



Evaluation Of Total Sanitation Program Based On Open Defecation Free Pilar Community In Belu District

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ABSTRACT

Sanitation is still a problem that has not received serious attention worldwide. This is evidenced by the large number of people who defecate in any place. In 2015 the World Health Organization (WHO) noted 892 million people in the world still defecate in any place. The Community-Based Total Sanitation Program has been known in Belu District for approximately 11 years, but only 76.27% of the people accessing latrines and all villages are not yet Open Defecation Free. This is certainly far from the national target for access to sanitation by 85% in 2019 and the

SDGs target of all villages 100% Open Defecation Free in 2030.

This type of research is observational, cross sectional research design. Based on its objectives, including evaluative research because this research is directed to find out the implementation of the Community Pillar Total Sanitation program the first pillar in Belu District and the obstacles in its implementation. The sample of this study was Community Based Total Sanitation actors at the district, sub-district and village levels.

The evaluation conducted on the Community Based Total Santasi actors in Belu District was quite good in the planning, implementation, monitoring and evaluation of the Community Based Total Sanitation program pillar of Open Defecation Free so that there was an increase in latrine access by as much as 81.6%, villages Open Defecation Free and Total Based Sanitation Each community is 12 villages (14.8%).

The slow achievement of the Community Based Total Sanitation program pillar of the open defecation free in Belu District is a special budget for sanitarians to update data on the progress of sanitation access is not there, lack of access to drinking water and the lack of involvement of village heads or their devices in the implementation of Community Based Total Sanitation activities in the village.

Keywords: *Community Based Total Sanitation, Open Defecation Free, Evaluation, Belu*

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INTRODUCTION

The WHO and UNICEF report in the Joint Monitoring Program in 2017 stated that Indonesia's sanitation access coverage ranks among the lowest in ASEAN and Asia in general. In 2015, only around 61% of the population had access to sanitation. The ranking is lower than Singapore (100%), Malaysia (96%), Thailand (93%), Vietnam (78%), China (77%), and the Philippines (74%) but still better than Cambodia (42%) and India (40%). According to a WHO study (2015) released on the UNICEF website (2017) more than 50 million Indonesians have not used toilets as a means of sanitation. This figure is recorded to occupy the second highest ranking in the world after India. At least 20% of Indonesians still defecate anywhere. (PT. Sarana Multi Infrastruktur, 2019)

The community-based total sanitation program has been known in Belu District since 2008. Its implementation has not been maximized by all community health centers in Belu District (which at that time were still joining Malacca District). Only limited to socialization at the district level. In 2014, Belu District was chosen as one of the recipient districts of the second (II) Water Supply and Sanitation Provision program in the Province of East Nusa Tenggara. The implementation of Community-Based Total Sanitation was only carried out optimally, especially for the pillars of Open Defecation Free that year. There are ten (10) villages that have intervened in this program, namely eight (8) villages funded by the State Budget and 2 (two) villages funded by the Regional Budget. The villages funded by the State Budget include the Dirun and Makir villages in Lamaknen District, Tohe and Maumutin villages in Raihat District, Manleten village in East Tasifeto District, Dua Koran and Mandeu villages in Raimanuk District and Bakustulama village in Raihat West Tasifeto District. While the two (2) villages funded by the Regional Revenue and Expenditure Budget are Tukuneno Village, Atambua Selatan District and Leosama Village, Kakuluk Mesak District (Dirjen Cipta Karya, 2014)

The series of triggering activities that have been carried out by the community health center and the health department since 2014 and the existence of the Water Supply and Sanitation Program for two (2) years in a row have not shown any change in community behavior in Belu District. This can be seen from the percentage of Open Defecation Free villages and Community Based Total Sanitation villages in 2018 which are still low. There are 81 villages in Belu Regency, but only 8 (eight) villages (9.9%) have only become Open Defecation Free villages. While the villages with the status of Total Community-Based Sanitation are only 6 (six) villages (7.4%). (Dinas Kesehatan Belu, 2018)



Humanitarian (sanitarian) resources for triggering and promoting in the community are spread evenly in all (17) community health centers in Belu District. The first pillar of budget allocation for the implementation of Community-Based Total Sanitation activities has also been given both through the State Budget and the Regional Revenue and Expenditure Budget. The State Budget Revenue and Expenditure Program for Water Supply and Sanitation II (two) Health Sector for triggering activities amounted to Rp. 28,940,000 (in 2014) and Rp. 26,900,000 (in 2015). The Regional Budget for Revenue and Expenditure was also budgeted by the Belu District Health Office in the amount of Rp.38,100,000 for triggering activities in 2016. (Dinas Kesehatan Belu, 2014) Furthermore, triggering activities in the following years were budgeted by the community health center through Operational Assistance funds Health.

The national target for sanitation access is 85% in 2019 and the Sustainable Development Goals (SDGs) goal 6.2 is to achieve access to adequate and equitable sanitation and hygiene for all and to stop open defecation by 2030. In line with the national target and SDGs Belu District is committed that by 2030 all villages in Belu Regency will be 100% Open Defecation Free and even achieve Community-Based Total Sanitation. The triggering, promotion and dissemination of information on the first pillar of Community-Based Total Sanitation has been carried out by sanitarians since 2014 until now. Sanitarians have also been trained in triggering in the community. The budget allocation for Community-Based Total Sanitation activities, especially the first pillar, has been disbursed through both the Water Supply and Sanitation Fund, the Regional Revenue and Expenditure Budget and the operational health assistance fund for the community health center. However, the development of Open Defecation Free and Community-Based Total Sanitation villages is still far from the national target and SDGs, namely access to sanitation is only 76.27% and Open Defecation Free villages are only eight (8) villages out of 81 villages in Belu District (9.9%). For this reason, it is necessary to evaluate the implementation of the first pillar of Community-Based Total Sanitation and identify what obstacles have caused the slow achievement of the Open Defecation Free village in Belu District.

Program evaluation is a series of activities carried out deliberately to see the level of success of the program. The implementation of Community-Based Total Sanitation in the Regency has been going on for approximately 11 years from 2008 to the present. During its continuity, only eight (8) villages (9.9%) and Open Defecation Free villages have received Open Defecation Total villages for only six (6) villages (7.4%) out of a total of 81 villages. The stages of the implementation of Community-Based Total Sanitation starting at the district, sub-district and village or village level have been carried out by all Community Based Total Sanitation actors.



METHOD

This type of research is observational with cross sectional research design that is data collected in a certain time. While based on its objectives, including evaluative research because this research is directed to find out the implementation of the Community Pillar Total Sanitation program the first pillar in Belu District and the obstacles in its implementation. The population in this study were all components of Community Based Total Sanitation actors in Belu Regency. The sampling technique in this study is proportionate stratified random sampling, ie the population has members or elements that are not homogeneous (heterogeneous) and proportionally distributed. The sample in this study consisted of a sample of districts, sub-districts and villages of 66 people. The sample at the district level is 5 people representing the regional work units of the Drinking Water and Environmental Sanitation Working Group. The sub-district level is the head of the community health center of 17 people, according to the creative table all samples are taken (total sampling). The village level is the village head according to a minimum sample formula of 44 people.

Primary data were obtained through in-depth interviews, focus group discussions and direct observations of the implementation of the first pillar of Community-Based Total Sanitation programs in Belu District. Secondary data in the form of sanitation and clean water coverage data; number of sanitation entrepreneurs; number of triggers; the number of post-triggering monitoring and evaluation from Belu District Health Office and Community Health Centers.

RESEARCH RESULT

The population of Belu Regency who did not defecate anywhere in December 2019 was 169,544 people or 81.6%, while those who still defecated in Sembarang were 37,671 people (18.2%). There are two (2) community health centers where 100% of the population has not defecated anywhere, namely the Silawan and Ainiba Community Health Centers. 15 other community health centers still have residents who defecate in Sembarang. The largest number of people who still defecate are found in the Laktutus Community Health Center, Nanaet Dubesi District, which is 1,959 people (51.2%). Full details can be seen in the following table 1:

Table 1. Number and Percentage of Non-Defecation Population in Belu District in December 2019

No	District	Community Health centers	Number of Souls	Number of Souls Not Open Defecation	%	Number of Souls Defecate in Anywhere	%
1	Kota Atambua	Kota	18.585	17.528	94,3	1.057	5,7
2	Atambua Barat	Umanen	23.668	18.399	77,7	5.269	22,3



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3	Tasifeto Timur	Wedomu	15.072	13.372	88,7	1.700	11,3
4		Silawan	3.787	3.787	100	0	0,0
Total Tasifeto Timur District			18.859	17.159	91,1	1.700	8,9
5		Ainiba	2.296	2.296	100	0	0,0
6	Kakuluk Mesak	Atapupu	11.304	10.420	92,2	884	7,8
7		Haliwen	21.782	17.761	81,5	4.021	18,5
Total Kakuluk Mesak Ditrit			35.382	30.477	86,1	4.905	13,9
8	Atambua Selatan	Atambua Selatan	27.398	23.936	87,4	3.462	12,6
9	Tasifeto Barat	Halilulik	20.393	14.727	72,0	5.666	27,8
10		Weluli	9.970	8.720	87,5	1.250	12,5
11	Lamaknen	Dilumil	3.124	2.282	73,0	842	27,0
Total Lamaknen District			13.094	11.002	84,0	2.092	16,0
12	Lasiolat	Aululik	6.681	4.617	69,1	2.064	30,9
13		Webora	5.661	4.103	72,5	1.558	27,5
14	Raimanuk	Rafae	10.300	7.785	75,6	2.515	24,4
Total Raimanuk District			15.961	11.150	69,8	4.811	30,2
15	Raihat	Haekesak	15.320	13.137	85,8	2.183	14,2
16	Lamaknen Selatan	Nualain	8.086	4.825	59,7	3.261	40,3
17	Nanaet Dubesi	Laktutus	3.788	1.849	48,8	1.939	51,2
Total			207.215	169.544	81,8	37.671	18,2

The number of households using healthy latrines in Belu District in December 2019 was 29,112 households or 56.2%, while households using unhealthy latrines were 22,692 households (43.8%). The Silawan community health center is a community health center with the total population using healthy latrines (100%). Whereas the community health center with the highest number of households using unhealthy latrines was in the Nualain Community Health Center in the District of Lamaknen Selatan, as many as 1,771 households (87.6%). Data on the use of healthy latrines in all districts and community health centers is presented in table 2.

Table 2. Number and Percentage of Households Using Healthy Latrines in Belu District in December 2019

No	District	Community Health centers	Number of Households	Number of households using healthy latrines	%	Number of households using unhealthy latrines	%
1	Kota Atambua	Kota	4.646	4.151	89,3	495	10,7
2	Atambua Barat	Umanen	5.917	4.019	67,9	1.898	32,1
3		Wedomu	3.768	1.081	28,7	2.687	71,3
4	Tasifeto Timur	Silawan	947	947	100	0	0,0



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Total Tasifeto Timur District			4.714	2.027	43,0	2.687	57,0
5		Ainiba	574	299	52,0	275	47,9
6	Kakuluk Mesak	Atapupu	2.826	2.375	84,0	451	16,0
7		Haliwen	5.446	2.596	47,7	2.850	52,3
Total Kakuluk Mesak District			8.845	5.269	59,6	3.576	40,4
8	Atambua Selatan	Atambua Selatan	6.850	4.698	68,6	2.152	31,4
9	Tasifeto Barat	Halilulik	5.098	2.228	43,7	2.870	56,3
10		Weluli	2.493	1.137	45,6	1.356	54,4
11	Lamaknen	Dilumil	781	178	22,8	603	77,2
Total Lamaknen District			3.274	1.316	40,2	1.958	59,8
12	Lasiolat	Aululik	1.670	695	41,6	975	58,4
13		Webora	1.415	274	19,4	1.141	80,6
14	Raimanuk	Rafae	2.575	1.513	58,7	1.062	41,2
Total Raimanuk District			3.980	1.787	44,8	2.193	55,1
15	Raihat	Haekesak	3.830	2.323	60,7	1.507	39,3
16	Lamaknen Selatan	Nualain	2.022	251	12,4	1.771	87,6
17	Nanaet Dubesi	Laktutus	947	162	17,1	785	82,9
Total			51.804	29.112	56,2	22.692	43,8

The working group on drinking water and environmental sanitation is an organizational forum that works together to carry out their functions and roles to achieve the goal of meeting the needs of sustainable drinking water and environmental sanitation. This group consists of five Regional Work Units. The structure of the management of this working group consists of the chairman, secretary and members, amounting to 22 personnel. This personnel membership consists of one agency head, five department heads, four department heads, seven sub-division heads and five executors. The results of this evaluation can be seen in table 3.

Table 3. Evaluation of the Belu District Water Supply and Sanitation Working Group was followed by five respondents as active members.

Nilai	Scoring scale	Relationship with Main Stakeholders	Communication with External Stakeholders	Information Systems	Organizational Internal Relations	Budget and Financial Management	Regulatory Development	Implementation of Community-Based Total Sanitation Technical in Regency
6	Very good	9	11	5	11	9	5	10
5	Good	8	6	6	13	1	5	10
4	Pretty good	9	15	8	3	7	9	7



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3	Bad enough	2	3	2	6	0	0	1
2	Bad	2	4	3	2	6	6	2
1	Buruk Sekali	0	1	1	0	2	0	0
Rata – rata		4	3	3	4	3	3	3

In accordance with table 3, it is known from seven (7) aspects that were assessed, two aspects with a final value of 4 (four) and five aspects with a final value of 3 (three). So that the total average value is three (3), which means that the implementation of the Working Group requires improvement in certain aspects / parts, while the points of relations with the main stakeholders and the internal relations of the organization are accepted with several possible improvements because of the final value of four (4).

Table 4. Progress of Triggering, Number of Natural Leaders, Number of Desn Open Defecation Free / Total Sanitation Based on Community and Population that Does Not Open Defecation in Belu Regency in 2019

No	District	Number of villages	Research Sample Village	Triggering Villages		Number of Natural Leaders	Village Open Defecation Free		Community Based Total Sanitation Village		Residents do not defecate openly	
				amount	%		amount	%	amount	%	amount	%
1	Atambua City	4	2	4	100	4	1	25,0	1	25,0	17.528	94,3
2	West Atambua	4	2	4	100	4	1	25,0	1	25,0	18.399	77,7
3	South Atambua	4	3	4	100	4	-	-	1	25,0	23.936	87,4
4	East Tasifeto	12	8	11	91,7	11	2	16,7	3	25,0	17.159	91,0
5	Grandpa Mesak	6	3	6	100	6	2	33,3	-	-	30.477	86,1
6	West Tasifeto	8	4	5	62,5	5	2	25,0	-	-	14.727	72,2
7	Raimanuk	9	5	9	100	9	1	11,1	-	-	11.888	74,5
8	Nanaet Dubesi	4	2	4	100	4	1	25,0	-	-	1.849	48,8
9	Lasiolat	7	4	7	100	7	1	14,3	1	14,3	4.617	69,1
10	Raihat	6	3	6	100	6	-	-	1	16,7	13.137	85,8
11	Lamaknen	9	4	7	77,8	7	1	11,1	3	33,3	11.002	84,0
12	Lamaknen South	8	4	7	87,5	7	-	-	1	12,5	4.825	59,7
amount		81	44	74	91,4	74	12	14,8	12	14,8	169.544	81,8

According to table 4 above 91.4% of the villages have been identified triggering and obtained villages that have Open Defecation Free and Community-Based Total Sanitation each



of 12 villages (14.8%) and residents who have not defecated arbitrarily as many as 169,544 soul (81.8%).

DISCUSSION

The results of research on the performance of the working group on drinking water and environmental sanitation are quite good, but still need improvements in certain aspects / sections. Some aspects that need to be improved are communication with external stakeholders, information systems, budget and financial management, development of regulations and the implementation of technical Total Sanitation Community Based in the district. These aspects need to be corrected immediately, because according to the results of the study show that these aspects have a final value of three. Improvements to these aspects will increase the acceleration of sanitation development in Belu District towards achieving the national target of access to healthy latrines by 85% and 100% of the Open Defecation Free villages by 2030 (SDGs target) can be met.

The Working Group needs to facilitate the sanitation business groups that already exist in this area. The Sukaerbete business group, which is engaged in making simple toilets, needs to be assisted with the provision of venture capital by the government in order to further develop. In addition to venture capital, the expansion of types of businesses such as making quality but inexpensive septic tanks needs to be done. Promotion of the existence of this business by the working group needs to be done so that other regions can find out the existence of this business so that they can become business partners. Mass media support is needed in the introduction of working groups and their activities to the community. (Sekretariat Kelompok Kerja Nasional Air Minum dan Penyehatan Lingkungan, 2013).

The results showed an increase in Open Defecation Free villages in Belu District with the Community-Based Total Sanitation Team in all districts (12) since 2018. This increase was marked by an increase in the percentage of people who did not defecate in any place by 7.8% and households that use healthy latrines by 4.0%. This is not in line with Icwandudin's research (2016), namely that the performance of the District-based Total Community Sanitation management organization does not make a difference in increasing access to sanitation.

The number of residents with access to adequate drinking water in Belu District in 2019 is 85.1% (Belu District Health Office, 2019). But in reality based on the results of interviews with respondents the amount of drinking water is not enough available in the village. The inadequate availability of drinking water caused many people to defecate in any place (18.2%) and households that use unhealthy latrines (25.6%). This is in line with the results of research by Nike Frans (2013), an inhibiting factor for ideal sanitation practices is the availability of clean



water. Defecation in any place does not need water to clean (wipe) or flush. Conversely, healthy latrines require plenty of water to cleanse the body, flush dirt, and wash hands.

Enclosed latrine types with septic disposal can be used as a reference for people in areas that are difficult to water like this region. The availability of sanitation access (latrines) in the community can change the behavior of the community not to defecate in any place or open defecation free. This is in accordance with the results of Windy Febriani's research (2016) which states that the lack of access to sanitation (latrines) causes some people to use river water as a place to wash the latrines.

Based on the results of the study the reasons for not forming a Community-Based Total Sanitation Team in the village are resources in this case the budget, which is 15 respondents (34.1%) and human resources as many as 13 respondents (29.5%). Respondents who were mostly village heads and village secretaries did not allocate village funds for Community-Based Total Sanitation activities in the village. The reason is that the implementation instructions for Community-Based Total Sanitation activities are not contained in Law No. 6 of 2014 concerning Villages so they are afraid to allocate village funds for these activities. Socialization on the elaboration of the use of village funds as well as other regional experiences in using village funds for the implementation of Community Based Total Sanitation needs to be done in this area.

The people of Belu Regency are still bound by a paternalistic culture that is still strongly embedded, so that if there is no policy or solution from the Village Government or people who are featured, then there is no change or attention to the community. Changes in motivating people to change their behavior to be healthier can be obtained through paternalistic leadership style. This is in line with the results of research from Farera Erlangga (2013) which shows that the paternalistic leadership style is quite strong influence on the work motivation of employees of the Social Service and Workforce of the City of Padang.

Implementation of Community-Based Total Sanitation by sanitarians in the field is good. But of concern and improvement is the system for reporting and updating data by sanitarians. Data on the progress of sanitation access that is not updated makes sanitation access data not updated and achievements of sanitation access not visible. The monitoring system for community-based Total Sanitation sanitation access achieved by the Ministry of Health of the Republic of Indonesia through the website, sending SMS short messages (short message service) and is now developing into a Sanitary and Regency-based Total Sanitation Smart Sanitation. This system is very good in the context of monitoring the achievement of Community-based Total Sanitation access in the community today. Sanitarian Belu Regency has not made good use of this system. At the beginning when the system was introduced in Belu District in 2014 (still with a short message service) sanitarians were enthusiastic to send the latest updates on changes in Community-Based Total Sanitation access in the community. Over time, sanitarians rarely



update both the short message service and the Sanitarian Community-Based Total Smart Sanitation. So that the actual data available on the Community Based Total Sanitation website for Belu Regency has not been updated for all villages. The sanitation access monitoring mechanism provided by the Ministry of Health of the Republic of Indonesia is the main reference in monitoring sanitation access in the community because reports can be made anywhere and at any time as long as it is accessible to telecommunications and internet network access and data sources directly from the field. Plus now it has been developed into Community Based Total Sanitation Smart using a smartphone / smartphone. The application in Smart Community Based Total Sanitation greatly facilitates sanitarians in making progress reports / updating sanitation access data in the village because data in the form of pictures / photos in the field can be sent immediately right away, so that if there are data / information problems, they can be immediately resolved. This is in accordance with research by Khaiwal Ravindra (2018) that smartphone-based instant messaging applications are very helpful in monitoring and evaluating sanitation programs because the reports are timely and feedback is given quickly in emergency situations.

Based on the results of research funding for Community Based Total Santasi activities in Belu District is good and sufficient because of the very high increase of 113% for the last five years. The allocation of the State Revenue and Expenditure Budget and the Regional Revenue and Expenditure Budget both in the Health Service and through the operational assistance of public health centers is large enough to support the implementation of Community-Based Total Sanitation activities in the community. This sizable allocation of Community-Based Total Sanitation funds was only accompanied by an increase in the average population of open defecation by 7.8% and households that used healthy latrines by just 4.0%. This is in accordance with the results of Siti Nurul Laeliyah's research (2017), that the sufficient allocation of health operational aid funds is not directly proportional to the increase in coverage of K4 antenatal visits at the Serang City Community Health Center in 2014-2016.

CONCLUSION

The performance of the Drinking Water and Environmental Sanitation working group in the districts, sub-districts and villages is quite good in all aspects of the assessment. Some of the factors causing the slow achievement of the Community Based Total Sanitation program pillar of the open defecation free in Belu District, namely there is no specific budget for sanitarians to update the progress of sanitation access, access to drinking water that is still lacking and the lack of involvement of village heads or their devices in the implementation of Community Based Total Sanitation activities. in the village. Suggestions provided include allocating special funds for reporting progress on sanitation access achievements for sanitarians, Strengthening capacity



for village heads and village officials to map village sanitation as a basis for monitoring village achievements Open Defecation Free and village regulations related to Open Defecation Free / Community Based Total Sanitation , The active role of the village in the planning, implementation, monitoring and evaluation of Community-Based Total Sanitation in the community.

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