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The Effectiveness of The Implementation of The Community-Based Total Sanitation Program, The First Pillar of Stop Open Defecation in The Work Area of The Palmerah District Public Health Centre in 2022

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Abstract
Introduction: *The condition of latrines in West Jakarta Administrative City includes the number of permanent healthy latrines 69%, semi-permanent healthy latrines 8%, communal latrines 18% and households that still defecate openly in a closed manner (have toilets but do not have advanced waste treatment) reaches 5%, while for regional data the highest Open Defecation Free (ODF) sub-district status is in Kembangan and Tambora Subdistricts, each of which already has 3 ODF Sub-Districts and areas that do not yet have ODF Sub-Districts namely Cengkareng and Palmerah Subdistricts.* ***Objective:*** *This study aims to determine the Effectiveness of the Implementation of the Community-Based Total Sanitation Program First Pillar Stop Open Defecation in the working area of the Palmerah District Health Center, West Jakarta Administrative City in 2022.* ***Method:*** *This type of research is descriptive qualitative with a phenomenological design.* ***Result and Discussion:*** *The results of the study obtained a gap in the First Pillar CBTS program to Stop Open Defecation, including in the planning variable, it was found that there were no sanitarians who were trained to become CBTS facilitators, in the implementation variable the result was that the triggering implementation was not optimal by not carrying out the triggering stages according to the requirements, then in the monitoring and control variables, it was found that residents had open defecation and had not applied sanctions or awards related to the first pillar CBTS implementation of Stop Open Defecation.* ***Conclusion:*** *Planning for the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre for the Planning Process is appropriate, but for human resources, it is still necessary to increase competence in the form of trainings as an effort to support the smooth implementation of the CBTS program*
Keyword: Open Defecation free; Sanitations; CBTS Programs;

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Introduction

Sanitation is one of the global goals for sustainable development listed in the Suistainable Development Goals (SDGs) Program 2015-2030 goal 6 which is to ensure the availability and management of clean water and sustainable sanitation for all, with indicator 6.2 targeting by 2030 Indonesia to achieve access to adequate and equitable sanitation and hygiene for all, and to stop the practice of open defecation, pay special attention to the needs of women, as well as vulnerable community groups (Bappenas, 2020). This target is achieved by making a work plan as outlined in the National Medium-Term Development Plan (RPJMN), namely 0% of households that still practice open defecation (Republic of Indonesia, 2020)

Based on WHO (World Health Organization) data In 2020, 54% of the global population (4.2 billion people) used safely managed sanitation services; 34% (2.6 billion people) use private sanitation facilities connected to sewers where wastewater treatment is located; 20% (1.6 billion people) use toilets or latrines where manure is safely disposed of on the spot; and 78% of the world's population (6.1 billion people) use at least basic sanitation services, while households in Indonesia that have access to proper sanitation in 2021 are 80.29% and in DKI Jakarta Province at 95.17% (BPS, 2021), this indicates that there are still households that are still not worthy of sanitation in DKI Jakarta at 4.83%.

The Administrative City of West Jakarta, which has an area of 129.5 square KM with 8 sub-districts and 56 urban villages until 2021, only has 10 villages that have declared SBS (Stop Open Defecation) or 17.8% with the number of households or households of 637,699 households and a population density of 19,592 people per square kilometer (Sudinkes West Jakarta, 2022). The condition of latrines in the West Jakarta Administrative City includes the number of Permanent Healthy Latrines (JSP) 69%, Semi-Permanent Healthy Latrines (JSPP) 8%, Sharing Latrines (JS)/Communal 18% and KK who are still defecating indiscriminately closed (have toilets but do not have advanced waste treatment) reaching 5%, while for regional data the status of SBS villages is highest in Kembangan and Tambora Districts, each of which already has 3 SBS Villages and areas that do not yet have SBS Villages, namely Cengkareng and Palmerah Districts, but of the 2 sub-districts, Palmerah District which has the lowest proper sanitation is 91%, while Cengkareng District has access to proper sanitation of 97%, the remaining 4 villages each have 1 SBS Village, namely in Tamansari District, Grogol Petamburan, Kebon Jeruk and Kalideres. Activities that have been carried out since 2017 are Socialization, Triggering, Verification and Declaration of Stop Open Defecation (SBS), the declaration of Stop Defecation can be realized after the verification process no longer finds open defecation behavior in a village /kelurahan (Sudinkes West Jakarta, 2021).

Palmerah District Health Center, West Jakarta Administrative City has a working area of 6 (six) Neighborhoods, with a total of 50,675 households or 231,946 people, with

a total of 40,357 buildings, until 2022 100% have been socialized, triggered, and verified SBS, but there are still 9% of KK or 4,438 families who still do open defecation and of the 6 (six) villages no one has declared SBS. The condition of latrines in Palmerah District includes the number of Permanent Healthy Latrines (JSP) 73%, Semi-Permanent Healthy Latrines (JSPP) 0%, Sharing Latrines (JS)/Communal 18% (Sudinkes West Jakarta, 2021). Reviewed from these data and based on the results of interviews of the person in charge of environmental health of the West Jakarta Administrative City Health Office in the preliminary research the problem occurred in the post-trigger supervision and control process in a series of open defecation stop activities (Sudinkes West Jakarta, 2021).

Supervision and control carried out in an integrated manner together across sectors and across programs has been running since 2017, by means of socialization carried out every month in village and sub-district activities, going to the field in conjunction with MNE (Mosquito Nest Eradication) activities or service work and monitoring and evaluation of the CBTS (Community-Based Total Sanitation) program which is carried out quarterly, however, due to low awareness and enforcement of regional regulations related to public order, so that until 2021, Palmerah District does not have an SBS Village. This is also in accordance with research from Ahmadi (2019) showing that the supporting factors for the CBTS program are the support and commitment of the government bureaucracy and the community. Factors inhibiting the program are the access of community information to the supervision mechanism program, and the economic limitations of the community (Muaja et al., 2020)

The national strategy of CBTS based on Permenkes 3 of 2014 there are 3 (three) of them, the creation of a conducive environment (*enabling environment*), an increase in sanitation needs (*demand creation*), an increase in the provision of access to sanitation (*supply improvement*), If one of the CBTS components does not exist, the process of achieving the 5 (five) CBTS Pillars is not optimal. These three strategies are called the Total Sanitation Component.

Stop Open Defecation being the first pillar in CBTS, is a condition when every individual in a community no longer engages in open defecation behavior that has the potential to spread disease or a condition when every individual in a community does not defecate in any place, but in a healthy latrine facility.

Healthy latrines are an effective means of fecal disposal to break the chain of disease transmission, which has behavioral indicators in the form of the number and percentage of the population not defecating indiscriminately 100%, and achievement indicators related to access there are 2 indicators, namely the percentage of households using healthy latrine facilities and the number of villages / villages in districts that reach SBS is rechecked every year after the declaration of 100% SBS (Ministry of Health RI, 2012).

Based on the background above, the author wants to examine the Effectiveness of the Implementation of the Community-Based Total Sanitation Program, the First Pillar of Stop Open Defecation in the work area of the Palmerah District Public Health Centre, West Jakarta Administrative City in 2022.

Method

The research activities were carried out in the working area of the Palmerah District Public Health Center, West Jakarta Administrative City located on Jalan Palmerah Barat no. 120 West Jakarta Administrative City of the Special Capital Region of Jakarta Province for the period of December 2022 to February 2023.

The research design used in this study is descriptive qualitative with phenomenological design, namely by providing a detailed overview or explanation of the program to stop open defecation in the work area of the Palmerah District Public Health Center, West Jakarta Administration City using variables of planning, implementation, supervision and control.

Results and Discussion

Based on the results of research Planning at the Palmerah District Public Health Centre, it includes the Preparation of a Five-Year Plan or better known as a Business Strategy Plan and Preparation of an Annual Plan consisting of RUK (Activity Proposal Plan) and RPK (Activity Implementation Plan) based on the priority results of the SMD-MMD analysis (Self-Awareness Survey and Village Community Deliberation) and the achievements of the CBTS program.

The results of the research above are in accordance with a study conducted by Gaol, (2019) that in implementing every program at the Bonandolok I Public Health Centre, the program implementers of each activity make a RPK (Activity Implementation Plan) which is made at the beginning of each year. In addition to the RPK, there is also a RUK (Activity Proposal Plan), which is created for the following year. The RPK and RUK made will be reviewed by the health Office whether they are feasible to be realized or not.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 44 of 2016 concerning guidelines for the management of Public Health Centres in Article 1 Paragraph 1 that Public Health Centres compile 5 years which are then subdivided into Annual Plans. The preparation of the Annual Plan of the Public Health Centre must be complemented by a proposal for financing for the routine needs, facilities, infrastructure and operations of the Public Health Centre in the form of a RUK (Activity Proposal Plan) the preparation of this RUK in addition to referring to the district/city health development policy must also be prepared based on the results of the analysis of the current situation *(evidence based)* and future predictions that may occur (Ministry of Health RI, 2016).

In this case, the Palmerah District Public Health Center for the planning process is in accordance with applicable regulations. Based on the results of the study, the implementers of the CBTS Pillar 1 Stop Open Defecation Program at the Palmerah District Public Health Centre are Bachelor of Public Health and D.III Environmental Health totaling 9 people distributed to 2 people in the Palmerah District Public Health Centre and 7 people to 6 Villages in Palmerah District. The results of the above study are in accordance with a study conducted by Entianopa et al., (2017) that theofficer of the Public Health Centre who conducts the CBTS Program in Ampelu village has an educational background of S1 Environmental Health.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 13 of 2015 concerning the implementation of environmental health services at Public Health Centres Article 12 Paragraph 2 that human resources as referred to in Paragraph (1) Letter a are at least 1 (one) environmental health worker who has a permit in accordance with the provisions of the Laws and Regulations and Article 1 Paragraph 8 environmental health workers are everyone who has passed a minimum of Diploma education three in the field of environmental health in accordance with the provisions of the Laws and Regulations (Ministry of Health of the Republic of Indonesia, 2015). In this case, the availability of human resources at the Palmerah District Public Health Centre is sufficient and in accordance with the established regulations.

Based on the results of the study, it is known that from 9 officers, no one has attended the CBTS Facilitator Training, this happens because there are still limited training providers and the length of training time so that they have to manage officers in the service, the uneven distribution of training disposition, which was previously dispositioned only aimed at 2 officers who have the status of civil servants, is also the basis for no other environmental health workers who are trained, so that when the civil servant retires, there are no more officers who have the required expertise in the form of facilitator training.

The results of the research above are not in accordance with the study conducted by Lingga (2021) that the Person in Charge of Environmental Health has been given training on the implementation of the CBTS program so that he can direct village midwives and hamlet heads as implementers in the village in implementing the CBTS program in Pangguruan Village. The suggestion submitted to the Palmerah District Public Health Centre for this is the submission of a training proposal aimed at environmental health workers by managing service duties and redistribution of officers for the replacement of officers assigned to training. Based on the results of research on cross-sectoral and cross-program support in the CBTS program to stop open defecation, the Palmerah District Public Health Centre received good support, supporters of the stop ODF program include Subanppeko, Adkesra, Housing Service Tribes, Water Resources Service Tribes, PALJaya, Sub-districts, Lurah, RT / RW, Cadres and *natural leaders.*

The results of the research above are in accordance with research conducted by A'yunina et al., (2020) in Pekalongan Regencythatcooperation with cross-sectors is very important to achieve program achievement that the success of the program that has been launched by the government can be carried out in accordance with the previous target if in carrying out activities it receives support from various parties both from the government and private sectors and related institutions from community. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation Article 10 paragraph 1 To support the implementation of CBTS, the Government plays a role in coordinating across sectors and across programs, in this case the Palmerah District Public Health Centre is in accordance with coordinating with cross-sector-cross-program.

Based on the results of regulatory or policy research used as guidelines for the implementation of CBTS, the Palmerah District Public Health Centre already has an SOP (Standard Operating Procedure) for CBTS Triggering and Verification which refers to the applicable regulations and the Strategic Plan of the Health Office. The results of the above research are in line with the research of Benga et al., (2022) that the implementation of the CBTS program at the Jawakisa Public Health Centre has used the triggering stages in accordance with the guidelines of the Ministry of Health. Meanwhile, in the guidelines for the technical implementation of community-based total sanitation in 2012, there are three components of total sanitation that form the basis of the implementation strategy for achieving CBTS. In the three components, it is stated that the existence of regional policies and regulations regarding sanitation programs such as the Regent's Decree, PERDA, RPJMD, RENSTRA, is included in the components of creating a conducive environment.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning Community-Based Total Sanitation in the Strategy for implementing CBTS includes 3 (three) components that support each other, namely the creation of a conducive environment, increasing sanitation needs, and increasing the provision of access to sanitation. The creation of a conducive environment, one of the components needed is regional policies and regional regulations regarding sanitation programs such as Regent's Decrees, regional regulations, Regional Medium-Term Development Plans (RPJMD), Strategic Plans (Renstra), and others (Ministry of Health of the Republic of Indonesia, 2014). Planning related to implementation regulations at the Palmerah District Public Health Centre is appropriate.

Based on the results of research, the source of funds for planning the ODF stop program is allocated from BLUD, BOK and APBD funds, in the form of monitoring and evaluation activities and a 5-pillar campaign. and this is also evidenced by the RUK and RPK documents in 2022 and 2023. At the time of planning there were no obstacles related to the source of funds because everything was budgeted. The results of the research above The results of the research above are also in accordance with the study conducted by

Lingga, (2021) that the source of funds in the implementation of the CBTS program, the first pillar of stopping open defecation in Pangguruan village is from BOK (Health Operational Management) funds in the form of SPPD (Task Travel Order) which is used during the implementation of CBTS in Pangguruan Village. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation Article 16 that funding to support the implementation of CBTS by the Government and Local Governments comes from the State Budget, Regional Revenue and Expenditure Budget, and other non-binding sources in accordance with the provisions of laws and regulations (Ministry of Health RI, 2014). Based on the discussion, the Palmerah District Public Health Centre has been appropriate to use the source of funds. Based on the results of the study, there were no obstacles found in planning the CBTS Stop Open Defecation Program in the work area of the Palmerah District Public Health Centre.

It can be concluded that the planning for the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre for the Planning Process is appropriate, but for human resources, it is still necessary to increase competence in the form of trainings as an effort to support the smooth implementation of the CBTS Stop Open Defecation program. The implementation of training can contribute to improving quality and quantity in producing organizational productivity, so that resource performance can reach predetermined standards. The suggestion presented on the planning variable for the Palmerah District Public Health Centre for this to increase the insight of officers is the submission of a training proposal aimed at environmental health workers by managing service duties and redistribution of officers for the replacement of officers assigned to training.

Overview of Socialization of CBTS Pillar 1 Program to Stop Open Defecation at the Palmerah District Public Health Centre

Based on the results of research on the Process of Implementing the CBTS Program Socialization which was carried out in the Palmerah District Public Health Centre area by means of formal meetings at the 5 Pillars CBTS campaign meeting, with cross-sectoral and also carried out directly to the community while in the field with participants coming from across sectors such as sub-districts, village heads, RT / RW, LMK, cadres, community leaders and the community which was carried out in 5 urban villages.

The results of the above research are in accordance with the study conducted by Mustafidah et al., (2020) socialization is not only carried out to officials but also to cadres who will help the process of implementing the program, so that later the cadres fully understand how the performance must be done to be able to meet the program objectives that have been set. Arumsari's research shows that coordination and cooperation are important for an organization to be able to foster a positive performance atmosphere and launch effective communication so that activities always run in accordance with planned

goals. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation Articles 9 to 12 that the Government and local governments support the implementation of CBTS, play a role in the implementation of activities and are responsible for the development of CBTS implementation (Ministry of Health RI, 2014).

This is also in line with Government Regulation Number 66 of 2014 concerning environmental health in Article 3 Paragraph 2, namely regulating, fostering and supervising the implementation of environmental health (Government Regulation of the Republic of Indonesia, 2014). In this case, the process of implementing the Socialization of the CBTS Pillar 1 Program at the Palmerah District Public Health Centre has been carried out in all villages in the Palmerah District Region by inviting representatives from across sectors.

Based on the results of the research, the enthusiasm of the community when socialization was carried out, showing a mixed response, some were enthusiastic, some were ordinary. The results of the above study are in accordance with a study conducted by Barliansyah et al., (2019) that in line with Widowati (2015) said there is a relationship between attitudes and ODF behavior in the work area of the Sambungamacan II Public Health Centre, Sragen Regency with a p value = 0.000; OR = 2.646.[6] A similar study by Saliani (2016) that attitude factors have a meaningful relationship with community defecation practices in Garuga Village, Mantoh District, Banggai Regency, Central Sulawesi Province. The results of these findings are in accordance with the conditions in the Palmerah Kecmatan area, which until now does not have an SBS village.

It can be concluded that socialization on the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre has been carried out in 5 villages by inviting 160 people in each village consisting of representatives from across sectors, health cadres, religious leaders and community leaders through the 5 pillars of CBTS campaign meetings and through direct socialization to the community when going down the field during the implementation of PSN, PE and other civic activities. However, the community's response to the implementation of socialization can be a homework for officers so that the community is more enthusiastic about increasing knowledge, awareness and being triggered to make behavior changes. The suggestion for the Palmerah District Public Health Centre to maximize this socialization activity is to collaborate across programs, namely health promotion programs by making health promotion materials in various media, especially in the media in the form of videos shared via social media or whatssap and SBS appeal banners.

An Overview of triggering the CBTS Pillar 1 Program to Stop Open Defecation at the Palmerah District Public Health Centre

Based on the results of research on the description of the triggering process in the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health

Centre, it was found that the triggering process carried out was not carried out according to procedures ranging from Introduction and Delivery of Goals, Atmosphere Development, Definition of sanitary terms, Mapping, *Transect Walk,* Discussion and Follow-up Plan.

The Triggering Process is carried out simultaneously When officers monitor PSN, PE or other meeting activities with the community and the implementation is carried out such as counseling, this is also not in accordance with the internal SOP of the Palmerah District Public Health Centre.

The gap between the implementation of triggering and SOPs in the *Transect Walk* process occurs due to the lack of awareness, concern, and participation of the community to conduct environmental searches, it is also suspected that the community already knows their area and where the places used as ODF places, then this also has something to do with the absence of officers trained by CBTS Facilitators, where in one of the materials trained how to advocate and communicate between personal.

The results of the above research are in accordance with the study conducted by (Prayitno & Widati, 2018) that the empowerment of the CBTS community in Kejawan Putih Tambak Village using the triggering method has not been maximized. The trigger is done by exemplifying a glass of drinking water and then given hair contaminated with feces. The community is also invited to witness firsthand the state of fecal discharges around the environment. This method stimulates people's disgust to defecate indiscriminately no longer. The condition of the pillar to stop open defecation in Kejawan Putih Tambak Village is not 100% *ODF* because there are still houses that do not have *septic tanks* so that they flow directly into the river. The advice given to the Palmerah District Public Health Centre is to re-implement the trigger according to the SOP with the help of good advocacy from across sectors and across programs, so that the community wants to take a *transect walk* and can be done on weekends along with joint gymnastics activities or community service work.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation that the triggering process is carried out once in a certain period, with a triggering time of between 1-3 hours, this is to avoid too much information and can confuse the public. Triggering is repeated until a certain number of people are triggered. With steps such as introduction to meetings, disbursement of atmosphere, identification of terms related to sanitation, sanitation mapping, area search, discussion and drawing up sanitation program plans (Ministry of Health RI, 2014). The Palmerah District Public Health Center has not carried out triggering in accordance with the stages of triggering that should be. Berd a sarkan the results of the research on who plays a role in the process of triggering the CBTS Stop Open Defecation program, based on the results of the interview, it was found that the human resources who played a role in triggering were Environmental Health Officers, Cadres, RT / RW, LMK, natural leaders and from the sub-districts and sub-districts.

The results of the above research are in accordance with a study conducted by Muaja et al., (2020) that the role in the aspects of forming special regulations for the implementation of programs is more prominently carried out by the Pekon Wonodadi Government, while the Kediri Pekon Government shows more of its role in triggering, mentoring, and supervising activities to the community. Village governments have a very influential role, especially in efforts to create a climate that encourages the growth of initiatives and self-help in rural areas, which are carried out through development messages, briefings to the community to participate in development and channeling community aspirations.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation, the triggering process includes the Village/Neighborhoods CBTS Facilitator Team consisting of at least volunteers, community leaders, religious leaders, with the support of the village head, can be assisted by other people from inside or from outside the village, village midwives, Integrated Healthcare Center Cadre, Natural leader. (Ministry of Health RI, 2014). The obstacle experienced during the triggering process is the difficulty of behavior change to occur in residents who are still ODF. It can be concluded that the triggering of the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre has been implemented in all urban villages, but the implementation is still not in accordance with the procedure.

Verification Overview of the CBTS Pillar 1 Program to Stop Open Defecation at the Palmerah District Public Health Centre

Based on the results of the study, it was found that the verification process was carried out through interviews, field review observations and data collection, data analysis and submission of results carried out by 2 different teams, namely the internal team and the external team. The external team consists of environmental health workers from other regions, while the internal team consists of environmental health workers of their region. This is in accordance with the review of the SOP document for CBTS Verification of the Palmerah District Public Health Centre . The results of the research above are in line with the study conducted by Candrarini, (2020) that the verification process is divided into several stages, namely verification at the village level, at the sub-district level and then at the district to provincial levels. The process of verifying village tigkat is by cross-pattern.(Candrarini, 2020)

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation that verification activities are carried out by means of interviews, field observations, report analysis and in-depth discussions about the achievement of the CBTS Pillars

Based on this discussion, the Palmerah District Public Health Centre has carried out according to theory. Based on the results of research related to who plays a role in the

Verification process, information was obtained that this verification involved environmental health workers throughout West Jakarta, Subanpppeko, Adkesra, Sudin SDA, Settlement Sudin and sub-districts, sub-districts

The same thing is also found in the results of research conducted by A'yunina et al., (2020) that the success of the program that has been launched by the government can be carried out in accordance with the previous target if in carrying out activities it receives support from various parties both from the government and private sectors and related institutions from the community. This is also in line with research by Kasjono et al., (2017) which states that the role of community leaders in providing perceptions to the community will facilitate the process of community empowerment. During field verification, cadres will be accompanied by the (Kasjono et al., 2017) Public Health Centre, in addition to the village and koramil, then data recapitulation will be carried out and then presented in the village forum to make an agreement (Rahmuniyati & Sahayati, 2021).(Rahmuniyati & Sahayati, 2021)

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation Article 10 paragraph 1 To support the implementation of CBTS, the Government plays a role in coordinating across sectors and across programs, in this case the Palmerah District Public Health Centre is in accordance with coordinating with cross-sector-cross-program.based on this discussion, the Public Health Centre Palmerah's accuracy is appropriate to verify. In the implementation of the verification process, there are no obstacles that can hinder the verification process.

Overview of the CBTS Pillar 1 Program Declaration to Stop Open Defecation at the Palmerah District Public Health Centre

Based on the results of research in Palmerah sub-district, there are no villages that have declared SBS, because there are still many location points for residents that have not been followed up.

This problem is in line with the research of Prayitno & Widati, (2018) that people who do not have *septic tanks* drain their latrines directly into the river. Physical assistance in the form of healthy latrines from the government and the private sector to the community has not been able to achieve a free ODF village. The training, triggering, socialization and counseling that have been carried out have also not been able to realize *ODF* villages because the community feels that there is no need to build *a septic tank* because they already have their own latrines. The community also felt that it was a loss to build because it cost money and had to dismantle some parts of the house. These obstacles make it difficult to achieve a defecation-free village.

Based on the above problems, it is necessary to strengthen coordination with other SKPDs such as Sudin or the Housing, Water Resources Agency (SDA) and PAL Jaya and

one of the most important things is the triggering of the need for healthy latrines in residents. It can be concluded that the implementation of the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre for the socialization, triggering and verification components has been carried out, but an evaluation of the quality of the implementation has not been carried out to find out how effective the implementation is against the expected targets or indicators, namely no residents who defecate indiscriminately, as can be seen from the socialization and triggering components which has not attracted the enthusiasm of residents so that the message conveyed is not effective in changing the behavior of residents who are ODF.

The suggestion conveyed on the implementation variable for the Palmerah District Public Health Centre is to strengthen cooperation with health promotion programs for the implementation of massive and effective socialization through making material in various media in the form of multimedia that is shared through social media or shared through devices, then making banners containing SBS material.

Overview of supervision and control of the CBTS Pillar 1 Stop Open Defecation program in the work area of the Palmerah District Public Health Centre

Based on the results of research related to the CBTS Program Monitoring and Evaluation Process at the Palmerah District Public Health Centre, it was found that the activity was carried out once per year by inviting lintors, linprogs, cadres, and the community. This is in line with the review of the RUK and RPK documents. The CBTS Program Monitoring and Evaluation activity was also discussed during the presentation of the Public Health Centre Mini Workshop at the city level as well as being the theme in monitoring and evaluation.

This is in accordance with a study conducted by Blegur & Purnama, (2014) that the implementation of monitoring in Kambata Tana village was carried out by officers of the Kawangu Public Health Centre, Pandawai District Officers, Babinsa Pandawai, Village Facilitators and Village Officials. This monitoring is carried out by making visits to the triggered community to see developments and encourage in realizing changes in open defecation behavior. The village facilitator will provide a report to the manager of the Kawangu Public Health Centre CBTS program if any community has changed. Recording and reporting of monitoring results is carried out by officers of the Public Health Centre, namely the sanitarian of the Kawangu Public Health Centre. And also in line with the research of Mustafidah et al., (2020) that monitoring and evaluation is an activity of checking and verifying the results of the progress of the implementation of the program that has been running. Monitoring and evaluation activities in this program are carried out by the Demak Regency Health Office to ensure that the program has run well and the progress of the development of the healthy latrine access program continues to run according to the established plan.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation, monitoring in villages/Neighborhoods is carried out by facilitators to see the development of Triggering activities in the community and collect basic CBTS data.

The results of the monitoring are in the form of basic data and progress of sanitation access on the Triggering process which is then recorded and documented in the form of community social maps, the formation of community work teams in villages/kelurahan, and community work plans. b) Monitoring and evaluation in the Subdistrict is carried out by health workers of the Public Health Centre, to compile triggers, community work plans, and community work team activities. Furthermore, health workers of the Public Health Centre provide assistance to the triggered community in order to be able to carry out their work plans and report the results of the progress of community sanitation access in their work areas c) Monitoring and evaluation in the District / city is carried out by the District / City Health Office to obtain an overview of the progress of triggering, implementation of community work plans and *natural leader* activities , the condition of people who are not defecation and efforts to accelerate towards CBTS villages/kelurahan, d) Monitoring and evaluation in the Province is carried out by the Provincial Health Office to obtain an overview of efforts to accelerate CBTS villages/kelurahan in districts/cities, e) Monitoring and evaluation at the Center is carried out by the Ministry of Health to obtain an overview of the ability of districts/cities and provinces to apply the CBTS approach in order to prevent and break the chain of transmission community-based diseases (Ministry of Health RI, 2014). Based on this discussion, the Palmerah District Public Health Centre is appropriate.

Based on the results of research related to the recording and reporting system of the CBTS Program at the Palmerah District Public Health Centre, it has carried out these activities through a spreadsheet-shaped report that is monitored by the Health Office and the Health Office which is filled out monthly or every time there is an addition of a healthy latrine and is monitored and evaluated every quarter.

This is in accordance with a study conducted by Blegur & Purnama, (2014) that the implementation of monitoring in Kambata Tana village was carried out by officers of the Kawangu Public Health Centre, Pandawai District Officers, Babinsa Pandawai, Village Facilitators and Village Officials. This monitoring is carried out by making visits to the triggered community to see developments and encourage in realizing changes in open defecation behavior. The village facilitator will provide a report to the manager of the Kawangu Public Health Centre CBTS program if any community has changed. Recording and reporting of monitoring results is carried out by officers of the Public Health Centre, namely the sanitarian of the Kawangu Public Health Centre.

According to Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation that monitoring and evaluation of the implementation of CBTS at each level of government is carried out

through a Monitoring Information System which is carried out with stages: 1. data and information collection; 2. processing and analysis of data and information; and 3. reporting and feedback (Ministry of Health RI, 2014). Based on this discussion, the Palmerah District Public Health Center has carried out an appropriate reporting system. Based on the results of research, the *reward* and *punishment* system applied to the CBTS Stop Defecation program has not yet run.

The lack of a reward and punishment system is based on the lack of clear rules and a joint commitment has not been made between regional stakeholders and the District Public Health Center to get one word in its implementation, because the implementation of the reward and punishment system is very sensitive so as not to cause friction in the region and strengthen regulatory enforcement.

This is in accordance with research by Prayitno & Widati, (2018) that the resulting strategy is in the form of efforts to implement sanctions. This is done to achieve sanctions for perpetrators who drain fecal discharges into rivers. Furthermore, realizing law enforcement by asking for written assistance and commitment from the sub-district Civil Service Police Unit (SATPOL PP). The goal is to facilitate the implementation of each CBTS pillar in Kejawan Putih Tambak Village.

The strategy formed is the result of discussions and deliberations carried out by informants with related parties. These parties are the Public Health Centre, kelurahan, babinsa, and Bhabinkamtibmas. The deliberations were held on October 20, 2017.

The suggestion for the Subdistrict Public Health Centre is to make a joint commitment between the Public Health Centre and regional stakeholders in this case the sub-district and sub-district, so that data on the condition of residents who are still ODF can be followed up with regional stakeholders either in accordance with the rules or can be slowly carried out with social sanctions, with the application of sticker pasting home markers that are still doing ODF or by other methods according to mutual agreement.

According to the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning community-based total sanitation that the indicator of a village /kelurahan is said to have achieved SBS status is that there is an application of sanctions, regulations, or other efforts by the community to prevent the occurrence of defecation in any place.

Based on this discussion, Palmerah District is not yet appropriate. Based on the results of research related to obstacles / obstacles in the implementation of control and supervision of the CBTS Pillar 1 program, information was obtained that there were many obstacles related to resistance to changes in community behavior, and lack of awareness as well as limited land and costs so that monitoring the progress of adding healthy latrines was relatively slow.

This problem is in line with the research of Prayitno & Widati, (2018) that people who do not have *septic tanks* drain their latrines directly into the river. Physical assistance in the form of healthy latrines from the government and the private sector to the community has not been able to achieve a free ODF village. The training, triggering, socialization and counseling that have been carried out have also not been able to realize *ODF* villages because the community feels that there is no need to build *a septic tank* because they already have their own latrines.

The community also felt that it was a loss to build because it cost money and had to dismantle some parts of the house. These obstacles make it difficult to achieve a defecation-free village. It can be concluded that the supervision and control of the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre is not optimal because it has not been equipped with measures of emphasis or appreciation to residents because the basis of the system is a regulation, so that the management and the Village must have agreed regulations related to *reward* and punishment in the use of healthy latrines.

It can be concluded that the supervision and control of the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre has not been carried out optimally, although monitoring and evaluation are always carried out but residents are still found who are still doing ODF, this is due to the lack of implementation of control on residents who are still doing ODF

The suggestion for the Subdistrict Public Health Centre is to make a joint commitment between the Public Health Centre and regional stakeholders in this case the sub-district and sub-district, so that data on the condition of residents who are still ODF can be followed up with regional stakeholders either in accordance with the rules or can be slowly carried out with social sanctions, with the application of sticker pasting home markers that are still doing ODF or by other methods according to mutual agreement.

Conclusion

Planning for the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre for the Planning Process is appropriate, but for human resources, it is still necessary to increase competence in the form of trainings as an effort to support the smooth implementation of the CBTS Stop Open Defecation program. The implementation of training can contribute to improving quality and quantity in producing organizational productivity, so that resource performance can reach predetermined standards.

The implementation of the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre for the socialization, triggering and verification components has been carried out, but an evaluation of the quality of the implementation has not been carried out to find out how effective the implementation is against the expected targets or indicators, namely no residents who defecate indiscriminately, as can

be seen from the socialization and triggering components that have not attracted the enthusiasm of residents so that the message conveyed is not effective in changing the behavior of citizens who are ODF.

Supervision and control of the CBTS Pillar 1 Stop Open Defecation program at the Palmerah District Public Health Centre has not been carried out optimally, although monitoring and evaluation are always carried out but residents are still found who are still doing ODF, this is due to the lack of implementation of control on residents who are still doing ODF.

The implementation of the Community-Based Total Sanitation Program, The First Pillar of Stop Open Defecation in the Working Area of the Palmerah District Public Health Centre is concluded to be ineffective, in terms of the specified target in the form of 1 SBS declared village has not been achieved.

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