



(RESEARCH ARTICLE)



## Analysis of the Implementation of the Community-Based Total Sanitation Program (CBTS) in Unaaha District, Konawe Regency, Southeast Sulawesi Province, Indonesia

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### Abstract

**Background:** CBTS five pillars is one of the programs that aims to create an independent community in determining joint solutions regarding environmental problems around them. However, based on research that has been conducted, it shows that the process of achieving access to sanitation works if not only applying triggering. However, additional assistance programs or activities are needed to achieve 100% *Open Defecation Free* (ODF) verification. An overview of the availability of infrastructure facilities within the Unaaha District area is available in various Kelurahan and RT/RWs, however, sometimes people do not use the facilities and infrastructure properly, where there is still a lot of scattered waste and while disposing of waste to the provided facilities is not appropriate, in this is throwing garbage out of the space provided so that garbage is scattered everywhere. The knowledge for the community in Unaaha District is above average, but awareness in using the facilities and infrastructure, in this case the waste disposal site, is not used properly.

**Method:** This research is a qualitative descriptive study using in-depth interviews. Data collection techniques with in-depth interviews *and* document review. The data collected will be presented in a descriptive form with the aim of analyzing the implementation of the community-based total sanitation program (CBTS) in Unaaha District, Konawe Regency.

**Result:** The availability of facilities and infrastructure used in the implementation of the CBTS 5 Pillars program at the Unaaha Health Center is sufficient starting from materials, tools, and others needed in the CBTS implementation process, only if there are insufficient needs, then it is proposed to the Health Office. Knowledge of CBTS farming is quite good, because they always try to apply what has been socialized by the puskesmas even though not all of it has been implemented. According to an explanation from an informant, the latrine they are using now is a latrine that is closed and has a goose neck either permanently or semi-permanently. CBTS programmer officers, CBTS kesling and Kesling Health Office in carrying out activities in the community well. They always control by educating the community so that the community can run the CBTS program well. The supervision carried out by the Health Service in the implementation of the CBTS program is carried out by looking at the activity reports reported by the head of the health service center .

**Conclusion:** In general, the implementation of the community-based total sanitation program in Unaaha District, Konawe Regency has been well implemented and has been carried out in accordance with existing guidelines.

**Keywords:** Community-Based Total Sanitation; Facilities. Infrastructure; Knowledge; Supervision

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## 1. Introduction

World Health Organization (WHO) (2020), for thousands of years the disposal and management of human waste has become an integral part of civilization among people, from clay sewage pipes to indoor plumbing to sanitary flush toilets that have helped human health, development and prosperity economy. However, until now, billions of people still do not enjoy the right to sanitation. Even though progress has been made, more than half of the world's population (4.2 billion people) do not use proper sanitation services and allow human waste to be untreated, so this situation threatens health, humans and their environment <sup>(1)</sup>. Based on 2019 WHO data, around 827,000 people in low- and middle-income countries die due to inadequate water, sanitation and hygiene each year. As many as 60% of the total deaths are caused by diarrhea and as many as 432,000 deaths are caused by poor sanitation. Based on data in 2017, 45% of the world's population (3.4 billion people) use well-managed sanitation services, 31% (2.4 billion people) use private sanitation facilities connected to sewers where wastewater is treated, from 14% (1.0 billion people) use toilets/latrines for disposal of sewage (feces). Meanwhile, 74% (5.5 billion people) used basic sanitation services and (2.0 billion people) did not have adequate basic sanitation facilities such as toilets/latrines. Of this number, as many as 673 million people still defecate in open places such as street ditches, behind bushes or in open bodies of water <sup>(2)</sup>.

Sanitation is a control effort that is carried out through monitoring and inspection activities on the bad effects arising from community activities that can cause a disease <sup>(3)</sup>. According to the Head of Bappenas (2017), Indonesia is ranked second in the world as a country with the worst sanitation after India. This is because most people defecate anywhere <sup>(4)</sup>. According to the Ministry of Health of the Republic of Indonesia (2019), Indonesia is ranked third in the world as a contributor to open defecation and the achievement of CBTS implementation has reached (71.6%) out of 80930 Villages/Kelurahan, a total of 57935 Villages/Kelurahan have implemented CBTS <sup>(5)</sup>. In (2020) the implementation of CBTS reached (37.3%) out of 80930 Villages/Kelurahan, a total of 30174 Villages/Kelurahan implemented CBTS <sup>(6)</sup>. In (2021) the implementation of CBTS reached (50.2%) out of 80956 Villages/Kelurahan, a total of 40665 Villages/Kelurahan implemented CBTS <sup>(7)</sup>. In (2022) the implementation of CBTS reached (45.9%) out of 80956 Villages/Kelurahan, a total of 37139 Villages/Kelurahan implemented CBTS <sup>(8)</sup>.

Community-Based Total Sanitation is one of the approaches used to change community hygiene and sanitation behavior patterns through community empowerment using the triggering method <sup>(9)</sup>. CBTS is carried out based on five pillars, including stopping open defecation, washing hands with soap, managing drinking water and household food, managing household waste and managing household liquid waste <sup>(10)</sup>. CBTS five pillars is one of the programs that aims to create an independent community in determining joint solutions regarding environmental problems that exist around <sup>(11)</sup>. However, based on research that has been conducted, it shows that the process of achieving access to sanitation works if not only applying triggering. However, additional assistance programs or activities are needed to achieve 100% *Open Defecation Free* (ODF) verification <sup>(12)</sup>.

According to the Southeast Sulawesi Provincial Health Office, currently it continues to develop CBTS program policies in various regions. Based on existing data, environmental sanitation with an indicator of stopping open defecation (27.7%) has not reached the program and drinking water facilities that are supervised or quality checked according to standards (13.40%) have also not reached the target, while food management that meets the requirements according to the standards has reached the program, namely (44.7%). The percentage of villages/sub-districts that stop open defecation is 100% or have reached ODF verification cities, namely Kendari City and Baubau City, while districts that do not yet have open defecation villages are North Konawe District and Konawe Islands District. Regencies/cities that have achieved the performance indicator target for the number of villages to stop open defecation of 40% in 2020 are Kolaka Regency, which is 45.9%, and Konawe Regency, which is 45.4% <sup>(13)</sup>. Based on data obtained from the Southeast Sulawesi health profile in 2021, Unaaha District is an area that does not implement CBTS. This can be seen from the 12 Villages/Kelurahan, there are 12 Villages implementing community-based total sanitation, but the percentage of the number of Villages that implementing CBTS is still (0.00%) when compared to other villages/kelurahans <sup>(14)</sup>.

An overview of the availability of infrastructure facilities within the Unaaha District area is available in various Kelurahan and RT/RWs, however, sometimes people do not use the facilities and infrastructure properly, where there is still a lot of scattered waste and while disposing of waste to the provided facilities is not appropriate, in this is throwing garbage out of the space provided so that garbage is scattered everywhere. There is also knowledge for the community in Unaaha District above average, but awareness in using facilities and infrastructure, in this case the waste disposal site, is not used properly. Based on the background above, the researchers wanted to find out more about "Analysis of the Implementation of the Community-Based Total Sanitation Program (CBTS) in Unaaha District, Konawe Regency".

## 2. Materials and methods

This research is a qualitative descriptive with in-depth interview method. Data collection techniques with in-depth interviews *and* document review. The data collected will be presented in a descriptive form with the aim of analyzing the implementation of the community-based total sanitation program (CBTS) in Unaaha District, Konawe Regency.

There were two informants in this study, namely key informants who were CBTS Puskesmas programmers, PKM Kesling, CBTS Program and Kesling Dinkes. While additional informants are community leaders. The selection of informants was carried out *purposively* based on predetermined criteria. *Purposive Sampling* technique is a technique for taking samples of data sources with certain considerations<sup>(15)</sup>. The selection of informants in this study was based on people who were deemed capable of providing complete information related to the research so that the data obtained could be acknowledged for its truth.

The instruments used in this study were interview guides and prepared notes. Research tools and materials, namely cameras, cellphones and stationery. The camera is used to make observations and document important events related to research. The cell phone was used as a voice recorder during the interview as well as a writing tool used to write down the information obtained from the research informants.

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## 3. Results

### 3.1. Availability of Facilities and Infrastructure

#### 3.1.1. *availability of Facilities and Infrastructure for Implementation of CBTS*

The facilities and infrastructure in question are the availability of equipment used to support CBTS implementation activities regarding stopping open defecation, washing hands with soap, managing drinking water and household food, securing household waste and processing household liquid waste.

*"...if the facilities and infrastructure are actually adequate, it's just that there are usually not enough needs, so we have to make a proposal to the Health Office. As for technical implementation in the field, there are several processes, first (identification process). Yesterday, what we carried out was only the first pillar, namely stop open defecation. So that's what we will prioritize first. Later we will find out where this place is... that we identify. After that, if there are identification results, we determine noodles..., for example, ohh.... this,.. this is where we want to carry out activities. Like that..."*

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

*"...the availability of facilities and infrastructure in Unaaha District is good, everything is available here, starting from the materials, tools and other things needed in this CBTS activity..."*

**(MY, 39 Years Old-Kesling Health Office)**

#### 3.1.2. *Support from community leaders regarding CBTS implementation*

*"...if the community leaders in general really support the deck, and then the form of that support, like... eee,... support,...eee,... most physically or,...eee ... emotionally can help in carrying out activities, (those are community leaders)..."*

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

*"...if the support from the community is very good, because Unaaha District is quite large, of course it is supported by other villages/sub-districts. Then the form of support is like community leaders who help socialize how our village can become an CBTS village..."*

**(MY, 39 Years Old-Kesling Health Office)**

*3.1.3. The person in charge of CBTS implementation and the established criteria party Public health center For choose means And infrastructure as guarantor answer CBTS implementation*

"... the person in charge,... eee... but for the implementation there were six of us and of the six people each held two responsible sub-districts. Later that will be assisted by community leaders, especially community cadres. And that task,... besides identification, then we have... eee,... advocacy and socialization in schools and in the community related to CBTS, then... after that we do it,,, the point is we go down to we identify the location, who has a latrine? Permanent, semi-permanent or open defecation. After we found it in the field, after that we did the noodle processing and we advocated for the noodle to the kelurahan that it was a resident's house that was still defecating in the open. If for example there is advocacy from the kelurahan, we can build a latrine. A simple pilot latrine that meets the requirements. Then for those who don't have the funds we suggest to the PKK to share them with households..."

"...if the criteria are in accordance with the existing technical guidelines, it's like that...the process is the same (first identification). Actually, in terms of facilities and infrastructure... we only need the facilities...at least a questionnaire. As for the infrastructure, well.... the most support comes from the kelurahan, because if we actually act as facilitators, the execution comes from the kelurahan..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...the person in charge of CBTS in Unaaha Subdistrict is divided into 2, namely the health office has a sling programmer and one person at the health center (sling programmer)..."

"...the task of the person in charge of CBTS in the Unaaha District area is to make visits to the area and its people or to its villages, and also provide outreach to the local community, how can our village become an CBTS village..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.1.4. Adequacy of the availability of facilities and infrastructure for the implementation of CBTS*

"...if it's sufficient, in fact,...in CBTS there are 5 pillars, well...the obstacle will be the pillars that will be made, rich in facilities and infrastructure. If you wash your hands with soap in that house... for example, you have to have a sink, but on average, there aren't any in people's homes. Only because of yesterday's needs during the covid pandemic...the only assistance from the government is complex..."

"...while the total number of people dealing with CBTS implementation issues, from the CBTS officers there are 6 people, then... 1 health cadre plus 12 people for the cadres..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...if the adequacy of the facilities and infrastructure is good enough, what if you look at Unaaha District. That I think here is quite good deck, the needs are very sufficient..."

"...the total number of people handling the implementation of CBTS is if we are the health office for the Unaaha District area, there is one person, I don't know how many teams there are in the PKM, but it depends on the PKM itself who determines the team..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.1.5. Source fund or subsidy of the budget used in CBTS implementation*

"... the source of the funds we use BOK funds for health operations and special allocation funds for health operations. He was directly from the Ministry of 7 million/Kelurahan. The budget is for the implementation process

starting from identification to accreditation stage..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"... there are no sources of funds and subsidies for 2022 and last year it was also not clear because the budget problem came directly from the region. Then the source of funds can come from a special non-physical allocation fund..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.1.6. Obstacle related source fund For CBTS implementation*

"...actually, the funds are enough, moreover...actually there are no obstacles when it comes to funds..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...the obstacles are many, one example is the lack of funding in several villages related to this activity. There are obstacles to a lack of funding and not all villages receive funding, there are only a few villages..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.1.7. Target for the CBTS program and method determination the target as well as those involved in determination target*

"...if the target is the entire community whose identification results are prioritized for those included in the CBTS category. What to do, for example is like latrines, so the main target is those who don't have latrines and those who defecate in the open,... that's the main target..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...the target for this CBTS, we have to see how the people who don't have latrines, don't have CTPS, have not improved in their waste management and others too..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.1.8. Method CBTS implementation*

"...the method is..., the first stage is we do identification first, after that we determine the priority of the problem, which we will do, then we advocate to the kelurahan. So... after that stage, we immediately enter the sanitation map update. We update it, for example we make a map where the location or house is, the problem area. So... from the map we can see the problem points that are being targeted, then they are labeled red (unhealthy), yellow (problematic), green (healthy houses). After that, we carried out a handwashing with soap campaign at schools and in the community, then after that we carried out another hygiene and sanitation campaign. Well.. after that we do water quality surveillance. After that, we will verify the last step..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...the method of implementing it, initially we did the triggering first after that we saw which areas in one village were still defecating in the open. So... that's what we did first, we did the triggering first, then we socialized it..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.1.9. vulnerable \_ time achievement of CBTS targets*

"...if that's the target, it's actually at least 3 months after the campaign but because of being pressed for time to become one sub-district, it has to be completed per month until the final stage, because we have 15 sub-districts and each month up to 12 months. Because the budget is also up to 1 year..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...the timeframe for achieving our CBTS implementation target can be from 1-12 months, because achieving the target is quite a long time because changing people's mindsets is very difficult..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.1.10. Implementation of CBTS from year to year*

"...from year to year the juknis is the problem, because in the juknis he only looks at the implementation of CBTS only 2 times (2020/12 kelurahan), but the priority is only to stop open defecation. But I think next year there will be only the second pillar that we will identify..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"... the implementation of CBTS from year to year in the Unaaha sub-district area has not made any progress regarding the ODF. For now, the implementation is still in the process of going to ODF and going to the CBTS village, we don't have criteria yet, because right now, only pillar 1 is being carried out, while pillars 2, 3, 4 and 5 are still being processed. So to be called an CBTS village, we haven't fully..."

(MY, 39 Years Old-Kesling Health Office)

**3.2. Knowledge**

*3.2.1. Knowledge about the five pillars CBTS program Defecation \_ \_ Random , Wash Hand Use Soap , Drinking Water Management And Food at Home Stairs , Security Rubbish House Stairs , Security Waste Liquid House Ladder*

Knowledge is meant understanding public about implementation of the CBTS program regarding stopping defecation haphazardly , wash hand use soap , management of drinking water And food House stairs , security rubbish House ladder and process waste liquid House stairs .

*"...the 5 pillars CBTS program is one of the programs from the government that we have to run, such as not being allowed to defecate in the open, washing hands must use soap, and thank God we are here no longer having open defecation anymore because every resident's house has there is a toilet..."*

*"...for waste management in our area it is stable, because we use funds from BLH. Given 2 workers to transport community waste and so that the landfill is right on target..."*

**EW, 53 Years-Head of Unaaha District)**

*3.2.2. Officer way And cadre health as well as device Village give information about the five pillar CBTS*

"...the provision of CBTS information is by way of socializing the importance of CBTS and through online media as well. They were from the health center who had attended an outreach about CBTS. They provide information to our residents to always maintain their health and not open defecation in any way..."

**EW, 53 Years-Head of Unaaha District)**

*3.2.3. Condition healthy latrines \_ and how \_ type healthy latrines \_ that ?*

*"...a healthy latrines must be closed, and we thank God that in this Kelurahan there are no more unclosed latrines. We made a pipe and indeed closed the disposal site whether it's permanent or semi-permanent..."*

**EW, 53 Years-Head of Unaaha District)**

How many should distance shelter feces from clean water source ?

*"...well, as far as I know the distance is a maximum of 15 meters because here there are mostly PAM..."*

**EW, 53 Years-Head of Unaaha District)**

*3.2.4. Benefit from toilet*

*"...well, the benefits are extraordinary, from the health benefits and also from the environment..."*

**EW, 53 Years-Head of Unaaha District)**

*3.2.5. How to wash hand use correct soap \_*

*"...washing hands properly, we still rub the front, back, left and right sides and this has been socialized from the Puskesmas..."*

**EW, 53 Years-Head of Unaaha District)**

3.2.6. How to wash material food before processed with clean running water \_ And method keep food already \_ cooked

"...in our daily lives, we generally process food using clean water and we do have to wash it after work..."

**EW, 53 Years-Head of Unaaha District)**

3.2.7. Objective from management rubbish House ladder

"...this is indeed extraordinary, we really have to prioritize household waste management because it involves disease outbreaks, so a garbage disposal site has been prepared in this Kelurahan..."

**EW, 53 Years-Head of Unaaha District)**

3.2.8. Proper disposal of waste water And Correct so No raises smell

"...yeah, that's it, if we ever got PU waste disposal involved from one waste site it could accommodate 5-7 households and we also got help from the government..."

**EW, 53 Years-Head of Unaaha District)**

### 3.3. Supervision

3.3.1. Proposal planning from target related CBTS implementation

Monitoring activities and evaluation carried out head Public health center in implementation of the CBTS program regarding stopping defecation haphazardly , wash hand use soap , management of drinking water And food House stairs , security rubbish House ladder and process waste liquid House stairs .

"If the proposal is related to the planning of the fund every year there is a name RUK and RPK planning. So, we will propose it to the Health Office for implementation. We will propose all of our activities to the Health Office, so later it will depend on the Health Office, whether he agrees or not? But it's possible that next year there will be CBTS again, but on another pillar, that's it. Then the target, meaning that target, is still the community that helps. But if it has passed, we will then identify the target. Like that!"

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...for this year's planning proposal, we are currently working on it so that all villages can carry out the 5 pillars..."

**(MY, 39 Years Old-Kesling Health Office)**

3.3.2. Share \_ work For officer guarantor answer related CBTS implementation

"...in that part, there is someone who is responsible in each Kelurahan with the technicalities. But if we go down to the field together. For example, in Kelurahan A, we are all responsible technically in the field. Well.. other friends help with the implementation, like that. In the next Kelurahan it is also like that there is someone who is in charge..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...for the person in charge of implementing CBTS, we have several teams. First, the kesling programmer does direct monitoring work with the programmers in the Puskesmas area. Then there is also an admin who collects data via online data. We have something like that..."

**(MY, 39 Years Old-Kesling Health Office)**

3.3.3. officers involved in CBTS implementation report the results of their services/activities.

"... what is mandatory is that the person in charge of the program reports to the health office the results..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...those who are obliged to report the results of their activities are kesling programmers and I mean myself too..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.3.4. How \_ father For influence guarantor responsibility to carry out CBTS to the fullest Possible so that reach CBTS program objectives*

"...actually, how to influence it is our advocacy. We first advocate for the puskesmas by providing input from the head of the puskesmas, then we convey it to the health office. After the Health Office, we held a cross-sectoral meeting and we discussed which sub-district had the problem..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...to influence, we often sit together to communicate regarding what areas we need to prioritize because several areas in Konawe Regency have problems, like that. Get used to having villages from the province to carry out this activity, only that there must also be support from funding, because to carry out CBTS activities there must be support from funding..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.3.5. Awards \_ for a village \_ moment can formed ODF village , then in form What And from where award the obtained*

"...if there is an award certificate, that is if he has reached the 5 pillars of CBTS and the one who signs it is the head of the Puskesmas. If for example he has reached the CBTS 5 pillars village category, he will receive an award directly from the Ministry in the form of a certificate, like that..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...the award is in the form of a certificate and usually it is obtained from the Health Office..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.3.6. System for recording and reporting related to the results of CBTS activities and what kind of evidence and recording of the results of the reporting*

"... our recording system has something called the CBTS emon application. Well... it contains all the pillars of CBTS. The point in implementing CBTS is in this application, starting from data such as healthy latrines (permanent, semi-permanent) from both the PHBS system and pillar 2. We use all of the reporting systems for reporting at the center. Well... for reporting in finance we still also report to LPJ the implementation of activities in the financial sector..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...we are based online, there are already verified CBTS data for areas that are already ODF..."

**(MY, 39 Years Old-Kesling Health Office)**

*3.3.7. Supervision sir \_ \_ do And how many times did supervision as well as like What form And proof document from supervision And Who only that \_ do supervision the*

"...actually, when it comes to supervision, the implementation of PHBS, in practice it is usually the head of the Puskesmas and the head of KTU as well as the Health Office. Well.. usually, if the supervision is carried out at least 2 times for each activity (when we are in the verification and evaluation stage)..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...in terms of supervision, we usually do that if for all these years we have never conducted supervision. For our supervision, the area is far away. Supervision usually has funding there, so for a while, during the Covid-19 period, there has never been any supervision. We only usually go through zoom meeting activities. In the past year before Covid, we had someone go to the field to do the triggering and we had assistance from the Health Office..."

**(MY, 39 Years Old-Kesling Health Office)**



### 3.3.8. Monitoring from the sub-district regarding the implementation of CBTS

"...if the monitoring is from the sub-district, every activity is implemented and we communicate it from both the sub-district and the sub-district. So, each implementation is from the sub-district side who also helps during the process of carrying out the activities..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"... this seems to be more about monitoring the implementation of the CBTS. Means like direct visits to the areas of the villages where the CBTS is being implemented..."

**(MY, 39 Years Old-Kesling Health Office)**

### 3.3.9. Improvement\_ ownership toilet along implementation of CBTS from 2019 to \_ moment This

"...from 2019, we still have 91% access to the latrines (that's open defecation). Up to the CBTS implementation stage in 2022, everything is 100% no longer having problems (no one is defecating indiscriminately). All of us have educated and carried out advocacy in the village. There are 2 that are made simple latrines because there are some that are really close to the kelurahan..."

**(IP, 33 Years-CBTS Programmer & Kesling CBTS Unaaha Health Center)**

"...the increase in latrine ownership is more to... previously our community still had open defecation, but now we are on average using goose neck toilets, because of community behavior that has improved. The presentation of the increase in latrine ownership was more or less good, in the Unaaha area almost entirely. We are in the Unaaha area in the city so it's almost 99%... the documentation of our results is in the report..."

**(MY, 39 Years Old-Kesling Health Office)**

## 3.4. Implementation of Community-Based Total Sanitation

The implementation of a community-based total sanitation program, the indicator of success is that if the five pillars have been addressed, it is said to be successful with an achievement indicator of 100% and no problems the following year. Following are excerpts from the interview:

### 3.4.1. circumstances disposal feces outside / inside \_ House

"...well we have a manure disposal site outside and there is also one inside the house..."

**(EW, 53 Years-Head of Unaaha District)**

### 3.4.2. Made of from What building place squat ( toilet ) at home

"... well, the toilet in every resident's house is now made of cement and has a goose neck..."

**(EW, 53 Years-Head of Unaaha District)**

### 3.4.3. Access availability For clean anal ( soap ) after poop \_ \_ At home

"...yes, it's still there, it has to be provided, because after defecation you have to wash your hands and clean your rectum properly. What else should soap be provided in the bathroom..."

**(EW, 53 Years-Head of Unaaha District)**

### 3.4.4. Availability of running water And soap / means wash hand in House For wash hand

"...of course we provide it, for example like a gallon or bucket that has a faucet, making it easier for us to wash our hands..."

**(EW, 53 Years-Head of Unaaha District)**

3.4.5. *How to wash material food before cooking \_ use clean running water \_*

"...keep washing it with running water until it's clean and washing it in a container..."

**(EW, 53 Years-Head of Unaaha District)**

3.4.6. *Storage method food already \_ cooked to avoid from dirt And perch insect*

"...well, obviously we'll save it, store it in a closed state and then store it in the refrigerator to make it last longer..."

**(EW, 53 Years-Head of Unaaha District)**

3.4.7. *Like What place shelter trash in the house ? \_ is place rubbish in House separated between rubbish organic And inorganic ?*

"...we made the place out of wood, which is clearly separated, there is a place for wet trash and dry trash..."

**(EW, 53 Years-Head of Unaaha District)**

3.4.8. *What to do for waste water from room bathe And kitchen No mixed from water from latrine ?*

"...it has indeed been made and designed for waste segregation and septic tank latrines and waste disposal..."

**(EW, 53 Years-Head of Unaaha District)**

3.4.9. *What is being done to dispose of waste water family father / mother No raises smell ?*

"... so that the waste doesn't smell, it has to be covered, and we have prepared a cover so that it doesn't get polluted anywhere..."

**(EW, 53 Years-Head of Unaaha District)**

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## 4. Discussion

### 4.1. Availability of Facilities and Infrastructure

Facilities and infrastructure are equipment used to support the implementation of community-based total sanitation program activities so as to improve clean and healthy living behavior<sup>(16)</sup>. The results of this study indicate that in terms of facilities and infrastructure used in the implementation of the 5 Pillar CBTS program at the Unaaha Health Center , they are sufficient, starting from materials, tools and other equipment needed in CBTS such as transportation, laptops, leaflets, pamphlets, chalk, markers , and stationery. Chalk, markers and writing implements are used during the process of making a simple map by residents in the triggering process . It's just that if there are insufficient needs, then it is proposed to the Health Office related to operational costs, namely the use of funds in the CBTS program, because one of the things that can support the successful implementation of a program is adequate funding. Funds can be used to purchase equipment and materials such as making healthy latrines, hand washing stations and trash bins.

However, the CBTS program that has just been implemented is the first pillar, namely stop open defecation (SBABS). In the implementation of CBTS, stopping open defecation is the first pillar to be prioritized because the community is also very supportive, both physically and emotionally. The unavailability of facilities/infrastructure in the implementation of CBTS will affect the development of the community's quality of life , because in seeking the availability of facilities which of course require costs, the CBTS program is a program that is non-budgetary or non-subsidized in nature so that it is very important to influence income levels because even if the community has a good level of knowledge they also unable to build sanitation facilities.

The results of this study are in line with research conducted by Carndraini<sup>(17)</sup>that the facilities and infrastructure used in implementing the CBTS program are sufficient and there are no obstacles in the availability of these facilities and infrastructure. The results of this study also reveal that those who are responsible for the process of implementing CBTS activities are CBTS Programmers and CBTS Kesling by conducting outreach in schools and advocating in the community related to CBTS in accordance with existing technical criteria. According to research conducted by Kartini<sup>(18)</sup>, to increase employee work productivity what needs to be done is that the formulation and planning process must really be based on the needs seen from each unit.

Based on interviews with informants, it is known that the main source of funding for the implementation of the community-based total sanitation program comes from health operational assistance funds (BOK) and health operational special allocation funds (DAK). The allocation of funds for the implementation of the CBTS program is used for meetings, verification, monitoring and declaration of the 5 pillars CBTS. This is in accordance with research conducted by Candraini, the CBTS program can run well, as can be seen from the utilization of financing which is realized at approximately 100% and most of it is used for triggering training. From these funds, of course, it is expected to provide optimal health services and the impact that the people of Konawe Regency, Unaaha District, is hoping to realize is the CBTS program, which in this case is a successful form of the program because every individual and community has access to basic sanitation facilities. so as to create a community from the 5 pillar CBTS whose ultimate goal is to reach ODF Villages/Kelurahan.

The facilities and infrastructure referred to in this study are transportation and media in triggering the CBTS program. There are no obstacles in the availability of facilities and infrastructure because they have sufficient funds. This is done in accordance with existing technical guidelines starting from the identification process to the verification stage. Then in the triggering media aspect, the informant said that it was sufficient because the required media already existed and could be reached because they used existing equipment in the triggering area. So that there are no problems in facilities and infrastructure.

#### 4.2. Knowledge

Good knowledge can be influenced by many factors, including sources, educational factors and environmental factors. In general, it can be assumed that the increase in the number of infectious diseases is the result of the non-achievement of the CBTS program where the main factor of the problem is the knowledge and management of knowledge by the facilitators which may not have been implemented properly, including coordination between agencies and sectors <sup>(19)</sup>.

To find out in depth, the researchers conducted FGDs with the community regarding their understanding of the CBTS program. The results obtained are a program to build latrines, wash hands with soap, treat drinking water, properly treat waste and liquid waste. Based on the information, it can be concluded that the community already understands the CBTS program. The CBTS program is a program for making latrines, washing hands with soap, treating drinking water, treating solid waste and liquid waste properly. The implementation of the CBTS program is inseparable from the level of education of the people of Unaaha District.

The results of this study indicate that the knowledge about CBTS farming is quite good, because they always try to apply what has been socialized by the puskesmas even though not all of it has been implemented. According to an explanation from an informant, the latrine they are using now is a latrine that is closed and has a goose neck either permanently or semi-permanently. They also have a stable dump and waste dump.

The results of this study are in line with research conducted by Bintari <sup>(20)</sup> that the community already has good knowledge about CBTS implementation. This is because most people already understand about the 5 pillars CBTS and they have applied it in accordance with the directions from the outreach from the puskesmas.

implementation program places more emphasis on changing the behavior of community groups, namely by increasing community awareness of their environment using the triggering method, namely through health workers or cadres who give presentations and act as facilitators. The CBTS program invites the community to become executors as well as overseers of the program's implementation process. Apart from that, the community is also directly involved in determining the right strategy for implementing the CBTS program with di facilitation by CBTS cadres so that the goals set can be achieved properly.

As the main actor as well as the main target of the CBTS program, the community itself can implement the program implementation process. Therefore, the output or results obtained will be in accordance with the initial objectives of the program as a community-based program. Not only do community behavior factors influence the implementation of the CBTS program, but knowledge is an important factor in encouraging community participation and involvement in the implementation of the CBTS program, and is one of the keys to successful program implementation.

Knowledge generally comes from experience, also obtained from information conveyed by other people, obtained from books or mass and electronic media. The officers' understanding is the result of the officers' knowledge and clarity in implementing the CBTS program. Indicator in the CBTS program is every House ladder have means sanitation like have latrines, have clean water And place wash hands, and processing\_rubbish And waste with ok. With know it indicator a program, then objective from CBTS program implementation can reached. Because indicator is destination to be

achieved in implementation of the CBTS program <sup>(21)</sup>. Information about health is very important because it is needed by the community as good and correct health information that can increase people's knowledge about health so that they can improve optimal public health status.

#### 4.3. Supervision

Supervision is and monitoring activities evaluation carried out head Public health center in implementing the CBTS program. According to Notoatmojo supervision addressed For ensure implementation services provided \_ officer can accepted And utilized by society . With thus the target for reach service can achieved maximum i.e. 100% <sup>(21)</sup>. This program is implemented through the local health center. The environmental health officer or kesling from the Community Health Center made an initial effort called triggering, the aim of which was for the community and cadres to know and implement the program directly and continuously. The process of implementing the ODF program was carried out using the triggering method by a team of facilitators such as village/kelurahan leaders, natural leaders who were enrolled in triggering, posyandu cadres, local religious leaders, traditional leaders, school officials and local village/kelurahan partners, such as project facilitators or NGOs. <sup>(22)</sup>.

The results of this study show that the CBTS programmer officers, the CBTS kesling and the Kesling Health Office carry out activities in the community well. They always control by educating the community so that the community can run the CBTS program well. The supervision carried out by the Health Service in the implementation of the CBTS program is carried out by looking at the activity reports reported by the head of the health service center. Good supervision is carried out by directly participating in activities in the field, so that by going directly. know the facts that actually happen in society . They collected data for the community by visiting every house and collecting data on the implementation of the 5 pillars CBTS .

Community-Based Total Sanitation should not be conveyed to the community by patronizing and forcing them to practice a culture of hygiene and sanitation, especially by forcing them to make/buy latrines or CBTS products. In the CBTS process, all community components are involved in problem analysis, implementation planning, and utilization and maintenance of the advice because the goal of CBTS implementation is to achieve community- based total sanitation conditions by changing hygiene and sanitation behavior through triggering. Supervision starts the triggering process in the community, starting with participatory analysis by making a village/hamlet/kampung map that will describe the area of defecating in the community . The process of monitoring the results of CBTS triggering is a way of providing energy for people who are in a period of change in the sanitation sector.

According to Green Supervision is part of management that monitors activities to ensure that activities are being achieved as planned and corrects any significant deviations. <sup>(21)</sup> . The results of this study are in line with research conducted by Azzarrah <sup>(22)</sup>that the puskesmas and health office workers also go directly to the field to advocate and monitor community behavior regarding CBTS, they also increase counseling and approach the community leaders intensely from health workers. The role and also the support of the parties involved in the process of organizing CBTS includes the role of village head support with ODF behavior. Adequate support from the village head through mentoring and monitoring will totally manifest ODF behavior. Increase counseling and approaches to *community leaders* more intensely from health workers, all levels of administrators and village officials, community leaders including religious leaders regarding the use of latrines, CTPS, food management, waste management, waste management <sup>(23)</sup>.

#### 4.4. Implementation of Community-Based Total Sanitation

The implementation of CBTS is carried out by inviting the community to be able to analyze the problem of poor sanitation and carry out triggering to create embarrassment towards poor sanitation conditions due to open defecation, not littering and waste disposal and emphasizing that this is a common problem and must be solved together <sup>(24)</sup>. CBTS is a method for improving the quality of community sanitation by increasing public awareness of sanitation through the triggering method. CBTS consists of 5 (five) pillars namely stopping open defecation, washing hands with soap, proper management of household drinking water, management of liquid waste, proper management of household waste. These five pillars are gradually starting to be implemented in all regions in Indonesia. CLTS is a concept with a promotional approach by facilitating the community, especially in terms of changing people's behavior and habits, including washing hands with soap.

The results of this research indicate that CBTS in Unaaha District has been implemented well according to an informant's explanation but must be maintained so that public health is maintained properly.

The basic principle of CBTS starts with no subsidy, then the community becomes the leader, and does not patronize or coerce, the totality of all components of society. The components in question are improving the conducive environment, increasing the need for sanitation and increasing the provision of sanitation. Observing the community's clean and healthy living habits, preparing for stimuli and creating a safe atmosphere before undesirable things happen, preparing methods and strategies for implementation <sup>(25)</sup>.

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## 5. Conclusion

In general, the implementation of the community-based total sanitation program in Unaaha District, Konawe Regency has been well implemented and has been carried out in accordance with existing guidelines.

- The availability of facilities and infrastructure used in the implementation of the CBTS 5 Pillars program at the Unaaha Health Center is sufficient starting from the materials, tools, and others needed in the CBTS implementation process, only if there are insufficient needs, then it is proposed to the Health Office .
- Knowledge of CBTS farming is quite good, because they always try to apply what has been socialized by the puskesmas even though not all of it has been implemented. According to an explanation from an informant, the latrine they are using now is a latrine that is closed and has a goose neck either permanently or semi-permanently.
- CBTS programmer officers, CBTS kesling and Kesling Health Office in carrying out activities in the community well. They always control by educating the community so that the community can run the CBTS program well. The supervision carried out by the Health Service in the implementation of the CBTS program is carried out by looking at the activity reports reported by the head of the health service center.

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## Compliance with ethical standards

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All authors in the making of this scientific article have no conflict of interest.

### *Statement of informed consent*

All informants/respondents involved in this study have stated their consent as informants/respondents to be interviewed and provided information/information in accordance with research needs.

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