

Overview of CBTS Pillar 1 Program Evaluation Stop Open Defecation (SOD) at the Public Health Center, Taman Sari District, West Jakarta City in 2022

Febriana Sekar Wijayanti, Princess Handayani, Veza Azteria, Mayumi Nitami
Public Health Study Program, Faculty of Health Sciences, Esa Unggul University,
Indonesia

putri.handayani@esaunggul.ac.id, putri.handayani@esaunggul.ac.id,
veza.azteria@esaunggul.ac.id, mayumi.nitami@esaunggul.ac.id

Article Information:

Submitted: 08 March 2023

Accepted: 10 March 2023

Online Publish: 20 March
2023

Abstract

Introduction: Sanitation is one of the problems faced by Indonesia. One of the government's efforts to overcome it is through the National Community-Based Total Sanitation (CBTS) program. Taman Sari District has the lowest achievement of Proper Sanitation in West Jakarta City, which is equal to 83.7%, out of 35,147 households there are still 5698 households who practice open defecation or 16.2%. **Objective:** This study aims to find out the Evaluation Overview of the CBTS Pillar 1 program Stop Open Defecation (SOD) at the Tamansari District Health Center in 2022. **Method:** This type of research is descriptive analytic with qualitative methods, with a total sample of 6 people, consisting of the Head of the Public Health Center, three Sanitarians, 1 village chief, 1 Sanitarian from the West Jakarta Health Office. **Result and Discussion:** Based on the research results, it was found that the planning process was good in terms of process and budget availability, but still needed improvement in the quality of officers and policy implementation. **Conclusion:** In the implementation process it is necessary to have new strategic interventions both during socialization, triggering, verification and declaration by involving cross-sectors and related programs, then for the monitoring and control process it is recommended to carry out evaluations related to changes in community behavior, especially open defecation.

Keywords: Sanitation; CBTS; Stop Open Defecation (SOD);

How to Cite

Febriana Sekar Wijayanti, Princess Handayani, Veza Azteria, Mayumi Nitami/Overview of CBTS Pillar 1 Program Evaluation Stop Open Defecation (SOD) at the Public Health Center, Taman Sari District, West Jakarta City in 2022, Vol. 2, No. 6, 2023

DOI

<https://doi.org/10.54543/kesans.v2i6.154>

e-ISSN/p-ISSN

2808-7178 / 2808-7380

Published by

Rifa'Isntitute

Introduction

Sanitation is one of the problems faced by Indonesia (Aswan et al., 2021). The results of the Indonesia Sanitation Sector Development Program (ISSDP) Study in 2006 showed that 47% of people still defecate in rivers, rice fields, ponds, gardens and open places (Purnomo, 2019). According to WHO, deaths caused by *waterborne disease* reaches 3,400,000 people/year (Horiza et al., 2022). Of all deaths stemming from poor water quality and sanitation, diarrhea is the largest cause of death at 1,400,000 people / year.

One of the government's efforts in improving the degree of public health through the national program of Community-Based Total Sanitation (CBTS), based on the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning Community-Based Total Sanitation (Rangkuti et al., 2020). CBTS has 5 pillars, namely the first pillar of Stop Open Defecation (SOD), the second pillar of Handwashing with Soap, the third pillar of Household Water and Food Security, the fourth pillar of Household Waste Management, the fifth pillar of Household Wastewater Management (Arfiah et al., 2021). Sanitation issues, especially open defecation behavior, are directly related to the quality of public health, and therefore, if the deficiency is not addressed, it will have a negative impact on society (Asna et al., 2018). The implementation of the CBTS program starts from the first pillar, namely Stop Open Defecation and at the same time becomes the main focus in its implementation.

Target *Sustainable Development Goals* 6.2 of 2030 i.e. achieve access to adequate and equitable sanitation and hygiene for all, and stop open defecation, paying particular attention to the needs of women, as well as vulnerable groups of society (Syriac, 2020). The target was achieved by making a work plan as outlined in the National Medium-Term Development Plan (MTDP) (Muhyiddin, 2020) and the Ministry of Health's Strategic Plan 2020-2024, namely 0% of households that still practice open defecation in the open.

Jakarta city as the capital of the country is also not spared from sanitation problems, based on the Annual Report of the Jakarta city Health Office. The number of households that have access to proper sanitation is 93.98%. The problem of open defecation is also a priority in Jakarta city (Masrianto et al., 2021), because out of 267 Ward only 40 Ward (14.98%) have declared as ODF Ward (*Open Defecation Free*).

Taman Sari District has the lowest Proper Sanitation achievement in West Jakarta City, which is 83.7%, out of 35,147 households, there are still 5698 families who practice open defecation or 16.2%. The achievement of ODF Village in Taman Sari District is 12.5%, of the 8 Ward contained, there is only 1 Ward, namely Tamansari Village which has become ODF Village (Public Health Center Tamansari, 2021) This study aims to find out Evaluation Overview CBTS Pillar 1 Stop Open Defecation (SOD) program at the Public Health Center of Tamansari District in 2022.

Method

This research is qualitative research with analytical descriptive design. The variables in this study are Planning, Implementation, Supervision and Control. This

research was conducted at the Public Health Center of Taman Sari District with the research period carried out in December 2022 – February 2023. The informants in this study amounted to 6 people consisting of the Head of the Public Health Center as the key informant, 3 Sanitarians as the main informant, 1 Sanitarian from the West Jakarta City Health Office as an additional informant and Lurah as an additional informant.

Data collection using primary data by means of in-depth interviews using interview guides, field observations using observation sheets and document review using checksheets. Data analysis using qualitative methods includes Planning Variables with indicators of Planning Process, HR, Budget and Policy. Next for the Implementation variable with indicators of Socialization, Triggering, Verification and Declaration, then for the supervisory and control variable with indicators of the process of supervision and control, Evaluation of Indicator Achievement and Evaluation of Behavior Change. Data validity techniques use Source and Data Triangulation.

Results and Discussion

Based on the results of the research, the description of the planning process of the CBTS pillar 1 program to stop open defecation at the Public Health Center of Taman Sari District begins with conducting a Situation Analysis, determining the priority of problems, preparing an Activity Proposal Plan (APP) and making an Activity Implementation Plan (AIP). The human resources implementing the CBTS Program are Sanitarians as many as 6 people. In the HR Qualification Picture, it was found that all officers were in accordance with the Educational Qualifications as Sanitarians but there were only 2 officers who attended CBTS training, this happened because there was still limited training due to the COVID-19 pandemic which limited face-to-face meetings. The next indicator is that the CBTS Program budget comes from the BLUD Public Health Center which is used to carry out activities such as socialization, verification and declaration. There are several policies in the implementation of CBTS Pillar 1 at the Public Health Center of Taman Sari District, ranging from the national to regional levels. It's just that the implementation of the policy has not been optimal regarding the provision of strict sanctions for people who violate.

The next variable is the Execution process. Based on the results of the research describing the socialization process that the socialization in the CBTS Pillar 1 Stop Open Defecation program at the Public Health Center of Taman Sari District has been carried out in all urban villages by inviting 30 invited people consisting of representatives from across sectors, health cadres, religious leaders and community leaders but has not been able to be carried out massively due to budget constraints, The Covid pandemic situation and adjusting time to the majority of people working.

The next indicator is the triggering process in the CBTS Pillar 1 Stop Open Defecation program at the Public Health Center of Taman Sari District. It is known that the triggering process carried out at the Public Health Center of Taman Sari District is not carried out serially starting from Introduction and Delivery of Objectives, Building Atmosphere, Agreement on Fecal Terms, Defecation and Latrines, Mapping, *Transect*

Walk, Simulating Contaminated Water, Triggering Changes, Mutual Agreement, and Follow-up Plans. The triggering process was carried out simultaneously when officers monitored PSN, officers immediately provided counseling to every house that still did not have a latrine. The next indicator describes the verification process in the CBTS Pillar 1 Stop Open Defecation program at the Public Health Center of Taman Sari District that the implementation of Verification was carried out for three days with officers from all sanitarians in Adm.

West Jakarta accompanied by Lurah, Health Cadres and Community Leaders by visiting each house and verifying directly to see the access to sanitation in the house, then the officer conducts a recapitulation of the data to see how many location points do not yet have latrines or *septic tanks*, after the data is ready, a data review will be carried out by presenting the results of verification at the city level attended directly by the Mayor of West Jakarta and finally making a Follow Up Plan and commitment to be able to Declare.

The obstacles experienced during the verification process are that there are still 3 villages that have not been verified until 2022 due to time and budget constraints, namely Pinangisia, Mangga Besar and Glodok villages and also there has been no update of village data that has long been verified. The next indicator is the Declaration. Taman Sari sub-district in 2022 did not carry out the Declaration activities, even though it had been budgeted in the Implementation Plan to implement the Declaration in Glodok Village because the follow-up verification results in Glodok sub-district did not go according to plan with various problems including: there was no land to build a septic tank so that residents refused to build a septic tank.

The process of implementing Supervision and Control. Based on the results of interviews related to the Supervision and Control Process of the CBTS Pillar 1 Program to Stop Open Defecation at the Public Health Center of Taman Sari District in 2022, it was carried out both internally and externally. Internal implementation is carried out by the Public Health Center through monthly reports, mini workshop and field supervision then External Supervision and Control is carried out by the West Jakarta City Health Office Tribe and the Jakarta city Health Office by conducting monthly Monev and Binwasdal programs 2 times a year to see the achievements of the CBTS Pillar 1 program of the Open Defecation Program. The next indicator is Evaluation related to ODF Village Achievement and Open Defecation Community Behavior. Based on the results of the interview, it was found that the Public Health Center of Taman Sari District has conducted an Evaluation of the Achievements of ODF Village, but has not conducted an Evaluation related to the behavior of the open defecation community.

Conclusion

Based on the results of the research that has been done, it can be concluded that Planning for the CBTS Pillar 1 Stop Open Defecation program at the Public Health Center of Taman Sari District for the Planning Process, budget and human resources are good but still need improvement in terms of the quality of officers, and for the CBTS Program

**Febriana Sekar Wijayanti, Princess Handayani, Veza Azteria, Mayumi Nitami/KESANS
Overview of CBTS Pillar 1 Program Evaluation Stop Open Defecation (SOD) at the
Public Health Center, Taman Sari District, West Jakarta City in 2022**

Policy indicators are sufficient both national and regional policies, it's just that it still needs optimization related to sanctions for people who violate.

The process of implementing the program, for the implementation of socialization has been carried out in all urban villages by inviting representatives from across sectors, health cadres, religious leaders and community leaders but has not been able to be carried out massively, The triggering implementation process carried out at the Public Health Center of Taman Sari District is not carried out in full series, the triggering implementation is carried out simultaneously with PSN, The CBTS Verification Process in 2022 is carried out in Kelurahan Krukut. The obstacles experienced during the verification process are that there are still 3 villages that have not been verified until 2022, namely Pinangsia, Mangga Besar and Tangki. In 2022 there are no Ward Declarations in Taman Sari District.

The Supervision and Control Process of the CBTS Pillar 1 Stop Open Defecation Program at the Public Health Center of Taman Sari District in 2022 is carried out both internally and externally. The Public Health Center of Taman Sari District has conducted an Evaluation of the Achievements of ODF Village, but has not conducted an Evaluation related to the behavior of the open defecation community

Reference

- Arfiah, A., Patmawati, P., & Afriani, A. (2021). Gambaran Pelaksanaan Sanitasi Total Berbasis Masyarakat (STBM) Di Desa Padang Timur Kecamatan Campalagian Kabupaten Polewali Mandar. *J-KESMAS: Jurnal Kesehatan Masyarakat*, 4(2), 113–135.
- Asna, F., Kadir, I., & Ilyas, G. B. (2018). Pengaruh Pengetahuan, Prilaku, Dan Partisipasi Terhadap Program Stop Buang Air Besar Sembarangan (Babs) Di Desa Bojo Kecamatan Mallusetasi Kabupaten Barru. *YUME: Journal of Management*, 1(3).
- Aswan, M., Dide, S., & Muhammad, J. (2021). Sanitasi Dasar Di Tempat Pelelangan Ikan Skpt Daeo Kecamatan Morotai Selatan Kabupaten Pulau Morotai. *Jurnal Teknik SILITEK*, 1(01), 17–22.
- Horiza, H., Iskandar, I., & Yuhesti, M. (2022). PEMBUATAN SARANA SANITASI SEBAGAI UPAYA PENURUNAN ANGKA BUANG AIR BESAR SEMBARANGAN DI RT 02 DESA PENGUDANG TAHUN 2022. *Community Development Journal: Jurnal Pengabdian Masyarakat*, 3(3), 1312–1316.
- Masrianto, A., Alamsyah, S., & Magfirah, A. (2021). Hubungan Pengetahuan Masyarakat Dengan Sikap Dalam Pencapaian Target Stop Buang Air Besar Sembarangan Di Desa Delung Asli Kecamatan Bukit Kabupaten Bener Meriah. *Jurnal Serambi Akademica*, 9(6), 838–843.
- Muhyiddin, M. (2020). Covid-19, new normal, dan Perencanaan Pembangunan di Indonesia. *Jurnal Perencanaan Pembangunan: The Indonesian Journal of Development Planning*, 4(2), 240–252.
- Purnomo, A. (2019). Pemberdayaan Masyarakat Menuju Bebas Buang Air Besar Sembarangan. *Jurnal Purifikasi*, 19(2), 59–66.
- Puskesmas Tamansari. (2021). *PKP PKC Taman Sari 2021*.
- Rangkuti, A., Karimah, B., & Putri, D. (2020). Meningkatkan derajat kesehatan masyarakat Dusun Pringgolayan dengan menerapkan 5 pilar sanitasi total berbasis masyarakat. *Jurnal Pemberdayaan: Publikasi Hasil Pengabdian Kepada Masyarakat*, 4(1).
- Suryani, A. S. (2020). Pembangunan Air Bersih dan Sanitasi saat Pandemi Covid-19. *Aspirasi: Jurnal Masalah-Masalah Sosial*, 11(2), 199–214.

**Febriana Sekar Wijayanti, Princess Handayani, Veza Azteria, Mayumi Nitami/KESANS
Overview of CBTS Pillar 1 Program Evaluation Stop Open Defecation (SOD) at the
Public Health Center, Taman Sari District, West Jakarta City in 2022**

Copyright holder:

Febriana Sekar Wijayanti, Princess Handayani, Veza Azteria, Mayumi Nitami (2023)

First publication right:

KESANS: International Journal Health and Science

This work is licensed under a Creative Commons Attribution-ShareAlike 4.0
International License

