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Evaluation of Stop Carelessly Defecation (STOP BABS) As One Pillar of Community-Based Total Sanitation Program in Bangli District

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Abstract: **Public access to healthy latrine in Bangli Regency in 2015 is still the lowest in Bali Province of 80.7%, the effort made since 2014 is by the Community-Based Total Sanitation Program through Stop Carelessly Defecation (BABS) pillar which is implemented by the District Health Office Bangli through Health Center (Puskesmas) in his work area. The objective of this study is to evaluate the Community-Based Total Sanitation program for the pillars of the Stop Carelessly Defecation (BABS) with the evaluation method of CIPP (Context, Input, Process & Product) and to generate strategy through SWOT analysis (Strength, Weakness, Opportunity, Threath). This evaluative research is a descriptive observational research, conducted in December 2017 in 12 Health Center (Puskesmas) with 63 respondents.**

Keywords: **evaluation, CIPP (context, input, process, product), STBM, Stop BABS, SWOT (Strength, Weakness, Opportunity, Threath).**

I. INTRODUCTION

Environmental health efforts are aimed at realizing the quality of a healthy environment, whether physical, chemical, biological, and social that enable everyone to reach the highest possible level of health. In its implementation, the government and the community ensure the availability of a healthy environment in residential, workplace, recreation area and other public facilities (PP RI No 66.2014).

Sanitation has a broad understanding of covering human waste, solid waste and drainage. A study by India's Economics of Sanitation Initiative (ESI) on human waste and community behavior associated with the burden of health to be borne by the people of India, especially the poor due to poor sanitation is estimated to cause India's economic losses to 2.4 trillion in 2006 (Economic Impacts of Inadequate Sanitation in India, 2011).

Based on the experience of various countries achieving the Millennium Development Goals (MDG's) objectives, sanitation is a difficult sector to achieve targets. Indonesia is still working hard to ensure that the MDG targets for sanitation are achieved. The latest data in 2014 mentions the achievement of sanitation access in Indonesia has reached 59.71% and optimistic that in the Year 2016 target of 62.41% is reached. Therefore, sanitation and clean water are specifically addressed to the six objectives of Sustainable Development Goals (SDG's) which are on the agenda of sustainable development of a country. (UNICEF, 2012).

Problems in the field of sanitation and clean and healthy living behavior are being faced by developing countries like Indonesia. The Regional Autonomy is implemented since January 2001, sanitation problem is no longer the concern of the Central Government, but it becomes obligatory for the District / City Government in accordance with Law no. 32/2004 on

Regional Autonomy. In reality, however, district / municipal governments are still unable to manage and solve sanitation problems and Hygiene, sanitation and Hygiene are more marginal issues that are not prioritized in development (KEMENKES, 2013).

Low Access to sanitation, adding to the financial and economic burden of Indonesia, not only on individual spending but also on public and private spending. For 2010, losses due to poor sanitation conditions and public hygiene behavior are estimated at 6.3 USD or 56 trillion Rupiah. This loss is calculated from the expense of medical expenses, the purchase of clean water and loss of working time. Poor sanitation causes 120 million morbidities and 50,000 premature deaths per year (PAMSIMAS, 2011).

The Community-Based Total Sanitation Program (STBM) is an approach that invites the community to participate in analyzing the sanitary conditions of community groups through a triggering process, so that people are invited to think and take action to abandon the habit of defecation that is still in any place. In approaching, in a way to attack and cause a sense of horrible and shame to the community about the environmental conditions where he lived. Through this approach awareness of poor environmental and sanitary conditions is emerging. This approach also raises awareness of defecation (BAB) in any place is environmental health problem and can have implication to all society, problem solving must be done jointly by society (PAMSIMAS, 2009).

The Community-Based Total Sanitation Program (STBM) expects people to run the five pillars that belong to the program. The first pillar of Open Defecation Free (STOP BABS), followed by the behavior of community hygiene increased with the habit of Handwashing with Soap (CTPS) as the second pillar, consuming water and healthy food as the third pillar, managing the waste properly is the fourth pillar and dispose of waste liquid safely as the fifth pillar (KEMENKES, 2014)

The achievement of the Open Defecation Free (ODF) / Stop BABS condition is one of the indicators of the success of the STBM program approach, which is indicated by (i) the whole community has been defecated only in latrines and disposes of baby faeces only into latrines, (ii) invisible human feces (iii) improving the quality of existing latrines to safe, strong, healthy and comfortable latrines; (iv) the application of sanctions, regulation or other efforts by the community to prevent the occurrence of defecation in any place; (v) independent monitoring by community (WASPOLA, 2011).

Bangli District Health Office is a government institution in Bangli Regency that has duties and functions as the organization of health development by raising awareness, willingness and ability to live healthy for Bangli people. The geographical location is in Kelurahan Kawan, Bangli District. Administratively, the working area includes 12 health centers in 4 sub districts, with a population of 263,890 people and the number of families 64,672 (DINKES, 2016)

Bangli Health Office through Puskesmas has implemented the Total Community Based Sanitation Program since 2013 and focuses on the first pillar of Open Defecation Free (STOP BABS), so the program is the first pillar STBM program that is Open Defecation Free (STOP BABS). The achievement of healthy latrine access as the result of the first pillar STBM program at the level of Bali Province, Bangli District ranks 2 of 9 districts and cities in Bali. The achievement of Healthy Toilet Access in the Province of Bali in 2016 for Bangli Regency consisting of four sub-districts, 72 villages and 64,672 families with the percentage of access to health latrines of 80.07% far below the city of Denpasar which ranked first 99.19% and the last rank occupied by Karangasem Regency with 59,81%. (DINKES, 2016)

Based on the description above, then the evaluation of the implementation of the first pillar STBM program (STOP BABS) conducted in Bangli District. The program evaluation methods that can be used in making the model of program evaluation instrument is CIPP (Contex, Input, Process, Product). The CIPP evaluation model will view the program evaluated as a system (Mugiri, 2013). The first pillar STBM (STOP BABS) program is highly relevant in the evaluation using the CIPP model because with this model, the Program will be viewed thoroughly from context, input, process and product so that it can make learning for program sustainability.

The results of this study can be useful input for Bangli Regency Government especially for Bangli District Health Office for improvement of Program implementation in accordance with Regulation of the Minister of Health of the Republic of Indonesia Number 3 Year 2014 on Community-Based Total Sanitation (KEMENKES, 2014)

The target of the first Pillar STBM (STOP BABS) program implementation is 100% of the population accessing proper sanitation facilities (healthy latrines) which eventually resulted in the Open Defecation Free (ODF) village. ODF Village is an indicator of the success of the first Pillar STBM (STOP BABS) program. ODF Village is a condition where every

individual in a community no longer performs carelessly defecating behavior (KEMENKES, 2014). Achievement of ODF villages in Bangli District until 2016 is 3 villages in the area of Puskesmas Kintamani III. (DINKES, 2016). Judging from the total number of ODF villages there are only 3 villages, or only 4% of all villages in Bangli (72 villages). The target to be achieved each year is 1 village at each puskesmas, so the 2014 to 2016 target is 36 ODF villages, but only 3 ODF villages can be reached. The low achievement of ODF village is directly proportional to the achievement of the residents' access to healthy latrines in Bangli Regency. The achievement describes the implementation of the first pillar STBM program (Stop BABS) is still far from success to realize ODF village in Bangli regency. (DINKES, 2016)

Based on the description above, first pillar STBM (Stop BABS) program must be evaluated by referring to Permenkes RI Number 03/2014 about Total Community Based Sanitation so that recommendations can be formulated as the improvement of first pillar STBM (Stop BABS) program in realizing ODF village and increasing residents access to healthy latrines in the working area of Bangli District Health Office.

Statement of the problem:

The first pillar STBM program (Stop BABS) focuses on improving the population's access to healthy latrines and as an indicator of its success is the presence of ODF villages. Evaluation of the results-focused Stop BABS program and the people handling this program, so that this evaluation research is conducted using CIPP Model that evaluates the program based on system components (context, input, process, and product) of the first pillar STBM program (Stop BABS) in Bangli Distric.

The purpose of the study:

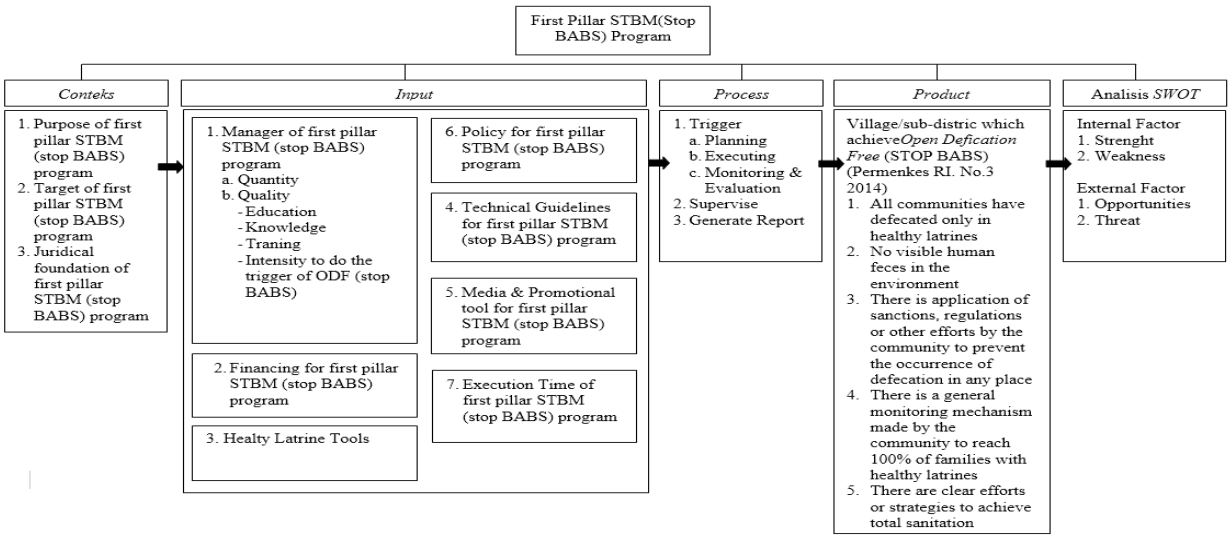
The aim of this study is to describe the evaluation result of first pillar STBM (STOP BABS) program in working area of Bangli District Health Office which can then be used as input and consideration to formulate policy and follow up on first pillar STBM program (STOP BABS)

The objective of the study:

To evaluate the first Pillar STBM (STOP BABS) program implementation in working area of Bangli District Health Office 2016.

Conceptual Framework:

This evaluative study uses an activity-oriented evaluation model and the people who handle it - transactional oriented. Evaluation model used is Evaluation Model Context, Input, Process and Product (CIPP). The Context component describes conditions that support Input and Process. Product and Outcome or effects describe the expected results of a program being implemented. The first STBM Pillar (Stop BABS) program in this study is viewed as a system, so the program will be analyzed based on its components. The basis used to conduct this evaluative research is the objective of the program as stated in the Permenkes RI Number 3 2014 on Total Community Based Sanitation that is to realize hygienic and sanitary community behavior independently in order to improve the highest public health status.



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II. LITERATURE FRAMEWORK

Evaluation of Stop Carelessly Defecation(BABS) As One Pillar of Community-Based Total Sanitation Program In Bangli District:

According to Indonesia Health Ministerial Regulation No. 3 of 2014 on Total Community Based Sanitation it is explained that Community Based Total Sanitation is an approach to change hygiene and sanitation behavior through community empowerment by triggering methods. (KEMENKES, 2014)

Stop BABS is a condition characterized by (i) the whole community has been defecated only in latrines and disposing of human feces only into latrines, (ii) no visible human feces in the surrounding environment, (iii) improving the quality of existing latrines so that all to a safe, strong, healthy, and comfortable latrine, (iv) the application of sanctions, regulations or other measures by the community to prevent the occurrence of defecation in any place, (v) community self-monitoring (WASPOLA, 2011).

III. RESEARCH METHODOLOGY

Study Area :

This research was conducted in Bangli Regency of Bali Province by taking puskesmas which implement STBM pillar program of Stop BABS year 2016. Site selection is Puskesmas which do not have ODF Villace (SBS) and have residents access to low healthy latrines.

Subjek Penelitian:

Subjects in this study were taken by purposive sampling that is the technique of determining the sample with certain considerations according to the needs of researchers. Purposive sampling is a non-random sampling method and is used in the framework of descriptive or explanatory research or field research. This method selects the case with a specific purpose that existed in the mind of the researcher (Kuntoro, 2011).

Sample size for this research subjects in each puskesmas there are 3 respondents consisting of 1 head of health center, 1 environmental health officer, and 1 health promotion officer, so the total sample in 12 puskesmas is 36 respondents. The basic reasons in the selection of respondents are as follows:

1) Head of Puskesmas:

Head of puskesmas become the respondent because the concerned is directly involved in the planning, discussion, and determination of program budget STBM Pilar Stop BABS in health center area.

2) Environmental Health Officer:

The environmental health officer is the respondent because the person involved is directly involved in the implementation of the STBM Pillar Stop BABS program, and is the implementer of the program in the puskesmas area, so that from the planning, implementation and evaluation process of the environmental health officer becomes responsible.

3) Health Promotion Officer:

Health Promotion Officers are respondents because they are directly involved in STBM Pilar Stop BABS program from health promotion aspect. For example in the socialization program STBM Pilar Stop BABS and pemicuan implementation

In addition to information and data collection at the puskesmas, researchers also collected data and information in the District Health Office with 3 respondents, namely the Head of Health Service, Head of Public Health and Head of Environmental Health Section (Kasi PL). Data collection and information in the field will be done in the village of each health center 1 village with the respondent is the village head and health cadre or natural leader program STBM Pilar Stop BABS. So the total number of respondents in the village is 24 respondents. Overall total respondents were 63 respondents.

Operational Framework:

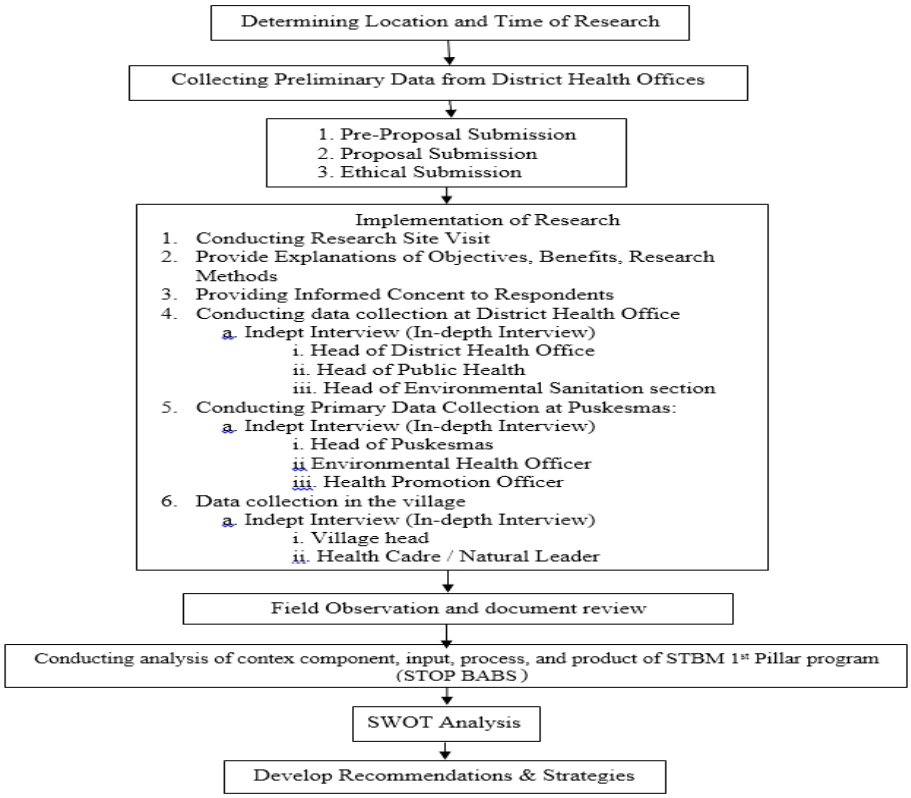
The operational framework of evaluative research of Stop BABS program in Bangli regency through the following stages:

1) Research begins by determining the location and time of the study.

2) Collect preliminary data from the Bangli Health Office
3) Make a pre-proposal submission, after passing the pre-next proposal is to make a proposal and after the exam is done then the next step is to propose a test of ethics.
4) undertake the processing of research permits.
5) Implementation of research conducted in District Health Office, Puskesmas and in Village, taking data by conducting in-depth interview and doing document review. Steps taken before the data collection is to explain the purpose, benefits and research methods to prospective respondents or informants. After an explanation of the next research is to provide Informed concent as a form of approval as respondents research. Interviews were conducted to the following respondents:

a. Head of Bangli District Health Office
b. Head of Public Health
c. Head of Environmental Sanitation Section
d. Head of Puskesmas
e. Environmental Health Officer
f. Health Promotion Officer
g. Village head
h. Health Cadre / Natural Leader

6) Conduct component analysis of context, input, process & product from First Pillar STBM Program (Stop BABS). The analysis was done based on data collection in the research location.
7) Prepare recommendations based on the results of analyzes that have been done on the context, input, process & product components of the first pillar STBM program (Stop BABS). Recommendations are made to provide input on the existence of programs implemented with the aim of improving or enhancing the program.
8) Conduct Focus Group Discussion to discover External Factors and Internal Factors of results found in interviews and observations.
9) Perform SWOT analysis of Internal and External factors found



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Data collection technique:

Data collection in this study aims to understand the complex conditions in search of factors that support or inhibit a problem in a short time and quickly, through an incentive interaction between data collection or information and analysis activities.

Data collection activities in the research to obtain primary data and secondary data, and conducted through in-depth interviews and document review and field observation and Focus Group Discussion (FGD)

Data analysis method:

Collected Primary data and secondary data are analyzed and further interpreted descriptively then the results are presented in tabular form.

IV. RESULT AND DISCUSSION

Evaluasi *Context, Input, Process, & Product* (CIPP) STBM first pillar program (STOP BABS)

The results of the overall evaluation of the STBM first pillar program(STOB BABS) components are based on the Context, Input, Process, & Product (CIPP) approach at 12 Puskesmas in the work area of Bangli District Health Office can be seen in the table below.

No	Component & Assesment value	Puskesmas												Total value	Assesment category
		1	2	3	4	5	6	7	8	9	10	11	12		
Context															
1	Purpose	60	20	40	40	20	20	40	20	20	20	40	20	360	very less
2	Target	100	100	100	100	100	100	100	20	100	100	100	100	1120	very good
3	Juridical foundation	80	60	60	60	60	60	60	60	60	60	60	60	740	fair
Total Context Value		**240**	**180**	**200**	**200**	**180**	**180**	**200**	**100**	**180**	**180**	**200**	**180**	**2220**	**fair**
Input															
1.a	Quantity of managers	120	120	120	120	120	120	120	120	120	120	120	120	1440	good
1.b	Educational Quality	150	120	120	120	120	120	120	120	120	120	120	120	1470	good
1.c	Understanding program purpose	120	120	120	120	120	120	120	120	120	120	120	120	1440	good
1.d	Understanding STOP BABS	150	150	150	150	150	150	150	150	150	150	150	150	1800	very good
1.e	Understanding program target	150	150	120	90	120	150	150	150	150	90	150	150	1620	very good
1.f	Understanding program strategy	150	150	60	60	60	150	150	150	150	60	60	60	1260	good
1.g	Training for managers	120	150	150	150	150	150	150	150	150	150	120	150	1770	very good
1.h	Intensity of trigger	90	90	150	150	150	120	150	60	120	60	60	150	1350	good
2	Program financing	150	120	90	150	60	150	60	120	60	120	30	60	1170	fair
3	Healty latrines tool	90	30	30	60	30	30	60	30	30	30	30	60	510	very less
4	Program policy	30	30	30	30	60	30	30	30	30	30	30	30	390	very less
5	Program technical guidelines	90	90	90	90	90	90	90	90	90	90	90	90	1080	fair
6	Media & promotional tool	150	150	150	150	150	150	150	150	150	150	150	150	1800	very good
7	Program implementation schedule	90	90	90	90	90	90	90	90	90	90	90	90	1080	fair
Total Input Value		**1650**	**1560**	**1470**	**1530**	**1470**	**1620**	**1590**	**1530**	**1530**	**1380**	**1320**	**1500**	**18150**	**good**
Process															
1.a	Trigger planning	150	120	120	150	150	150	150	60	150	150	150	150	1650	very good
1.b	Trigger implementation	150	120	120	150	150	60	90	30	150	60	120	60	1260	good
1.c	Monitoring & Evaluation	150	30	120	120	150	60	150	30	120	30	90	30	1080	fair
2	Supervising	150	30	60	150	120	30	30	30	150	30	30	30	840	less
3	Generate report	150	150	150	150	150	150	150	150	150	150	150	150	1800	very good
Total Process Value		**750**	**450**	**570**	**720**	**720**	**450**	**570**	**300**	**720**	**420**	**540**	**420**	**6630**	**good**
Product															
1	ODF Village (SBS)	110	40	40	80	60	60	20	20	20	20	20	20	500	less
Total Product Value		**110**	**40**	**40**	**80**	**60**	**60**	**20**	**20**	**20**	**20**	**20**	**20**	**500**	**less**
Total CIPP Value		**2740**	**2230**	**2280**	**2530**	**2540**	**2310**	**2380**	**1950**	**2450**	**2000**	**2080**	**2120**	**27520**	**good**
Assesment category		very good	good	good	good	good	good	good	fair	good	fair	fair	fair		

Based on the evaluation result with CIPP approach, it can be seen that the variables with fair category, less and very less on each component of context, input, process, and product, these variables can be seen in the table below.

No	Evaluation Component	Assesment category		
		Fair	**Less**	**Very Less**
1	Context	Juridical Foundation	-	Program purpose
2	Input	1) Financing 2) Technical Guidelines 3) Program implementation schedule	-	1) Healty latrines tool 2) Program policy
3	Process	Monitoring & evaluation for trigger	Supervising	-
4	Product	-	ODF Vilage	-

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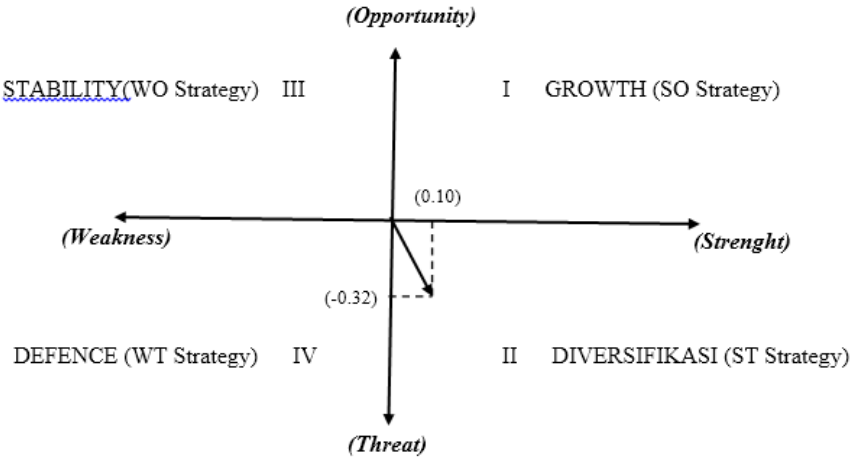
Strategy Planning with SWOT analysis:

Data hasil penelitian disampaikan kepada pemegang program Dinas Kesehatan, petugas kesehatan yang berwenang dalam hal ini petugas sanitarian Puskesmas, dan perwakilan kader serta Kepala Desa untuk kemudian dianalisis bersama dengan menggunakan metode analisis *SWOT*. Analisis didasarkan pada logika yang memaksimalkan kekuatan (*Strenghts*) dan peluang (*Opportunities*), namun secara bersamaan dapat meminimalkan kelemahan (*Weakness*) dan Ancaman (*Threats*) melalui *Focus Grup Discussion (FGD).*

Evaluation of external and internal factors influencing the STBM first pillar program (STOP BABS), by determining the weight and rating of each variable. Value Weight is the value of the result of consideration of the importance level or importance of each variable. While the rating is obtained by considering the effect of each variable on the program.

IFE / EFE	STRENGTH (S)	WEAKNESS(W)
	- Availability of Sanitarian personnel in running Stop BABS program - Training has been conducted and available Pocket Books - Health promotion activities are often carried out and available transportation funds to conduct activities - Universal Access or 100% Access Coverage for drinking water and sanitation - There is monthly recording and reporting of Stop BABS program	- The latrine facilities are not yet available - There is no specific organization and lack of cross-sectoral participation - Lack of monitoring and evaluation of triggers - The absence of intensive post-village assistance to ODF Village - Low coverage of ODF village achievement
OPPORTUNITIES (O) - Support from the Village - The existence of a budget from the village in the manufacture of latrines for the poor - The existence of Village Parerem - The location of Puskesmas area is wide enough but overall easy to reach officer	**SO STRATEGY** - Encouraging good cooperation between health workers and village cadres as natural leaders to implement STOP BABS program in the community - Conducting ongoing socialization with adequate infrastructure and budget allowing for its implementation - Implement policies that have been made both by the village and the Health Office in support of supervision of STOP BABS program - The coverage of water access makes it easier to implement the STOP BABS program in the community - Encouraging cadres to visit people who do not have health insurance access	**STRATEGI WO** - Creating a toilet facility to be available in each puskesmas and even villages that have not yet ODF - Establish working teams in villages and improve cross-sectoral and cross-program coordination - Conducted Supervision and evaluation supported by the existence of village parerem to be followed, obeyed and implemented properly - Counseling more intensively Involves the participation of TOMA or community organizations to support the STOP BABS program
THREAT (T) - In one village there are many hamlets - communities are still dependent on government assistance - Culture / trust people should not build latrines in the yard of the house - The absence of regional policies that support the Stop BABS Program - lack of coordination across sectors	**ST STRATEGY** - Good division of tasks in implementing trigger concept in the community ranging from the district level to the hamlet - Establish cooperation between officers and the public will understand about STOP BABS program - Increase efforts to change the level of behavior and culture that develops in the community about the defecation at random in cooperation with cross-program and cross-sector - Advocating to the local government about the importance of STOP BABS Program, stood for the regulation of STOP BABS - Ask for cross-sector support to dare to verify that the village is ODF Village	**WT STRATEGY** - Strengthening leadership commitment from district level to hamlet - Provision of adequate facilities to support the STOP BABS program - Intensive assistance to change community behavior and culture - Expansion of program implementation coverage STOP BABS - Improve the quality and quantity of environmental health officers to speed up ODF villages

SWOT diagram is made to be able to know the suitable strategy used in the management of Stop BABS Program that is in quadrant II (Diversification) Strategy ST that is using force to face threat, in this case presented into Matrix



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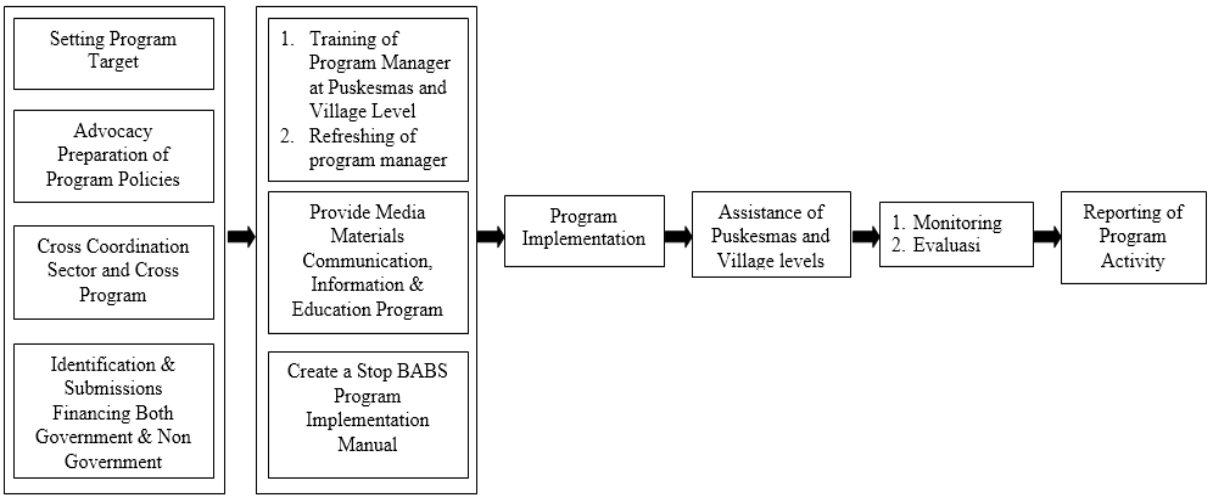
V. CONCLUSION

Implementation of the first Pillar STBM program (STOP BABS) in the work area of Dinas Kesehatan Bangli Regency should be fixed and improved on some program variables and almost all components of Context, Input, Process, & Product there is to be fixed and improved, which needs to be fixed is still in enough category and that need to be improved is still in the category of less and very less, which is realized with the recommendation of three models of the implementation of the first Pillar STBM program that is at the level of Program Manager in the District, the Implementer level of Puskesmas and Target.

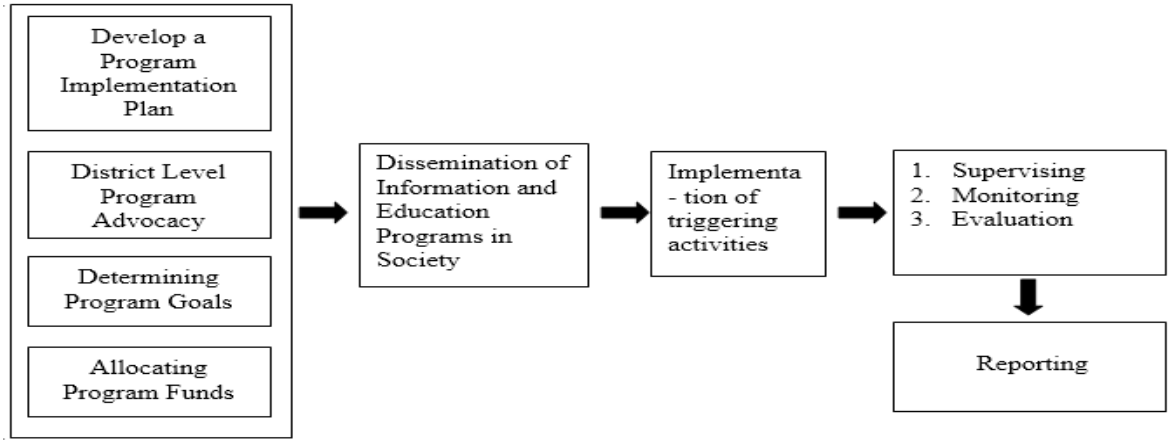
Strategy Planning that can be applied in the following years is the ST Strategy, with the strengths of overcoming the threats that exist in implementing the first STBM STBM Program (Stop BABS).

VI. RECOMMENDATION

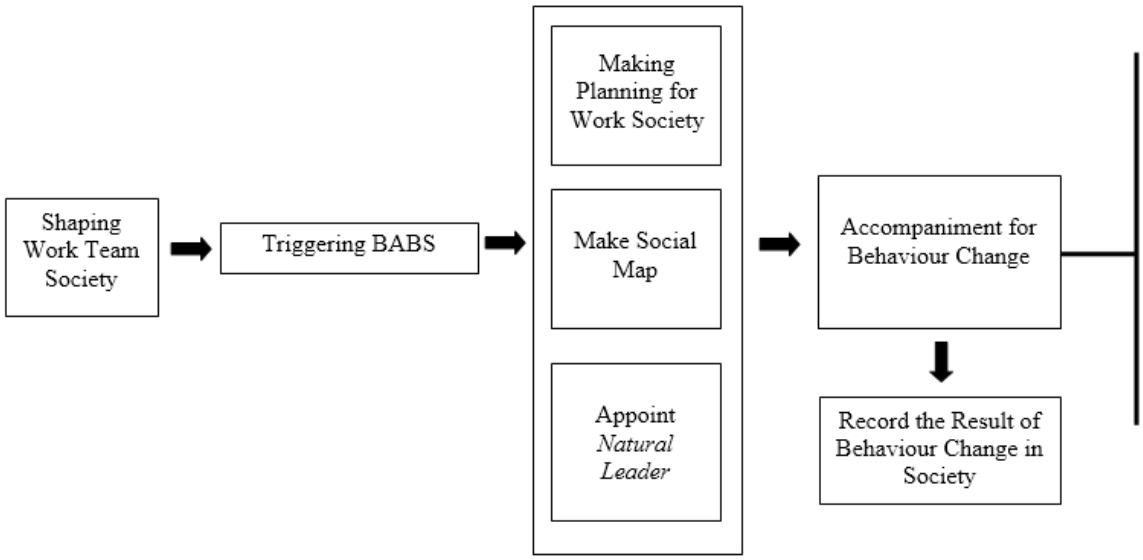
Efforts should be made to optimize the roles at the three levels, namely the level of the program responsible, in this case the Health Office, the program implementer (puskesmas) and the program target (community). So it is recommended 3 models of program implementation at each level, in the hope for optimizing the achievement of the program at the level of execution STOP BABS program.



After the activity is implemented, the program implementer at the puskesmas level reports the program activities and is reported to the person in charge of the program, ie the District Health Office. Model implementation of STOP BABS program at puskesmas level can be seen in the picture below.



After the implementation level is at the level of puskesmas implemented well then the next stage is at the target level that is at the community level. Success at this stage will be the main goal in the implementation of STOP BABS program. Model implementation of STOP BABS program at program target stage can be seen in the picture below



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