups. I also expect that you (High Five team) can share your successes in MoH’s or Bappenas’ bulletin. Bravo, bravo, bravo to High Five and all stakeholders,”



STBM in urban setting in the following years. Two issues raised by High Five in order to get STBM implementation in urban setting integrated in national STBM policies and strategy:

1. the inclusion of “kelurahan” and “Kota”, in addition to “desa” and “Kabupaten” that were already used in the enacted STBM regulation
2. the inclusion of septic tank as an indicator of safe and healthy toilet, particularly in urban areas.

Those ideas were accepted by stakeholders, as reflected in Permenkes No. 3 Tahun 2014 (Minister Decree No. 3, 2014) on STBM, a revision of Permenkes No. 852 Tahun 2008, which uses the terms “desa/kelurahan” and “Kabupaten/Kota”, and includes septic tank in Pillar 1 indicators.

High Five was also involved as contributors and reviewers in the development of a series of supporting documents, namely STBM training modules, General and technical guidance of STBM implementation. Other than that, we supported the GoI, in this case the MoH and Bappenas, through our involvement in campaigns and conferences, such as HCTPS (Hari Cuci Tangan Pakai Sabun) celebrations at national and city level and KSAN (Konferensi Sanitasi dan Air Minum Nasional), which was held by Bappenas with other stakeholders. High Five was involved and

contributed ideas in the planning and preparation stage of the events, in addition to our participation in the ceremonies.

In the last KSAN in October 2013, High Five was invited to share STBM in urban setting implementation model, together with the Director of Disease Control and Environmental Health of MoH, Director of Housing and Settlements of National Development Planning Agency (Bappenas) and Director of Environmental Sanitation Development from MoPW. This showed that our hard works to implement STBM in urban setting was officially acknowledged. In the same event, we also announced the finalists of TTG STBM (STBM appropriate technology) competition and exhibited the mock-ups of the technologies.

At the local level, our collaboration with the government started with meetings to discuss about opportunity to partner in sanitation and hygiene improvement and select kelurahan for High Five to work in. The approach applied by High Five team is different across cities, due to different situation we faced. Discussion about baseline survey results helped Pokja AMPL, Puskesmas, community and High Five understand each other’s perceptions on sanitation condition and hygiene practices, and agreed upon common ground that is fundamental in developing action plan.

In Makassar, we facilitated a series of workshops to further discuss about implementation plan of STBM in urban areas. Stakeholders agreed that awareness and behavior change should come before facility construction, thus STBM should be integrated into SSK. The workshop series resulted in an agreement on collaboration of Pokja AMPL members for WASH improvement following High Five's STBM model, in two kelurahans as pilot project. Kelurahan Wala walaya and Rappokaling are chosen as piloting areas. In this project, each of the members agreed to work and contribute according to their competencies, roles and responsibilities. High Five facilitated participatory assessment and provided training on STBM pillars and basic facilitation skills. Other than that, BPP (Badan Pemberdayaan Perempuan, Women Empowerment Body) is committed to nominate one of Pokja STBM Kelurahan members, Ibu Suna'ani, in "peniti emas" (golden pin) award, as a role model in sanitation and hygiene behaviors improvement effort. BPP also implement STBM strategy to work in their program coverage areas and involve High Five and Pokja STBM Kelurahan in their income generating for women program, through solid waste management.

In Surabaya, High Five team worked closely with the Health Office, since Pokja Sanitasi Surabaya was inactive. Impressed by High Five's approach and strategy in sanitation and hygiene practices improvement, Ibu Nur Ilmiah, the head of Health Sanitation section, thought it would be good for sanitarians and health volunteers to use the strategy in their areas. Together with Human Resource and Empowerment department, conducted STBM training for sanitarians and health volunteers with High Five team as the trainers. Sanitarians and health volunteers from 33 puskesmas around Surabaya were trained and capable to implement five STBM pillars in their areas.

In addition, the head of Kelurahan Sawahan officially asked High Five to assist her in improving sanitation and hygiene practices in Kelurahan Sawahan. Since early 2013, High Five team in Surabaya, with the help of Ibu Eka, sanitarian of Puskesmas Sawahan, started to officially expand STBM implementation to kelurahan Sawahan.

The Pokja STBM Kelurahan Kota Bangun received waste shredder machine from Sanitary Office, as they focus on solid

waste management (Pillar 4 of STBM) and plan to establish a composting workshop. We also worked with BLHD (Badan Lingkungan Hidup Daerah, City Environment Body) to provide training for composting and microorganism liquid production in several other Kelurahan.

Partnering with private companies for STBM practices improvement

Along the program life, we approached private companies to create awareness about the importance of sanitation and hygiene in community development and how far Indonesia is from achieving the MDGs targets. Some of the companies, such as PT Bank Mandiri and PT Holcim, were interested in investing their CSR funds for sanitation and hygiene development. However, the type of partnership that we offered didn't fit their requirements. For example, PT Bank Mandiri preferred to independently finance the project, instead of co-financing the on-going program with other donor (in this case, USAID).

Pundi Amal SCTV is a long-term partner for High Five. In 2012, Pundi Amal partially funded the construction of 3-unit communal toilets in Petemon, Surabaya. The communal toilet was built for 13 households, triggered by Pokja STBM Kelurahan Petemon. The inauguration was attended by Ibu Risma Harini (the Mayor of Surabaya), Bapak Suyono (Commissioner of Pundi Amal SCTV) with activities for celebration: walkathon, bands, free health examination. The amount of in-kind contribution for this equals to 58,671,011 IDR. The collaboration continued with communal toilets construction in Wonorejo (Surabaya), communal septic tank in Lembo (Makassar), and bio filter communal septic tank in Jambangan (Surabaya). The last one was requested by the Health Office to support their program. For facilities construction in Surabaya and Makassar, Pundi Amal spent 57,607,780 IDR. Following the facilities construction, Pundi Amal became our main sponsor for TTG (Teknologi Tepat Guna, appropriate technology) competition, with 199,241,190 IDR in-cash, and in-kind contribution equals to 92,901,000 IDR.

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NGO/Program/CSO	Sanitarians	Health Volunteers	Kelurahan
Yayasan INOTEK Jakarta, WVI, IUWASH, USRI, Pamsimas, Green Foundation, Yayasan CIBI, SP2S, APPSANI, PIRAC, PKK, Karang Taruna, Majelis Taklim	Pundi Amal SCTV, PT BNI Persero, PT Tirta Investama (Jakarta), Kalbe Farma, Unilever (Medan), Bosowa, Angkasa Pura, Telkomsel (Makassar), Bank Jatim	ITS, Unair, Unesa, Poltekes Surabaya, UI, USU, Stikes Helvetia, Poltekes Makassar, Unhas	Indonesia Business Link (IBL), BIC-BPPT, HAKLI, IATPI

In total, contribution we received:

Contributor	Amount in Contribution (cash)	Amount in Contribution (in-kind)
Community	8,095,000	192,189,500
Government		103,406,000
Private	271,848,970	446,768,407
Media		702,934,217

Lomba Teknologi Tepat Guna STBM (STBM appropriate technology competition)

Concerned about the availability of sanitation technology that fits urban condition, High Five planned to have a competition on innovative STBM technology for urban setting. This event becomes a signature of High Five program, since it is the first STBM appropriate technology competition in Indonesia.

The idea was to fulfill the needs of the best fit technology for facilities in six kelurahans in Medan, Surabaya and Makassar. After intense discussions with various stakeholders, however, considering the bigger possibility to gain more variants of technologies, we expanded the competition to national level. There were contestants from Bali, Banten, Yogyakarta, DKI Jakarta, West Java, Central Java, Lampung, East Nusa Tenggara, South Sulawesi, Central Sulawesi and South Tangerang.

Other than doing roadshows in ten cities (Medan, Kabanjahe, Jakarta, Serang, Bogor, Bandung, Surabaya, Bandung, Surakarta, Malang and Makassar) High Five used website to provide information to public, as well as to facilitate concept note and proposal submission from all over Indonesia. One feature that possibly drive people to participate in this competition is the field trial. High Five believed that field trial, in which the technology being installed, operated and maintained by community in real world, is the most essential element in finding appropriate and affordable STBM technology.

This competition was found to be an effective instrument to get stakeholders' attention and engagement. Not only it attracts those who already are familiar with STBM, but also other people who have suitable resources but not yet familiar with STBM. Through this event, we established communication with PT.Bank Mandiri, Indonesia Business Link, PT.Holcim, PT. Astra, PT.BNI Tbk, PT.Exxon Mobil, Bussines Inovation Centre (BIC), Peduli Kasih Indosiar, Yayasan INOTEK, Pundi Amal SCTV, IATPI, BPPT, HAKLI, BBTCL Surabaya, ATMAJAYA, Universitas Bakri, Universitas Indonesia, and Poltekkes Jakarta. Not all of them finally get involved in this competition as contributors, but at least they understand the importance of STBM in the development of Indonesia.

Other than that, we also met several professionals that voluntarily helped us in this competition. For example, Pak Haryanto Salim (a.k.a Pak Ahow), who designed and developed STBM web-based proposal submission and review. This web-based system made the competition more efficient. Juries review was done in the website, using digital copy of the submitted proposals. Other professionals that contributed in this competition were Prof. Dr. Umar Fahmi from Universitas Indonesia (UI) and Prof. Lieke Riyadi from Universitas Surabaya (UBAYA), that took role as the juries.

We also collaborated with professional association such as IATPI and HAKLI, the experts in sanitation and environmental engineering, and also BIC and Yayasan INOTEK that are very experienced in innovation competition and business incubation.



**SEHAT
BERSIH
AMAN
TERJANGKAU**



kind contribution equals to 92,901,000 IDR.

Other than collaborating with government institutions and other programs/ NGOs or public organizations at national and local level, High Five also actively worked to develop partnership between government and private companies. The reasons for pushing this agenda is to accelerate sanitation access improvement. Therefore, High Five organized a workshop with IBL (Indonesian Business Link) with the Ministry of Health's Health Sanitation Director, Wilfried Purba, as a resource person, to create awareness about the importance of STBM, knowledge about standard quality of sanitation facilities and mapping private companies activities related to STBM. Twenty one private companies participated in the workshop, such as: Petrosea, Freeport Indonesia, PT Indonesia Power, PT Telen Orbit Prima (PT TOP), PT Adaro Energy, Greeneration Indonesia, Kalimantan Prima Coal (KPC), Total E&P Indonesia, Indika Indonesia Resources, Unilever and some organizations (Kadin Batam, Indonesia Business Link, PALYJA, Asosiasi Toilet Indonesia, and Yayasan Balita Sehat).

Establishing collaboration with media

After discussion with some journalists that were interested in sanitation issues, High Five planned to facilitate STBM training for local journalists to update them with current sanitation issues, emphasizing the importance of behavior change in improving sanitation and hygiene condition. STBM training for journalists were done in three cities, followed by the formation of FJS (Forum Jurnalis Sanitasi, Sanitation journalists forum) in Makassar, KJPS (Kelompok Jurnalis Peduli Sanitasi, Sanitation-concerned Journalists Club) in Medan and the induction of

sanitation to KJPL (Kelompok Jurnalis Peduli Lingkungan, Environment-concerned Journalists Club) that already exists in Surabaya, as well as invitation to workshops and other activities organized by High Five, seemed to work well in getting them engaged. Not only they cover stories and news to publish in media, but they also contribute and actively involved in the activities.

FJS in Makassar actively advocates sanitation issues in Makassar. In December 2013, they invited the Ilham Sirajudin, the Mayor of Makassar, to explain about his sanitation-related program in the last four years, as well as his plan to transfer to the new Mayor, Dani Pomanto. Later, after High Five's program closing workshop on sustainability in February 2014, Rubhy Sudikio and Suwarny Dammar from FJS arranged a meeting with Dani Pomanto to ensure his commitment to sanitation and hygiene improvement in Makassar. This year, FJS successfully persuaded PT Angkasa Pura to provide exhibition booth for craft made from trash by women in Tallo, Lembo and low intervention kelurahans.

High Five's persistence in implementing STBM in urban setting inspired several other organizations to do the same. At this moment, Plan International and World Vision implement STBM strategy in their urban programs. Other institutions, such as Indonesia Power, also shows their interest in adopting High Five model for their sanitation and hygiene behaviors improvement program.

Majority of community leaders around our intervention areas (97.2%) stated that it is crucial to continue STBM program in their community in our end line survey.



Activities and Results

IR 2 Improving STBM practices through behavior change communication

| 04 |

Approaches and strategies in Behavior Change Communication

Working with community, High Five emphasizes the use of participatory approach. This approach focuses on creating space for community members to determine problems, facilitating in capacity building and supporting to develop plan and act for solutions. High Five expects active participation from various groups in communities, regardless their gender, age or other social identities. Thus, we undertook certain activities (participatory assessment, in particular) by groups (women, men, youngsters, children) considering the gaps among them, to provide opportunity to speak openly in a non-intimidating environment so that we could get accurate data.

Throughout the program, dialogues were encouraged to exercise ability in giving and discussing opinions. Another important point of High Five's approach was the use of eclectic approach, combining positive deviance, appreciative inquiry and problem-focused approach, which were selectively used based on the analysis of High Five teams on the characters of the community and the issues.

Unlike STBM implementation in rural areas, which focused on eliminating open defecation, High Five conducted participatory assessment and triggering on five STBM pillars. In High Five's participatory approach, which encourages communities to put locally identified sanitation issues in rankings, the starting point of STBM implementation varies, based on what pillar the community thinks they should manage first.

Participatory assessment and community dialogue

High Five team in three cities started the intervention in community, after introduction and program socialization at kelurahan and RW level, with 4-step participatory assessment (social mapping, transect walk, F diagram discussion, and community dialogue) assisting the community analyze their situation and sanitation and hygiene practices. Maps yielded from social mapping were reviewed and revised after transect walk and then discussed in F diagram discussion session. Community dialogues to develop action plan based on the participatory assessment results were

“The idea to conduct citizen journalism and fund raising trainings stemmed from our need assessment during the program implementation

done with community members and leaders representing all RWs in kelurahan. In their action plan, most of the communities chose to start with Pillar 4 (solid waste management) or Pillar 5 (wastewater management) to deal with, as those two pillars have been problematic for the environment for a long time. Neighborhood cleaning action, community working group (Pokja STBM Kelurahan) formation and facilitation skills training became common initial activities across cities.

Why “Pokja STBM Kelurahan” is important

In community dialogue to discuss action plan for the first time in every kelurahan, either high intervention or low intervention (replication) kelurahan, people always mentioned the need to form or assign a group of people who share interest on High Five's goals as agents. In line with that, our experience showed that groups of people with similar ideas about sanitation, environment and health facilitate the implementation of behavior change communication strategy in community. Although there were sanitation-related groups in the kelurahan, such as for USRI program, the communities preferred to form a new group, because the existing group have other tasks and responsibilities and they might not actually interested in behavior change activities.

The so-called “Pokja STBM Kelurahan” consists of individuals from various socio-economic backgrounds and community groups, who are willing to assume role as STBM agents. The original Pokja STBM Kelurahan members were selected by participants in the first community dialogue. Along the way, some of the initial Pokja STBM kelurahan members resigned or drop-outs, but some new ones voluntarily joined later. Up to now, there are 14 men and 76 women that are still active in Pokja STBM Kelurahan in three cities. They have been volunteering for sharing knowledge about STBM, encouraging community to practice proper sanitation and hygiene behaviors, and

undertaking STBM related activities, such as operating waste banks, communal toilet operation and maintenance, and others.

Capacity building for Pokja STBM Kelurahan

During the program High Five provided six basic trainings to Pokja STBM Kelurahan, interested community members and leaders, sanitarians and other stakeholders:

1. Integrated STBM training (five pillars, eclectic approach in triggering methods)
2. Basic facilitation art and techniques
3. VIC tool (Visual Interactive Communication)
4. Advocacy training (netmap—influential stakeholders mapping and spitfire-- advocacy strategy development)
5. Participatory monitoring workshop (indicators development, motivational interview, data entry and analysis)
6. Household water treatment and safe storage training
7. Citizen journalism training (writing and taking photos), in collaboration with journalists forum
8. Fund raising training (proposal writing and instant fund raising), in collaboration with PIRAC

The idea to conduct citizen journalism and fund raising trainings stemmed from our need assessment during the program implementation.

In addition to those trainings and workshops, High Five also discussed with Pokja STBM Kelurahan, as well as other stakeholders at city level to identify skills needed by community to ensure sustainability. For example in Medan, as a follow-up of our solid waste management activities, we worked with Sekolah Sampah to learn to produce MoL (microorganism liquid) and to use pampers for planting medium. We also took Pokja STBM Kelurahan to cross-visit to other areas that successfully implement STBM pillars. For example, our Pokja STBM Kelurahan Petemon and Wonorejo visited Kabupaten Jombang in East Java to learn about sanitation marketing.

Overall, Pokja STBM from 20 kelurahans were trained on facilitating participatory assessment, five STBM pillars triggering and VIC tools.

Furthermore, to equip the Pokja STBM Kelurahan and other stakeholders who spearhead behavior change communication implementation, we have also distributed the following medias to City and provincial Health offices, 103 Puskesmas, 23 Pokja STBM Kelurahan, Kelurahan midwives, health/posyandu volunteers, 34 schools, PDAM, Bappeda, BTKL, NGOs and programs in Jakarta, Medan, Surabaya and Makassar:

Communicating STBM to high intervention communities

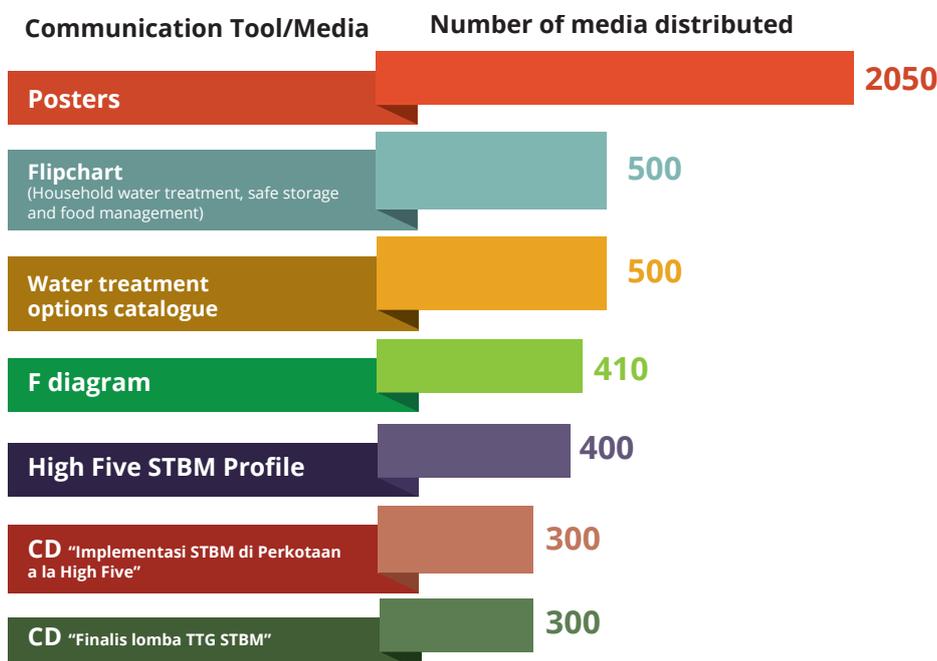
High Five used numerous channels to create awareness and trigger proper STBM practices in communities. At the national level, High Five produced:

1. Posters emphasizing diarrhea prevention through proper STBM practices
2. Pillar 3 (household water treatment and safe storage and food management) flipchart
3. Diagram F (diarrhea contamination and prevention) game

to be used in the three cities. Other than that, communication strategy and tools/media were developed specifically in every city. For example, High Five printed brochures on STBM pillars in Surabaya, but not in Makassar because based on our assessment and discussion with Pokja STBM Kelurahan, among our communities in Makassar reading is not yet a habit.

Pokja STBM Kelurahan work to improve STBM practices in their community through several methods: through regular community meetings (Pengajian, arisan, and others), informal chit-chat, monitoring's motivational interview, printed media produced by Pokja STBM Kelurahan (posters, brochures, leaflet), community events and social media (Facebook, blog).

Pokja STBM Lembo and Tallo (Makassar) created simple posters and brochure in their language to increase awareness in their neighborhood. However, they basically relied more on direct, face-to-face communication, such as informal chit-chat. Motivational interview regularly done in household monitoring activities is considered as one of the most powerful methods to address improper STBM practices at household level, because it gives opportunity to Pokja STBM Kelurahan to explore STBM



practices at the household and do motivational interview in private right away.

However, our end line survey showed relatively stable percentage of households with positive attitude towards STBM (67.1% baseline vs 64.9% mid line vs 67.1% end line). The reason for this stable percentage, probably because respondents for the end line survey was summation between baseline and mid line respondents (which were different from one another), with additional respondents if the number of respondents from both surveys was less than 30.

Pillar 1 Defecation in improved toilet

Furthermore, 51 private toilets and one grey water treatment were built through BCC activities, without any further intervention or contribution from High Five. In Wonorejo (Surabaya), ibu Niek Paidi promotes APPSANI microcredit to build private toilet in her neighborhood. By the end of High Five program, six new toilets are listed as the result of ibu Niek’s persuasion. In Makassar, some households needed to improve their toilet before getting connected to shared septic tank. The neighborhood (coordinated by the head of RT) helped those who couldn’t afford to build toilet, by contributing materials and workman. Overall, 51 toilets were built, benefitting 211 people.

Regarding to Pillar 1, our end line survey showed surprising findings. In Surabaya, the percentage of households that met three criteria of Pillar 1 (defecate in goose neck toilet, connected to septic tank, and children’s feces were disposed in toilet) decreased from 56.70% in baseline to 38.60% in end line. The end line result indicated slight increase in Medan from baseline, but significant from mid line survey. In Makassar, the percentage steadily increased from baseline to end line. There are several possibilities that cause this unusual finding: (1) the information about STBM reach the community unevenly, (2) the community was very dense that in some parts people don’t have option to dispose sludge so that randomly selected households in the surveys didn’t meet the three criteria. Another possible explanation was that respondents’ knowledge increased so that they could identify if their toilets were connected to septic tank or not, particularly in Surabaya, in which disposing feces directly to gutter is common and acceptable practice. However, due to limited space they had, building an individual septic tank is not one of their options, in contrast with households in Medan and Makassar. In Surabaya, currently the majority of households installed septic tank underneath the floor of one room in the house. While respondents in Medan and Makassar septic tank

is commonly placed in the yards (either front, back or side).

In Kota Bangun Medan, in the end line survey there’s 10.3% decrease of 43.3% respondents that previously stated that their septic tank was placed in the backyard. Apparently more households in the end line survey had their septic tank placed in the side yard, which reached 64.1%. Likewise in TSM3, from 50% respondents with septic tank in the backyard (baseline), it decreased to 28.2% at the time of the end line study. Other than the possibility that the respondents were different from baseline, it might also because most of the respondents didn’t know where the septic tank is located, as found in our qualitative monitoring. In Makassar, no significant change was seen in the location of the septic tank

Pillar 2 Hand washing with soap

Overall it appears that Makassar experienced a rise in healthy living habits as there was a reduction in the number of respondents who did not wash their hands with soap at any of the five critical periods., There was no respondents who washed their hands with soap at all the five critical times, other than in Surabaya and Medan that were surveyed. We also found that the number of households that report to be practicing hand washing with soap in at least two critical times increase significantly in all areas. In Surabaya (from 17 in the baseline to 62 in the end line), Medan (from 31 to 78 households), and Makassar (from 4 to 86 households). Verifying whether those who reported hand washing with soap practice in at least two critical times, also had water and soap available in hand washing station, we found that all of them had water and soap in places they use to wash their hands (bathroom and sink).

Pillar 3 Household water treatment, safe storage and food management

Branded bottle water was the main drinking water source for people in Surabaya, while in Medan and Makassar refill water was more popular among respondents from baseline to end line. The percentage of households that practices proper water treatment (only for those who didn’t consume branded bottle water) and safe container increased significantly from around 28% during baseline (the lowest was in Kota Bangun Medan) to 100% in end line (except in Lembo, 85% in end line survey). Based on the results of observation, in almost all areas observed in Surabaya, it was seen there was an increase in the number of respondents that use drinking water from a dispenser. Around

Percentage of community members who have positive attitude towards STBM

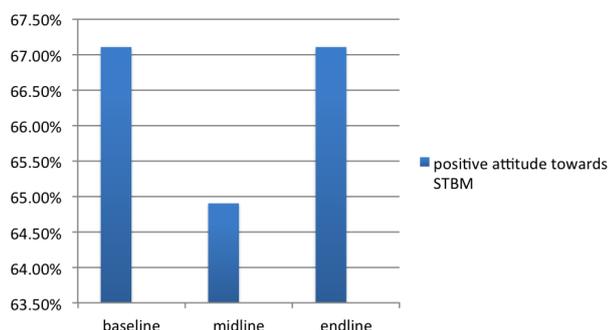
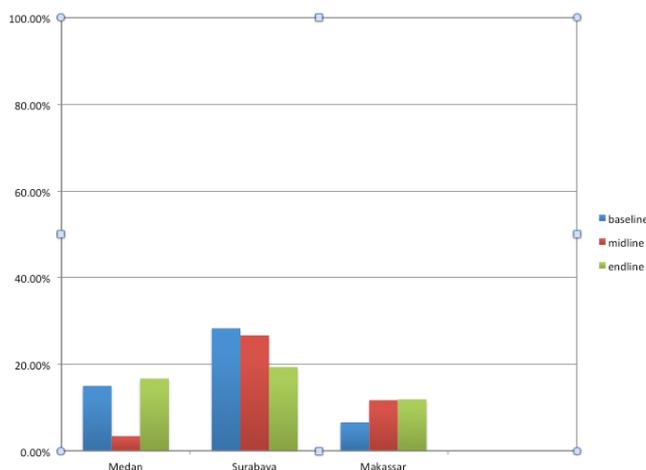


Figure 2 percentage of households that meet three Pillar 1 criteria



36.7% to 46.9% of respondents use a dispenser to take drinking water. While in Lembo (Makassar) there was an increase in the number of respondents using a dispenser from 20% at the time of the baseline survey to 48.2% at the end line survey. During the end line survey in Makassar, unsafe practices of storing water such as in an open container was not observed. In Makassar, Ibu Suna'ani, a member of Pokja STBM Kelurahan Lembo, actively promoting Nazava as an alternative to boiling for drinking water treatment. She is considered to be successful so that Nazava granted her 2,000 USD credit to provide loan to her consumer for buying Nazava water filter. This Nazava filter was categorized as dispenser in the end line survey.

Pillar 4 solid waste management

Waste bank is the most popular activity among Pokja STBM Kelurahan in solid waste management. Up to March 2014, waste banks listed in our high and low intervention kelurahans:

City	Active Waste Banks
Medan	Berkah, STBM Perubahan (Kota Bangun), Sejahtera (Kampung Baru), Padang Bulan (Padang Bulan)
Surabaya	Rajawali, Melati, Jadi Jaya, Bank Sampah (Wonorejo), Bina Sejahtera, Petemon Karya (Petemon), Lekas Maju (Putat Jaya)
Makassar	Sipakainga (Lembo), Lestari, Marbobahari (Tallo)

The location of garbage disposal in households in Surabaya was relatively better than in Medan and Makassar. The majority of respondents in Surabaya usually keep the garbage at home or in a communal dumpsters which was then collected by the garbage collector. In Wonorejo from the time of the midline survey there was a change in the way they disposed of their household garbage. Previously they gathered it inside the house and got collected by the garbage collector, but now they put the garbage in communal dumpsters and then got collected by the garbage collector.

Overall in Wonorejo (Surabaya) the households mostly used a closed basket to compile the garbage. In Petemon (Surabaya), more respondents used closed garbage bags. In Medan, the use of plastic bag as garbage container was relatively high, both closed (tied) and open. In Kota Bangun, in midline survey there was a decrease in the number of households that used closed (tied) plastic bags. However the number increased again at the time of the end line survey. With the increase in the number of respondents that used plastic bags to dispose of garbage, there was a corresponding decrease in the number of households using open baskets for garbage disposal. In TSM3, the results showed similar tendency, many used closed plastic bags to keep their garbage in at home.

Containers to keep garbage in Makassar varied. In Tallo (Makassar) there was a decline in the number of households that throw garbage into the sea. They seemed to shift to plastic bags and open basket now. While households experienced a decline in the use of open baskets, this was accompanied by the use of plastic bags as a media to gather the household garbage.

Pillar 5 household waste water treatment

Both in Wonorejo and Petemon, there was no significant difference

in the way households dispose of wastewater from the kitchen, bathroom or wastewater from washing clothes. Currently, the majority of respondents dispose of wastewater through a closed drainpipe. Some of them were connected wastewater treatment plant (IPAL). In Petemon, 16.7% respondents channeled their kitchen wastewater to IPAL. In terms of sludge, the percentage of households that connected to IPAL is even in all locations surveyed in Surabaya, that is around 10% - 20%. On the other hand, between 9-17% of households surveyed dumped waste water from washing clothes to street/yard/garden.

In Medan, 43.6% respondents from TSM 3 reported that the waste water from kitchen, bathroom and washing clothes was disposed to covered gutter. In Kota Bangun, surprisingly, no respondents disposed waste water to street/yard/garden in the baseline survey. However, in end line survey, around 15% of respondents disposed of wastewater into the street/yard/garden.

Both in Tallo and Lembo (Makassar), there was no significant difference in the disposal of wastewater from the kitchen, bathroom or from washing clothes. In Lembo, the majority of respondents (93%) disposed of their wastewater in a covered gutter. There was an activity initiated by Pokja STBM Lembo to put plank wood to cover the gutter so that people cannot litter in the gutter anymore. Whereas in Tallo, apart from disposing of it in a closed drainpipe (61%), there were also respondents who disposed of it in an open gutter (18%) and in the sea (25%), since their houses are located near the shore or even above the sea. Overall, compared to the baseline result, among respondents in both Tallo and Lembo, a significant increase of households that dispose waste water in covered gutter was observed.

STBM expansion through horizontal diffusion

Initially worked in three RWs in each of the six kelurahans, High Five team expanded from high intervention RWs to the whole kelurahan through horizontal diffusion. The strategy applied to support horizontal diffusion is to select high intervention RWs that frame a kelurahan, so that activities in those RWs diffuse to the surrounded RWs. Together with Pokja STBM Kelurahan, High Five implemented three main activities to accelerate the diffusion:

1. Big community events, with competitions ("Kampung bersih, kampung sehat, kampung STBM" in Makassar, STBM Walkathon in Surabaya, "Hari Ibu" celebration in Medan)
2. Encouraging interested individuals from low intervention RWs to join Pokja STBM Kelurahan
3. Expanding households monitoring with motivational interviews to other RWs

Location (City)	# of intervention kelurahans	Kelurahan and Number of Population
Medan	7	High Intervention: Kota Bangun (15,316), TSM III (47,888) Low Intervention: Padang Bulan (9967), Kampung Baru (17,154), Polonia (19,119), Merdeka (8169) and Petisah Tengah (10,276)
Surabaya	8	High Intervention: Petemon (41,435), Wonorejo (25,132) Low Intervention: Kupang Krajan (27,583), Putat Jaya (47,805), Sawahan, Medokan Semampir, Keputih dan Gebang
Makassar	8	High Intervention: Tallo (8830), Lembo (12,209) Low Intervention: Rappokaling (14,473), Walawalaya (7458), Malimongan (5219), Ende (3233), Kalukubodoa (15,311) dan Layang (8236)

We were also expected to expand STBM implementation to 20 kelurahans overall in three cities. Through discussion with Pokja AMPL in Makassar, and City Health Office in Surabaya and Medan, High Five selected potential kelurahans and invited them to STBM socialization to see their interests and potentials. We finally implemented STBM in 23 kelurahans in total, following model developed in the initial six high intervention kelurahans.

Through our 163 participatory assessments, 223 socializations, 70 trainings, 170 workshops and discussions, 78 community events and other community meetings, we have reached 17,336 women and 8,863 men in total. Those are participants in our community mobilization events, excluding indirect beneficiaries or people who were reached by Pokja STBM Kelurahan (high and low intervention) independently through interpersonal approach or other activities in which STBM messages were exposed, such as pengajian and arisan or campaign media directly produced by High Five or Pokja STBM Kelurahan (posters, brochures, stickers, banners). Overall, our works in the 23 kelurahan have benefitted approximately 400,000 people that live in those high and low intervention kelurahans.

Our strong collaboration with stakeholders, both at kelurahan and city level, enabled us to reach the whole communities in three cities. So both our direct and indirect beneficiaries are:

City	Number of direct and indirect beneficiaries
Medan	1,993,601 people
Surabaya	2,829,552 people
Makasar	1,223,540 people

Our end line survey found that according to 41.1% community leaders, mutual help and cooperation among community members (tolong menolong dan kerja sama) was the most effective feature in STBM program facilitated by High Five in improving hygiene and sanitation practices.



Amplifying STBM practices through media

Media also helps in creating awareness on STBM, and further in advocating the issues. Our end line survey shows 14.5% of community leaders interviewed know STBM through media (newspaper, magazine). During the program, STBM and High Five appeared in 67 printed media, 5 TV shows, 3 radio talk show and 7 online media.

STBM in school

High Five believe that STBM practices should be taught at an early stage. Our field facilitators and Pokja STBM Kelurahan

worked with Posyandu and PAUD (early childhood education post) volunteers in kelurahan to explain about STBM to parents and children. Pokja STBM Kelurahan Petemon directed one of our TTG STBM competition finalist that build innovative tap for washing hand with soap to install their tap in PAUD and elementary school for trial, before graded by juries.

We also worked with elementary schools in Medan, Surabaya and Makassar to improve STBM awareness and practices among children, teachers and other stakeholders, such as parents, cafeteria/ food stall waiters/waitresses, janitors. Our goal actually is to bridge collaboration between schools and surrounding communities on improving STBM practices. One

City	School	Activities
Medan	High Intervention: SDN 06 4975, MIS Al Wasliyah, SDN Surya Bakti Kota Bangun (3 schools) Low Intervention: SDN 064980 Kp. Baru, SDN 060887 Merdeka, SDN 060891 Padang Bulan, and SDN 067954 Petisah Tengah (4 schools)	Waste bank activities together with community in Kota Bangun
Surabaya	High Intervention: SDN Wonorejo 1-8, SDN Petemon (9 elementary schools)	STBM Jamboree, Sani and Jini STBM agents, Ludo game development, STBM for students festival, teaching strategies for STBM issues for teachers
Makassar	High Intervention: SD KIP Baraya, SD Inpres Baraya 2, SD Mallimongan Baru, SDN 69 Tallo, SD Inpres 1, SD Inpres 2 Tallo (6 schools) Low Intervention: SD Inpres Galangan Kapal 1,2,4, SD Inpres Layang Tua 2, SD Inpres Rappokaling 1,2, SD Rappokaling 67, SDN Timor, SD Inpres Jumpandang Baru, SDN Kaluku Bodoa, SD Islam Daturibandang, MI Assadiyah Layang (12 elementary schools)	STBM heroes, students journalism with ASIK method, STBM for family festival

of our routine activities that connect between schools and community is annual celebration of global hand washing with soap day, where children, parents and teachers were teamed up for cooking competition, which . We also provided STBM trainings for grade 4, 5 and 6 students and teachers, as well as mentoring in extra curricula activities. In Surabaya, we trained teachers on STBM teaching strategies, following the Ministry of National Education's plan to implement thematic curriculum approach. Unique school activities done in the three cities are: Ludo game developed by High Five was introduced to stakeholders in KSAN October 2013. It was adopted by WVI, and tested in their schools and communities. WVI reported that the game is fun for students and comprises comprehensive questions that help students learn about STBM.

STBM-related intra and extra curricula activities brought improvement on knowledge about STBM among students. Using median as the threshold to differentiate between high and low knowledge about STBM, our end line survey result indicated an increase in knowledge of STBM among children. As regards the median, only Makassar remained unchanged. The level of knowledge among children in Surabaya increased by 24 percent, the most significant increase of all 3 cities. In Medan, although some children had a very good awareness of STBM, nevertheless the overall figure for "very good awareness" declined by 10 percent. The significant increase of students with high scores in

			Score for Children's Awareness of STBM
Surabaya	Baseline	Median	17.0
		Minimum	11.0
		Maximum	18.0
	Endline	Median	17.0
		Minimum	12.0
		Maximum	18.0
Medan	Baseline	Median	17.0
		Minimum	12.0
		Maximum	18.0
	Endline	Median	18.0
		Minimum	14.0
		Maximum	18.0
Makassar	Baseline	Median	15.5
		Minimum	11.0
		Maximum	18.0
	Endline	Median	15.5
		Minimum	12.0
		Maximum	18.0

Surabaya, most probably, was caused by the inclusion of STBM in class activities by the teachers.

In fact, it was also reported that the information sources most frequently referred to by the students in the end line survey were those related to formal education in school, such as teachers and school principals, with the proportion of these responses increasing 43% (baseline = 8% and end line = 51%). This increase was recorded in all cities, Surabaya, Medan and Makassar. This showed the active involvement of school elements in promoting STBM practices at schools.

Regarding facilities for defecation, 60% of students in the end line survey said that there were differences between defecating / urinating at home and at school. Most of these differences were negative in character, namely, that toilet facilities at school were inadequate, with the respondents saying that they were dirty and smelly, lack soap and had inadequate water supply. In addition,

they said that they had to queue and take turns. Only 6% referred to positive differences, namely, the respondents lacked a toilet at home or normally defected in the sea. This only applied to Makassar.

There were a number of interesting findings regarding washing hands in the home, including an increase in positive behavior at the time of the end line survey as regards hand washing using soap after lunch, compared with only 44% at the time of the baseline survey. The largest increase at the time of the end line survey was recorded in Makassar. However, when it comes to washing hands before eating at school, a significant increase of those who never practice it was found in the end line survey. This might be a combination between the increasing awareness about the importance of washing hands with soap before eating and the difficulties of finding clean water source at school. The complete report of STBM facilities and practices at school can be found in High Five evaluation series report.

Figure 4 hand washing practices before eating at home

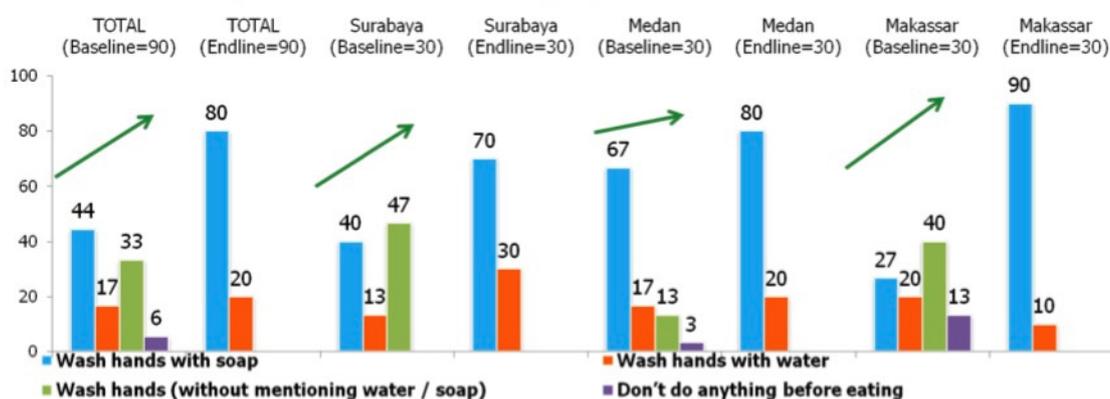
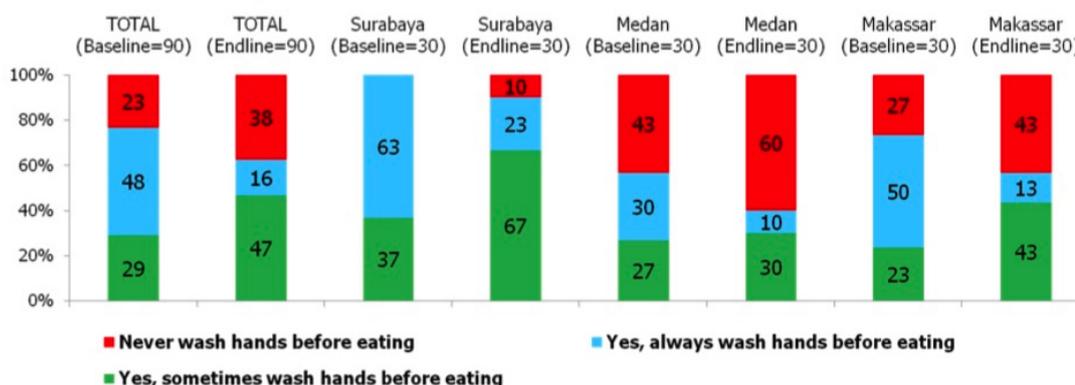


Figure 5 hand washing practices before eating at school



Activities and Results

IR 3 Moving forward: encouraging community to advocate for demand and access to sanitation to ensure sustainability

| 05 |

Our end line survey showed that the percentage of respondents who considered that High Five Program should be continued appeared to be high. More than 90% respondents in Medan, Surabaya and Makassar thought that it is important to continue the program.

“High Five developed and pretested a module on sanitation facilities ladder

However, there was an improvement in beliefs towards community efficacy regarding sanitation and hygiene practices among respondents in all areas, although it varies across elements of community efficacy, such as support of community leaders, voluntary contribution of community members, and so on. Respondents were also reported to be confident that the community are able to collaborate to improve health quality, although the overall trends differed from one city to another.

Identifying available but unfamiliar sanitation technologies

Proper facility is crucial in STBM practices improvement. Urban setting puts loads of challenges for traditional sanitation technologies installment or construction with packed areas,

narrow alleys, and improper sewerage system. Furthermore, access to best-fit sanitation technologies is limited. High Five worked to identify alternative technologies in universities and professional association such as UGM, Universitas Trisakti, Poltekes, HAKLI, and IATPI. Some of potential technologies for urban areas are tripikon S and Anaerobic Fluidized Bed septic tank for tidal zone, bio filter and bio ball to reduce sludge volume in septic tank, and sanita pond. We also worked with point of use water treatment technology producers, such as Air RahMat and Nazava to provide alternative to boiling among middle-low class communities.

Through STBM appropriate technology competition, some innovative sanitation technologies are identified:

STBM Pillar	Innovations
Pillar 1 Stop open defecation	Septik tank rumah panggung, Vermibiofilter (1st winner),
Pillar 2 Hand washing with soap	Keran K’sih, Keran Misuh (1st winner), Clink Hippos
Pillar 3 household water treatment, safe storage and food management	Ozultra (1st winner), Destilator vakum tenaga surya
Pillar 4 Solid waste management	Komposter aerob mekanik (1st winner for organic), Multidrum komposter, Modern trash bin, Petrolysis (1st winner for inorganic)
Pillar 5 Waste water management	Taman sanita mini, Stofitodegradator (no winner)

Educating community on sanitation technologies

High Five developed and pretested a module on sanitation facilities ladder. Different from sanitation ladder that has been known by sanitation community in Indonesia, High Five sanitation ladder ranks types of sanitation facilities based on their effectiveness in blocking germs contamination. Community is asked to evaluate themselves reflecting on the ladder and identify types of improved facility that are still affordable for

them. Through this activity, people get to know various types of sanitation facilities, are able to identify their sanitation status, and define their short-term sanitation status improvement target based on affordability and resources ownership.

Constructing facility with participatory approach

Access improvement is an important element in action plan of Pokja STBM Kelurahan. This means improving/ repairing existing

facility to meet standard of quality or constructing new facility. High Five required Pokja STBM Kelurahan to apply participatory approach in inducing community to improve their sanitation facility, following 6-step of participatory facility construction process:

1. Beneficiaries and location identification is usually but not always done during participatory assessment
2. Triggering and inducing beneficiaries can be done through various methods, such as transect walk, F diagram discussion, chit-chat, and so on. Pokja STBM Kelurahan uses beneficiaries' value fulfillment to persuade them
3. Commitment of contribution is conducted after all beneficiaries agree to get involved and contribute in the construction. In-cash donation is not the only target of this activity. Local material shops might be able to give special price for construction materials bought from them. In our experiences, the Pokja STBM Kelurahan received donation mostly in money, unskilled workers, meals, and materials.
4. Beneficiaries dialogue is usually done twice to talk about (1) current condition, (2) design, (3) resources, (4) operation and maintenance, (5) mitigation and environmental monitoring. The first

four elements are done using the aforementioned sanitation facility ladder module.

5. Construction of facility. The first two steps of constructing process are mason identification and resource mobilization. Working time coordination and resources management are very important in this step.
6. Post construction discussion is done to ensure good operation and maintenance of the new facility by appointing person in charge and determining problem handling procedure. The so-called "person in charge" can actually be all beneficiaries, like our communal toilet in Petemon (Surabaya) since they all agree that everybody needs to get involved in maintaining the facility. All beneficiaries must be aware about potential problems and understand stakeholders that can help handle the problem, for example Pokja STBM Kelurahan, head of RW or Lingkungan, or waste water working unit.

Implementing participatory facility construction, High Five facilitated the construction of 41 toilet with septic tank (shared/individual), two composters, three grey water treatment system, and one coposting workshop, benefitting 709 people.



Advocating stakeholders for in-kind and in-cash support

After fund raising training mentioned in the previous section, Pokja STBM Kelurahan were excited to start fund raising activities to keep a number of activities they have started running, such as composting workshop, waste bank, or toilet construction microcredit. High Five listed four proposals developed by Pokja Kelurahan sent out to potential donors:

Pokja STBM Kelurahan Petemon submitted the proposal to CSR of several private and government-owned companies. Pundi Amal SCTV agreed to approve the request with the total amount of 67,500,000 IDR to build 27 toilets.

Pokja STBM Kelurahan Padang Bulan (low intervention Kelurahan) applies “arisan sembako” that excites people in the neighborhood to participate in waste bank activity. They collected 265,000 IDR from this activity.

City	Kelurahan	Proposal
Makassar	Lembo	Sipakainga waste bank
Medan	Kota Bangun	Composting workshop
Surabaya	Petemon	1. Revolving credit for safe toilet construction 2. STBM promotion material printing
	Kupang Krajan	“Walkathon for Safe toilet” event

In our program closing event, we give the audience the chance to enjoy Nugroho Tri Utomo and Wilfried Purba musical talents through an auction benefiting Pokja STBM Kelurahan in three cities. Nugroho sang five pop songs, such as “Leaving on a jet plane”, “Cinta”, among others. Wilfried sang a Batak song, “Situmorang”. Other than that, the audience also bid to win photos of High Five program activities and drawings by children in our intervention schools. This auction raised 8,495,000 IDR, which were distributed to four Pokja STBM Kelurahan that sent proposals to High Five. Three of them (Pokja STBM Kelurahan Lembo, Tallo and Kota Bangun) proposed to improve their waste bank and composting workshop, while Pokja STBM Kelurahan Petemon proposed to print some promotion materials, like brochures and stickers to support their activities in promoting STBM practices.

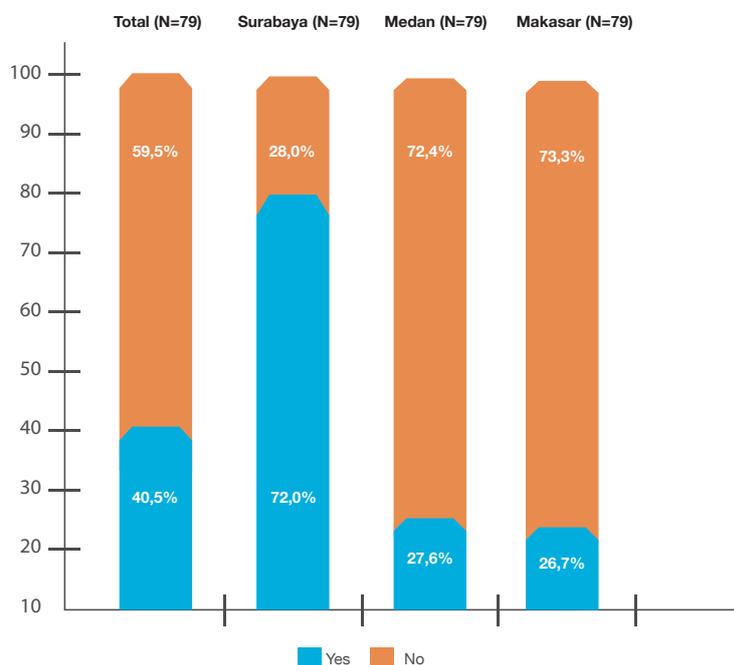
From our end line survey, however, 59.5% community leaders said that they don’t have any plan for fund raising. Only in Surabaya that over one third of them see opportunity to raise fund for STBM implementation after High Five ends. Sixty percent of them said that contribution from community members will make up most of the fund needed.

Improving community efficacy

As mentioned in the previous section, community efficacy level of respondents in the three cities improved. This is the most important element in maintaining STBM sustainability, as perceived by community leaders. Due to their perception on community members support, slightly more than half of community leaders interviewed said that STBM program will not be continued without High Five. On the other hand, 41.1% community leaders who believe that community members support the implementation of STBM, said that STBM will still be continued although High Five has ended.

Among community members, nevertheless, there were different perception about the confidence to continue STBM program without High Five. Majority of community members in some areas, such as Kota Bangun (77%) and Tallo (75%), showed their confidence to continue STBM independently. In Lembo, on the contrary, only 42.9% thought they could continue the program without assistance.

59.5%
community leaders said that they don’t have any plan for fund raising



Monitoring and Evaluation

Formative research

Prior to the program full implementation, in October 2011 High Five interviewed various key informants in Medan, Surabaya and Makassar to assess their perception on current local sanitation condition and hygiene behavior, the local government's plan and activities on sanitation and hygiene improvement, coordination among organizations, as well as the potential to collaborate with High Five. Results of this formative research suggests High Five to work closely with Pokja AMPL/Sanitasi at the city level, improve coordination and collaboration among Pokja AMPL/Sanitasi members, and strengthen capacity of STBM related knowledge and skills among them.

Monitoring Program Achievement through surveys

As High Five is aimed to improve hygiene and sanitation practices at household and community levels, it is particularly important to ensure that key indicators are measured for each intermediate result, especially the indicators of outcomes that are directly affected by program interventions and expected to change within a three-year timeframe.

There are three surveys undertaken during the program:

1. Baseline survey to establish a reference point for evaluating program impact over the life of the program. January 2012. In this survey, 180 households with children under five and 90 community leaders were surveyed
2. Mid line survey to measure changes on key indicators after 18 months of program implementation. April-May 2013. 180 households with children under five were surveyed. To ensure the program's coverage, in addition to measure the progress on STBM behaviors among households with children under five as our main beneficiaries, we decided to apply a new simple random technique to select respondents, instead of interviewing baseline respondents. Therefore there's a chance that some baseline

“qualitative study was done along with the mid line survey, to assess program's effectiveness, efficiency, relevance, coherence

respondents were not included in the mid-term evaluation. In this survey, we also interviewed elementary school students from grade 4-6, as we were about to start STBM in school program.

3. End line survey to measure changes on key indicators immediately after the program ends. April-May 2014. In this survey, High Five interviewed respondents from both baseline and mid line surveys, excluding respondents that are no longer meet the criteria (households with no children under five or move out from the kelurahan, children from 6th grade who already graduated from the schools). In total, 237 households, 90 community leaders and 90 students were interviewed.

High Five uses mainly questions from EHRA so that the data can be aggregated into the city data if needed. Additional questions on community efficacy and other program indicators are also inserted.

Qualitative study was done along with the mid line survey, to assess program's effectiveness, efficiency, relevance, coherence, as well as potential impact and sustainability, through Interviews and FGDs. Thirty-three key informants were interviewed in three cities. FGDs were done with two groups in each city: Pokja AMPL/Sanitasi at the city level and Pokja STBM Kelurahan.

The result of this qualitative study showed that our eclectic approach consistently received appreciation from stakeholders across three cities, particularly from Pokja STBM Kelurahan and Pokja AMPL/Sanitasi members at city level. However, challenges to push collaboration in handling sanitation and hygiene issues

among stakeholders are different across cities; thus we needed to apply different strategy in each city.

Participatory monitoring

High Five invited stakeholders in the three cities to discuss baseline survey findings to set a platform for collaboration in STBM participatory monitoring. The discussion became the first forum in High Five program that provided space for community members and leaders to equally talk with other stakeholders. Stakeholders agreed upon the idea that household monitoring is crucial, not only to measure the change of behaviors but also to spread awareness on STBM practices. Participants of

City	Existing program monitoring potential for integration
Surabaya	Rumah Sehat (national/city), Survey Mawas Diri (kelurahan)
Makassar	PHBS+ (national/city)
Medan	No program monitoring exists

discussion mentioned existing program monitoring that STBM monitoring can be integrated to.

Participants in Surabaya, Makassar and Medan thought that STBM participatory monitoring should be done as a pilot project before proposing integration with other program, as well as to measure program achievement.

Eyeing households' hygiene and sanitation practices

High Five started to implement Participatory Monitoring at the community level in the second year of the program. A series of workshops with monitoring team of Pokja STBM Kelurahan were done during the program course in the second year.

City	# monitoring team members	# households monitored
Medan	30	640 households
Surabaya	56	745 households
Makassar	49	1258 households

The first workshop was to discuss the objectives and indicators of STBM activities at community level, as well as to improve the team's capacity to monitor them: conducting motivational interview, developing and filling monitoring form. Sanitation and hygiene practices monitoring is not a novel thing for them. Pokja members who are health volunteers are familiar with sanitation and hygiene behaviors monitoring, since they are responsible to monitor 10 indicators of PHBS.

The second workshop on data frame development, data entry and analysis. The monitoring team learned to work with SPSS program. In Makassar and Medan, only several of the monitoring team have hands-on experience with computer, particularly in operating programs such as Microsoft Word or Excel. Their enthusiasm, however, was the main asset they brought to this SPSS training. They concentrated on learning to develop data frame and enter the data: defining variables used in our monitoring, setting the values of variables according to codes

in monitoring form, entering the data from the monitoring forms and lastly analyzing and producing frequency tables and charts. "Of course, I am happy. We learned something new," Pak Hamzah said. Pak Saharudin added, "I usually use computer to play games. This is a new game to play, only that this one is useful". In Surabaya, as they implemented different strategy, data entry and analysis training participants were sanitarians from eight puskesmas, which already implement STBM in their coverage areas.

Similar workshop series were also conducted with monitoring teams from low intervention kelurahans as participants.

In addition to household monitoring by Pokja STBM Kelurahan, Ibu Santi, the midwife of health post Kelurahan Wonorejo, dedicated 2013 Survey Mawas Diri in her kelurahan to monitor community's knowledge, attitude and practices about STBM.

Advocating for support from stakeholders using monitoring data

As the monitoring team of Pokja STBM Kelurahan collected enough data, High Five encouraged them to expose the results to stakeholders at city level. In Makassar, monitoring team presented their hard work results two times in front of city level stakeholders and one time to Kecamatan administration. The results were impressive: commitment from BPP to nominate one of them in peniti emas award, commitment of support from Sanitary office in waste bank management, and funding commitment for waste water management from Public Work Office. In Surabaya, the team presented to Kelurahan administration. Although the response was not as remarkable as in Makassar, the team stated that their self-confidence grew realizing that they are capable in delivering some kind of scientific presentation.

Citizen journalism as monitoring method

As a part of monitoring activities, the monitoring team is requested to practice writing the significant change they see or experience, besides lessons they learned from getting involved in STBM implementation. The first article submitted was from Medan, written by Candrayana, a member of Kota Bangun monitoring team. Candra wrote a story about her experience in trying to get her neighbor repair his septic tank, accentuating the lessons she learned. This article was shared to Surabaya and Makassar to motivate other members of Pokja STBM Kelurahan to write their experiences. It worked well. A numerous articles came from three cities, which then made us think to take this effort more seriously by involving journalists to mentor Pokja STBM Kelurahan in writing. Up to now, the members of Pokja STBM Kelurahan actively update their STBM related activities on facebook, blog and other media. STBM Kelurahan in writing. Up to now, the members of Pokja STBM Kelurahan actively update their STBM related activities on facebook, blog and other media.

City	Media for citizen journalism
Medan	STBM Kota Bangun (Facebook), individual facebook profiles
Surabaya	Jendela Petemon (blog), Wonorejo News (Facebook)
Makassar	Individual Facebook profiles, STBM Replikasi (Facebook)

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Future

High Five's experience in implementing STBM in urban areas showed that STBM is suitable to be implemented in urban areas with full participatory method and eclectic approach. Triggering event might still be done with modification, integrated with BCC activities and engagement of related stakeholders, including media to advocate the issues. However, STBM should also start to take a stand from traditional CLTS, which is commonly perceived as dug hole (cubluk) promotion since it is not suitable for urban areas. STBM should be promoted as "community based" total sanitation, utilizing the power of community to ensure the improvement of sanitation access.

Our experience showed that sanitation program should be flexible and create room to accommodate community and other stakeholders perceived needs, so that it will improve the community's confidence and efficacy.

Limited space in urban areas which was one of the most important factors for the households not to build septic tank, substantially needed to be addressed in the future program, through urban sanitation system. Empowering community to demand service from the Government in urban sanitation system is one factor to improve access to sanitation system, along with promoting awareness about their roles and responsibilities as citizens. In addition, ensuring coordination among stakeholders (at local and national level) is another issue to be addressed. Some of the government institutions still see their positions as opposition to each other and unaware of the possibility to collaborate.

Private companies through their Corporate Social Responsibility show their interest to get involved in water, sanitation and hygiene program. Our effort to connect MoH, IBL and PIRAC is a stepping stone to develop collaboration among them and empower both side for public-private partnership.

Local-fit technologies should be introduced to communities.

HIGH FIVE PROGRAM ACHIEVEMENTS SUMMARY

The following are summary of the 3 (three) years High Five Program efforts in implementing the STBM in Urban setting in 3 cities : Medan, Makassar, Surabaya involving **initially** 6 (six) Kelurahan totaling to 154,189 population.

- Formal inclusion of 'Kelurahan' and 'Kota' in addition to 'desa' and 'Kabupaten' in the enacted STBM regulation. Health Ministry Decree no. 3, 2014 as a revision of the decree no. 852 in year 2008.
- Formal inclusion of 'septic tank' in Pillar 1 as an indicator of safe and healthy toilet in urban areas for the same decree.
- 36 institutions consisting of NGO, other development programs, Public Private, Sanitarian, universities/academy, health volunteers involved in the Program Activities.
- Total contributions and cost share :
Cash :
 - Community : IDR 8,095,000,-
 - Private : IDR 271,848,970,-
In-kind :
 - Community : IDR 192,189,500
 - Government: IDR 103,406,000
 - Private : IDR 446,768,407
 - Media : IDR 702,934,217

RINGKASAN CAPAIAN PROGRAM HIGH FIVE

Berikut ini adalah ringkasan dari 3 (tiga) tahun upaya High Five Program dalam melaksanakan STBM di Perkotaan di 3 kota: Medan, Makassar, Surabaya melibatkan pada awalnya 6 (enam) Kelurahan dengan total 154.189 penduduk.

- Inklusi formal kata 'Kelurahan' dan 'Kota' di samping 'desa' dan 'Kabupaten' dalam peraturan STBM yang berlaku. Keputusan Menteri Kesehatan no. 3, 2014 sebagai revisi dari SK no. 852 pada tahun 2008.
- Inklusi formal 'septic tank' di dalam Pilar 1 sebagai indikator bagi toilet yang aman dan sehat di daerah perkotaan dalam Keputusan Menteri Kesehatan yang sama.
- 36 lembaga yang terdiri dari LSM, program pembangunan lainnya, Swasta, Sanitarian, universitas / akademi, relawan kesehatan yang terlibat dalam Kegiatan Program.
- Jumlah kontribusi dan Cost –share :
Dalam bentuk Uang :
 - Komunitas: Rp 8.095.000, -
 - Swasta : Rp 271.848.970, -
Dalam bentuk lain :
 - Komunitas: Rp 192.189.500
 - Pemerintah: Rp 103.406.000
 - Swasta : Rp 446.768.407
 - Media: Rp 702.934.217

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- Total of Media involved in Sanitation Journalist Forum in 3 cities : 19 Printed, 7 TV, 11 Online, 13 Radio, 1 News Agency, 1 MoCI provincial Office.
- Total Communication Tool/Media distributed:
 - 2050 Posters
 - 500 flipcharts
 - 500 catalogues
 - 410 F Diagrams
 - 400 High Five STBM Profile
 - 600 CDs on High Five Publication and TTG competition.
- Pillar 1; Defecation in improved toilet: 51 private toilets was built via BCC activities participatory benefiting 211 people.
- Pillar 2; Hand washing with soap at least at two Critical time from baseline to endline survey result :
 - Surabaya increase 265% house hold
 - Medan increase 152% house hold
 - Makassar increase of 2050% house hold.
- Pillar 3; Household water treatment, safe storage and food management, use of safe container/dispenser for water storage from baseline to endline :
 - Medan increase 65% in average .
 - Surabaya increase 42%
 - Makassar increase 28,2%
- After High Five Program closing, 15 Operationally Active waste Banks in Surabaya, Medan, Makassar still continue its activities.
- Initially High Five implemented STBM at 6 kelurahan totaling to 154,189 people expanded to become implemented in 23 Kelurahan involving 6,056,693 direct and

- Jumlah Media terlibat dalam Sanitasi Forum Wartawan di 3 kota: 19 Dicitak, 7 TV, 11 online, 13 Radio, 1 News Agency, 1 Kantor provinsi Menkominfo.
- Jumlah Alat Komunikasi / Media didistribusikan:
 - 2050 Posters
 - 500 flipchart
 - 500 katalog
 - 410 F Diagram
 - 400 High Five STBM Profil
 - 600 CD Publikasi mengenai High Five Publikasi dan kompetisi TTG.
- Pilar 1; Buang air besar di toilet ditingkatkan: 51 toilet pribadi dibangun melalui kegiatan partisipatif BCC manfaat 211 orang.
- Pilar 2; Mencuci tangan dengan sabun setidaknya pada dua waktu kritis dari baseline sampai hasil survei endline:
 - Surabaya meningkat 265% rumah tangga
 - Medan meningkat 152% rumah tangga
 - Makassar meningkat 2.050% rumah tangga.
- Pilar 3; Pengolahan air minum rumah tangga, manajemen penyimpanan makanan yang aman, penggunaan yang aman wadah / dispenser untuk penyimpanan air, dari baseline ke endline surveys :
 - Medan meningkat 65% rata-rata.
 - Surabaya meningkat 42%
 - Makassar meningkat 28,2%
- Setelah penutupan High Five Program 15 (limabelas) Bank sampah aktif beroperasi di Surabaya, Medan, Makassar masih melanjutkan kegiatan.
- Awalnya High Five melaksanakan STBM di 6 kelurahan sebesar 154.189 orang diperluas menjadi dilaksanakan di 23 Kelurahan yang melibatkan 6.056.693 penerima manfaat langsung

indirect beneficiaries.

- High Five STBM implementation activities during the course of the program by :
 - 163 participatory assessment,
 - 223 socializations
 - 70 trainings and capacity building
 - 170 workshops and discussions
 - 78 community events.
- Reached 17,336 women and 8,863 men in total on community mobilization events. Excluding direct beneficiaries.
- Totaling to 23 interventions kelurahan including High intervention and Low intervention. Totaling beneficiaries approximately 400,000 people.
- Totaling to 34 elementary schools are involved in STBM implementation - high intervention and low intervention in the three cities. With all the 5 pillars activities : Wate bank, Ludo Game development, STBM for student festivals, STBM Jamboree, Sani and Jini STBM agents, STBM Teaching Strategies on STBM issues for teachers.
- Held National level of STBM Technology Innovations competition resulting 13 innovations technology based on each of the 5 pillars of STBM.
- Facilitated the construction of 41 toilets with shared or individual septic tank, two composters, three grey water treatment system and one composting workshop,

dan tidak langsung.

- Implementasi STBM oleh High Five dilaksanakan sepanjang program dengan :
 - 163 penilaian partisipatif,
 - 223 sosialisasi
 - 70 pelatihan dan peningkatan kapasitas
 - 170 lokakarya dan diskusi
 - 78 kegiatan masyarakat.
- Mencapai 17.336 wanita dan 8.863 pria secara total pada peristiwa mobilisasi masyarakat. Tidak termasuk penerima manfaat langsung.
- Dengan total 23 intervensi Kelurahan termasuk high intervention dan Low intervention. Total penerima manfaat sekitar 400.000 orang.
- Total sebanyak 34 sekolah dasar yang terlibat dalam pelaksanaan STBM – High Intervention and low intervention di tiga kota. Dengan semua 5 pilar dalam kegiatan: Bank Sampah, Pengembangan game Ludo, STBM untuk festival Pelajar, STBM Jambore, Sani dan Jini sebagai STBM agen, Strategi mengajar STBM dengan isu-isu STBM bagi para guru.
- Digelarnya kompetisi STBM Teknologi Inovasi Tingkat Nasional menghasilkan 13 teknologi inovasi berdasarkan teknologi bagi masing-masing ke 5 pilar STBM.
- Memfasilitasi pembangunan 41 toilet dengan septic tank secara collective atau individu, dua pembuat kompos, tiga sistem pengolahan air kotor dan satu lokakarya kompos, memberikan

benefitting 709 people.

- There are three surveys undertaken during the program :
 - Baseline Survey, January 2012. Aim to establish a reference point for evaluating program impact over the life of the program. One hundred eighty (180) households with children under five and ninety (90) community leaders involved.
 - Midline survey, April – May 2013. Measure changes on key indicators after 18 months of program implementation. One hundred eighty (180) households with children under five as main beneficiaries. New simple random technique to select respondents instead of interviewing baseline respondents only. Interviewed also elementary school students from grade 4 to 6, who were about to start STBM in school program.
 - End line survey. April – May 2014. Measuring changes on key indicators immediately after the program end.
- Interviewed respondents from baseline and mid line surveys. In total 237 households, 90 community leaders and 90 students interviewed.
- Qualitative study was done along with the mid line survey, assessing program effectiveness, efficiency, relevance, coherence, as well as potential impact and sustainability, through interviews and FGDs. Thirty three (33) key informants were interviewed in three cities. FGDs

manfaat bagi 709 orang.

- Ada tiga survei yang dilaksanakan selama program yaitu :
 - Baseline Survey, Januari 2012 bertujuan untuk menetapkan titik referensi untuk mengevaluasi dampak program selama masa program. Seratus delapan puluh (180) rumah tangga dengan anak balita dan sembilan puluh (90) tokoh masyarakat terlibat.
 - Midline Survey, April-Mei 2013 perubahan pengukuran indikator kunci setelah 18 bulan pelaksanaan program. Seratus delapan puluh (180) rumah tangga dengan anak balita sebagai penerima manfaat utama. Teknik acak sederhana yang baru diperkenalkan untuk memilih responden tidak hanya mewawancarai responden awal saja. Diwawancarai juga siswa SD sekolah dari kelas 4 sampai 6, yang akan memulai STBM dalam program sekolahnya.
 - End line Survey. April-Mei 2014 perubahan Mengukur pada indikator kunci segera setelah akhir Program.
- Responden diwawancarai dari baseline dan midline survei. Secara total 237 rumah tangga, 90 tokoh masyarakat dan 90 siswa yang diwawancarai.
- Penelitian kualitatif dilakukan bersamaan dengan mid line survei, menilai efektivitas program, efisiensi, relevansi, koherensi, serta dampak potensial dan keberlanjutan, melalui wawancara dan FGD. Tiga puluh tiga informan (33) kunci diwawancarai di tiga kota. FGD dilakukan dengan dua kelompok di masing-masing kota. Pokja AMPL / Sanitasi di

were done with two groups in each city. Pokja AMPL/Sanitasi at the city level and Pokja STBM Kelurahan.

- Participatory Monitoring at community level started on the second year. Involving 135 (one hundred thirty five) monitoring team members) monitoring 2,643 households at the 3 cities. Series of workshops held for high intervention and low intervention. 10 (ten) indicators of PHBS is used as the indicators. Training on SPSS program for data frame development, data entry and analysis.
- Monitoring data used to advocate support from stakeholders, by the Monitoring Team of Pokja STBM Kelurahan. The result was exposed to the stakeholders at cities level and kecamatan admin. Resulted commitment from BPP, Commitment support from Sanitary office of waste bank management, funding commitment from Public Work Office for waste water management.
- Citizen Journalism as monitoring method. The success has resulted a more serious step of involving journalists to mentor Pokja STBM Kelurahan in wirting. Continuing STBM activities are updated on facebook, blog and other media. Medan STBM Kota Bangun (facebook) and some facebook individual profiles. Surabaya : Jendela Petemon (blog), Wonorejo News (Facebook), Makassar : Individual Facebook profiles, STBM Replikasi (Facebook).

tingkat kota dan Pokja STBM Kelurahan.

- Pemantauan Partisipatif di tingkat masyarakat dimulai pada tahun kedua. Melibatkan 135 (135) anggota tim monitoring) pemantauan 2,643 rumah tangga di 3 kota. Serangkaian lokakarya yang diselenggarakan untuk intervensi tinggi dan intervensi rendah. 10 (sepuluh) indikator PHBS digunakan sebagai indikator. Pelatihan program SPSS untuk pengembangan data frame, entri data dan analisis.
- Pemantauan data yang digunakan untuk mendukung dukungan dari para pemangku kepentingan, oleh Tim Pemantauan Pokja STBM Kelurahan. Hasilnya terkena para pemangku kepentingan di kota tingkat kecamatan dan admin. Komitmen dihasilkan dari BPP, dukungan Komitmen dari kantor Sanitary pengelolaan bank sampah, komitmen pendanaan dari Dinas Pekerjaan Umum untuk pengelolaan air limbah.
- Citizen Journalism sebagai metode pemantauan. Keberhasilan telah menghasilkan langkah yang lebih serius melibatkan wartawan mentor Pokja STBM Kelurahan di wirting. Melanjutkan kegiatan STBM diperbarui facebook, blog dan media lainnya. Medan STBM Kota Bangun (facebook) dan beberapa profil facebook pribadi. Surabaya: Jendela Petemon (blog), Wonorejo Berita (Facebook), Makassar: profil individu Facebook, STBM Replikasi (Facebook).

