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Evaluation Of Community-Based Total Sanitation Program Towards Open Defecation Free Village In The Working Area Of Muara Hemat Community Health Center, Batang Merangin District, Kerinci Regency

Ullfa Putri Syafniaty[1] , Chrismis Novalinda Ginting[2] ,Subang Aini Nasution[3]
[1,2,] Master of Public Health (MKM) Study Program/Prima Indonesia University (Unpri) Medan
[3]Master of Public Health, Adiwangsa Jambi University, Jambi, Indonesia *E-mail: subangaininasution91@gmail.com

ABSTRACT
This research was carried out with a cross-sectional design using a quantitative descriptive approach. The sample size used for the STBM program facilitator population was the total population, namely 4 people. The population of residents taken using probability sampling, namely multistage random sampling, was 124 families. Data collection techniques used were interviews, observation, and searching for secondary data from the health service, subdistrict, and community health center. The STBM program in the Muara Hemat Community Health Center Working Area, Batang Merangin District, Kerinci Regency is included in the "less successful" category. The value of the recapitulation of interview questionnaire data and observations of residents' latrine rooms is 22.5. Meanwhile, based on the STBM program facilitator interview questionnaire, it is with a score of 21. Variables that need to be improved include input, process, output, and outcome variables. Suggestions that can be given to the government are to provide support in developing appropriate technology for the STBM program. Suggestions to the facilitators are to increase knowledge, assist residents, and make efforts to support each other. Advice to residents is to get used to defecating only in healthy latrines, washing hands with soap, and increasing hygiene efforts in latrines
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Keywords: *Community Based Total Sanitation, ODF.*

INTRODUCTION
The latest data from the Community-Based Total Sanitation (STBM) monitoring site published on the Indonesian Ministry of Health page shows that there are still 8.6 million households whose family members still practice open defecation as of January 2020 (Indonesian Ministry of Health, 2020). Based on data obtained from BPS in 2018, which has been processed by Bappenas based on the definition of SDGs 2030, Indonesia has a percentage of proper sanitation services of 74.58%, including safe sanitation of 7.42% (Bappenas, 2019). This figure is accompanied by a high percentage of open defecation behavior (BABS), which is around 9.36% or equivalent to 25 million people, making Indonesia rank 3rd in the world with BABS cases (Bappenas, 2019).
Jambi Province consists of 11 districts/cities, 141 sub-districts, 1,563 villages, and 919,106 families. The number of villages after implementing STBM has increased every year. With a decrease in the number of Open Defecation (BABS) of 12.76% in 2021 with the condition of Semi-Permanent Latrines (JSP) 57.03%, Semi-Half-Permanent Latrines (JSSP) 21.44%, and Sharing 8.77% in family groups (Jambi Provincial Health Office, 2022).
Data from the Kerinci Regency Health Office in 2020 showed that the rate of Open Defecation (BABS) was 22,127 heads of families, then decreased in 2021 to 9,959 heads of families. The highest percentage of ODF villages is 68.7%, namely the Jujun Health Center work area, and there are even 0%, namely the Muara Hemat Health Center work area (Kerinci Regency Health Office, 2023).
Based on the description above, the researcher is interested in researching "**Evaluation of Community-Based Total Sanitation Program Towards** *Open Defecation Free* **Villages" in**

the working area of the Muara Hemat Health Center, Batang Merangin District, Kerinci Regency.

LITERATURE REVIEW Understanding Program Evaluation

Similar to other program evaluation activities, STBM program evaluation also needs to be carried out from the beginning of planning, during implementation and when the results are available. This aims to find out the overall picture related to the efforts that have been made. carried out in achieving health development goals. The existence of an evaluation program can be used to determine the suitability between the implementation and results of the program with the planned and initially set target achievements and to determine the opportunities, obstacles and constraints faced as a consideration for the implementation and improvement of future programs (Korompis, 2022) .

The purpose of program evaluation The purpose of conducting an evaluation on a program depends on the party that requires information on the results of the evaluation activity.

Basically, evaluation is carried out with the following objectives (Korompis, 2022):

a. As a tool to improve program implementation policies and future program planning.
b. As a tool to improve the allocation of funds, power and management (*resources*) now and in the future.

Understanding Community-Based Total Sanitation

The STBM program has outcome indicators and output indicators. The outcome indicators of STBM are the decreasing incidence of diarrhea and other environmental diseases related to sanitation and behavior. While the output indicators of STBM are as follows:

a. Every individual and community has access to basic sanitation facilities so that they can create a community that is free from defecating in any place (*Open Defecation Free*).
b. Every household has implemented safe drinking water and food management in the household. Every household and public service facility in a community (such as schools, offices, restaurants, health centers, markets, terminals) has hand washing facilities (water, soap, hand washing facilities), so that everyone washes their hands properly.
c. Every household manages its waste properly. Every household manages its waste properly.

Principles of implementing STBM

The principles used in implementing STBM triggering activities are derived from the Indonesian Minister of Health Regulation No. 03 of 2014, namely:

a. There is no history of subsidies provided by the government to the community, including those provided to lower-middle class communities for the provision of basic sanitation facilities, such as toilets.
b. Improve sanitation facilities according to the needs and capabilities of the community.
c. Forming hygienic and sanitary community behavior to support the creation of total sanitation.
d. The community as leaders and the entire community are involved in problem analysis, planning, implementation, utilization and maintenance.
e. Involving the community in monitoring and evaluation activities

STBM Pillars

The STBM pillars are hygienic and sanitary behaviors used as a reference in the implementation of STBM. The STBM pillars are stated in article 3 paragraph 2 of the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning Community-Based Total Sanitation consisting of the following behaviors : a. Stop Open Defecation (Stop-BABS)

b. Washing Hands with Soap (CTPS)
c. Household Drinking Water and Food Management (PAMMRT)
d. Household Waste Security (PS-RT)

e. Household Liquid Waste Protection (PLC-RT)

Definition of *Open Defecation Free* (ODF)

ODF is a condition when every individual in a community does not defecate in the open. A village/sub-district can have ODF village/sub-district status if ODF verification activities have been carried out. ODF verification is carried out to ensure the ODF status of a community, which states that collectively it has been free from open defecation behavior. This verification activity is needed to ensure that behavioral changes in the community actually occur and are sustainable. The indicators for a village/sub-district to be said to have achieved ODF status are (Ministry of Health of the Republic of Indonesia, 2014):

a. All communities have defecated only in healthy toilets and disposed of baby feces/excrement only in healthy toilets (including in schools).
b. No human feces were seen in the surrounding environment.
c. There is the implementation of sanctions, regulations or other efforts by the community to prevent the occurrence of defecating in any place.
d. There is a general monitoring mechanism created by the community to achieve 100% of families having healthy toilets.
e. There are clear efforts or strategies to achieve total sanitation.

METHODS

This research is an analytical research with a cross-sectional design to determine the evaluation of the Community-Based Total Sanitation Program towards an *Open Defecation Free* Village. In the working area of Muara Hemat Health Center, Batang Merangin District, Kerinci Regency. The sample size used for the STBM program facilitator population is the total population, which is 4 people. For the population of residents taken using *probability sampling*, namely *multistage random sampling,* there are 100 families. Data collection techniques used by interviewing, observing, and tracing secondary data from the health office, village, and health center. Data collection using a questionnaire by filling out the questionnaire. The study was conducted in the Working Area of Muara Hemat Health Center, Batang Merangin District, Kerinci Regency

RESULTS Table 1 . Values Recapitulation Variables Program STBM Based on Interviews and Observations on Residents

No.	Variable/Category	Score Maximum	Score	
			Average	%
1.	***INPUT***			
	Money 1. Amount of funds for creation toilet	1	0.6	56.4
	Method 1. Increased needs sanitation	3	0.1	2.6
	Material 1. Availability of materials/ingredients	1	0.5	54.5

Market	1	0.2	23.1
1. Education	1	0.3	26.9
2. Work	1	0.1	9.6
3. Income	3	0.6	20.9
4. Knowledge			
Machine	1	0.6	56.4
1. Making a toilet			
2. ***OUTPUT***	7		
1. Amount means healthy toilet	1	4.1	58.6
2. No seen human feces		0.6	55.1
3. ***OUTCOME***	7		
1. Stop CHAPTER	30	2.4	34.4
2. Wash hand use soap	4	10.3	33.4
3. *Hygiene* in toilet		1.6	40.5
4. ***IMPACT***	7	0.5	7
1. Diarrhea			
Total	63	22.5	
Category		**Not enough Succeed**	

Information:
% = (Average : Maximum score) x 100%
00.00 - 23.99 Tidak Berhasil
24.00 - 47.99 Kurang Berhasil
48.00 – 71.00 Berhasil

Table 2. Recapitulation Values of STBM Program Variables Based on Interviews with Facilitators

No.	Variable/Category	Maximum Score	Score	
			Average	%
1.	***INPUT***			
	Man			
	1. Amount	2	2	100
	2. Education	1	1	100
	3. Knowledge	5	5	100
	Money	1	1	1
	1. Source of funds for building toilets			
	Method	1	0	0
	1. Creation of the environment conducive	1	0	0
	2. Increased needs sanitation	1	0	0

	3. Increased provision sanitation access			
	Material	2	2	100
	1. Policy STBM			
	2. Implementation guidelines STBM	1	1	100
	3. Availability of materials	1	1	100
	Technology	1	0	0
	1. Technology appropriate from the government			
	Time	1	1	100
	1. Implementation STBM			
	Information	1	1	100
	1. Use communication media , information and education to the public			
2.	***PROCESS***			
	Triggering	1	1	100
	1. Planning	1	1	100
	2. Monitoring	3	3	100
	3. Evaluation			
	Mentoring	1	0	0
	Advocacy	1	2	100
3.	***OUTPUT***			
	1. The application of sanctions, regulations or other efforts by society to prevent BABS incident	1	0 0	100
	2. Monitoring mechanism common by the public	1		
	3. Effort or a clear strategy to achieve total sanitation	1		100 100
	Total	30	21	
	Category		**Not enough Succeed**	

Information:

% = (Average : Maximum score) x 100%

00.00 – 10.99	Tidak Berhasil
11.00 - 21.99	Kurang Berhasil
22.00 – 32.00	Berhasil

DISCUSSION Input of *the* STBM (Stop BABS) Program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency

The main component is a trained STBM program facilitator to implement the STBM program. The number of trained STBM program facilitators for the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency, who come from the Muara Hemat Health Center is 4 people. This number is still lacking according to all facilitators at the Muara Hemat Health Center to carry out all tasks in the STBM program. The last education of all facilitators is high school and university/academy. Each of the facilitators, whether high school or university/academy graduates, has received training to align perceptions and abilities, especially to carry out tasks from the STBM program related to the integrity of the implementation of stop BABS and CTPS. *The money* component, which is the STBM (stopBABS) in the construction of healthy toilet sanitation facilities, has been in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning Community-Based Total Sanitation, namely from community resources. Most residents have been able to build personal healthy toilet facilities to meet their sanitation needs. Assistance from the government in the construction of public toilet/MCK sanitation facilities in Batang Merangin District is also still available in one of the villages, namely Muara Hemat Hamlet. This can be done by looking at the conditions and abilities of residents to build healthy toilet sanitation facilities.

The method components are methods that support each other in implementing the STBM program. In The implementation of STBM has 3 (three) components that support each other, namely the creation of a conducive environment, increasing sanitation needs, and increasing the provision of sanitation access. If one of the STBM components is missing, the process of achieving the 5 (five) pillars of STBM will not be optimal (Ministry of Health of the Republic of Indonesia, 2014). The activity of creating a conducive environment from the STBM program implemented in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency has not yet produced an overall result of government commitment, regional policies and regional regulations, the formation of a coordinating institution, the presence of facilitators, and a monitoring system for program performance results. The activity of increasing sanitation needs in the STBM program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency has also not yet fully carried out 6 (six) systematic efforts, including triggering, promotion and campaign, delivery, developing commitment, facilitating, and developing reward mechanisms for the community/institution as a whole. Activities to improve the provision of sanitation access in the STBM program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency have also not yet made efforts to develop sanitation facility technology options that are appropriate to needs, create and strengthen rural sanitation market networks, and develop mechanisms to increase the capacity of sanitation market actors as a whole. This is not in accordance with the strategy and stages of implementing STBM in the STBM guidelines, namely the Minister of Health Regulation RI Number 3 of 2014 concerning Community-Based Total Sanitation. The failure to achieve the overall components of creating a conducive environment, increasing sanitation needs and increasing the provision of sanitation access, the STBM program implemented in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency is likely to not run optimally. This causes the achievement of ODF subdistrict status in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency to also not be achieved.

The material component is the existence of STBM policies and STBM implementation guidelines used in implementing the STBM (stop BABS) program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency, as well as the availability of materials or materials used to build healthy toilet facilities by residents. Policies or regulations related to the implementation of the STBM program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency, namely the Indonesian Minister of Health Regulation Number 3 of 2014 concerning Sanitation Total Community Based. while the guidelines used are *the Road Map* for Accelerating the STBM Program from the Directorate General of Environmental Health. This can be the initial capital and as a reference used by facilitators to implement the STBM (stop BABS) program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency. The availability of materials or materials to build healthy toilet sanitation.
Facilities in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency, are relatively easy to obtain, especially in building stores around the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency. A good and accessible road to the building store with more than one number certainly makes it easier for residents to access it. This can make it easy for residents to adopt and build better sanitation facilities, namely healthy toilets, to stop the spread of infectious diseases due to human feces contamination.

The market component is the target of the STBM program, namely residents living in the Muara Hemat Health Center Work Area, Batang Merangin District, Kerinci Regency. Identification of the STBM (stop BABS) program *market* includes education level, employment, income, and knowledge. The last level of education for most residents is elementary school (SD). Residents' knowledge regarding the STBM and stop BABS programs is still lacking. This may be due to the government's socialization of the STBM program not being optimal. Thus, it can be concluded that in the implementation of the STBM (stop BABS) program, sufficient mentoring efforts are needed by facilitators assisted by cadres in the Muara Hemat Health Center Work Area, Batang Merangin District, Kerinci Regency to reach the objective of the STBM (stop BABS) program. Matter This aims to increase awareness and the needs of residents, the majority of whom have an elementary school education, regarding basic sanitation so that residents are willing and able to fulfill basic sanitation needs by building facilities. good, healthy toilet sanitation built in a manner personally or through mutual cooperation with other residents

A machine component is equipment used to build toilets and comes from the community in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency. Most residents who have healthy toilets have obtained equipment to make their toilets independently. This is in accordance with the STBM financing guidelines for the provision of basic sanitation facilities in the Decree of the Minister of Health of the Republic of Indonesia Number 852/MENKES/SK/IX/2008 concerning Community-Based Total Sanitation Strategy and the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning Community-Based Total Sanitation that the government has eliminated subsidies for the construction of basic sanitation facilities such as healthy toilets.

The technology component in this research is a form of support that is given by the government, provincial area, and district/city areas in providing the latest information used by all facilities for the implementation of STBM. In the implementation of the STBM (stop BABS) program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency has not received support from the government. in providing technology for appropriate use. Matter This No in accordance with the responsibilities and roles of the government and local governments in the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning Community-Based Total Sanitation, namely one of the responsibilities of local governments in supporting the implementation of the STBM program is to facilitate the

development of appropriate technology (Ministry of Health of the Republic of Indonesia, 2014). The government should be more supportive of providing the latest that can be used by residents by using easily obtained and inexpensive materials, for example, with a biofilter from waste so that it can help achieve ODF status in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency.

The time component in this study is the time when the STBM program was started or introduced by the government to the community in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency. The STBM program has been implemented since 2008 in Kerinci Regency as a whole. This is in accordance with the STBM policy first launched by the government in 2008 after a trial of CLTS implementation in 6 districts in Indonesia in 2006. The policy is the Decree of the Minister of Health of the Republic of Indonesia Number 852 / MENKES / SK / IX / 2008 concerning the National Strategy for Community-Based Total Sanitation.

The information component in this research is a form of support that is given by the government, government area province, and district/city areas in providing notifications, news, or reports in support of the implementation process and promotion of the implementation of STBM. The implementation of the STBM (stop BABS) program has been supported by the existence of communication media used in audio media, namely radio spots and visual media such as posters.

Process of *the* STBM (Stop BABS) Program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency

Basically, planning activities for behavioral change The community should not defecate carelessly as part of a sanitation program. The second component in the variable *process* is the community mentoring activity carried out by the STBM program facilitator. However, in its implementation, mentoring activities are not carried out by the facilitator. This is not in accordance with the Indonesian Minister of Health Regulation Number 3 of 2014 concerning Community-Based Total Sanitation, namely that mentoring activities should be carried out by health workers, cadres, volunteers, and/or the community in implementing the community work plan in accordance with the public need. Activity This assistance is aimed at supporting the implementation of STBM in forming groups and creating work plans for implementing STBM.

The last component in *the process variable* is advocacy activities to the government carried out by the facilitator. The advocacy component is in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning Community-Based Total Sanitation because the facilitator has carried out advocacy activities. to government. Advocacy that has produced cross-sector cooperation and collaboration with community leaders to achieve the objectives of the STBM (stop BABS) program, namely achieving ODF sub-district status.

Output of *the* STBM (Stop BABS) Program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency

The second indicator in achieving the ODF status of this sub-district is that there is no visible human feces in the environment. The ODF status indicator is both of these have not yet been achieved. This is because feces are still found in water bodies or rivers flowing in 2 villages in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency based on results of observation and interviews with residents in the last month. With feces still visible in the environment, especially in water bodies or rivers, the risk of disease transmission due to feces contamination to humans is still possible, especially for residents who are active, in contact with the environment around the feces, or even use river water for consumption. The process of transferring germs from feces excreted by humans as a source of infection to other humans through various intermediaries, including hands, flies, fields, and water, which then contaminate food and drinks before entering through the mouth into the digestive tract (Conant,

J. and P. Fadem, 2008). The transfer process will pose a very high risk for a disease that is transmitted from the anal (*fecal)* to the mouth (*oral). This disease is usually known as fecal* disease. *oral* diseases, one of which is diarrhea.

In addition to the second indicator of ODF status, which is not in accordance with the Regulation of the Minister of Health of the Republic of Indonesia Number 3 of 2014 concerning Community-Based Total Sanitation or has not been achieved, the third, fourth, and fifth indicators of ODF status in the Muara Hemat Health Center Working Area, Batang Merangin District, and Kerinci Regency have also not been achieved. The third indicator of ODF status is the implementation of sanctions, regulations, or other efforts by the community to prevent the occurrence of defecation in open places. The fourth indicator in ODF status is the existence of a mechanism monitoring general, which made public for achieving 100% of families having healthy toilets. The last indicator is that there are clear efforts or strategies to achieve total sanitation.

If the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency wants to achieve ODF status, it must maintain the success of the first indicator and Increase efforts to achieve the second, third, fourth, and fifth indicators of ODF status.

Effects *(Outcomes)* of the STBM (Stop BABS) Program in the Sub-district Dawuhan, Situbondo District, Situbondo Regency

The hygiene behavior of residents in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency is still lacking because there are still residents who defecate in the river or in the ditch or gutter dominated by adult female residents. Not only is the behavior of residents defecating in the open, but the habit of residents throwing their toddler's feces into the river is also still high. This condition has caused the government's target in the 2010-2014 RPJMN to not be achieved, namely, the percentage of residents who stop defecating should be 100%, or in other words, there is no longer a single resident who defecates or throws feces into the open environment. Reviewed from a health environment, feces can be a problem if it is not disposed of properly and carelessly. Component second in *outcome* variable This is washing hands with soap. Based on the results of the study, it is known that all residents of Dawuhan Village have used soap for daily activities such as washing clothes, bathing, and washing hands. However, the habit of residents is still lacking in washing their hands with soap at important times, namely before eating, before preparing and serving food, before giving feeding babies or toddlers, after defecating/urinating, and after holding animals or poultry. The last component in this *outcome variable is hygiene* in the toilet. Most of the toilet room conditions owned by residents, both squatting or sitting-neck toilets, are good, namely with the condition of the toilet floor and walls free of feces. In addition, the condition room toilet inhabitant is also free from cockroaches and flies. And an available dipper and water for a clean toilet. Matter This shows that the behavior of residents in maintaining the cleanliness of the toilet is good.

The Impact of *the* STBM (Stop BABS) Program in the Working Area of the Muara Hemat Health Center, Batang Merangin District, Kerinci Regency

The incidence of diarrhea experienced by respondents in the Muara Hemat Health Center Work Area, Batang Merangin District, Kerinci Regency is not too high. This is related to the description of the behavior and sanitation *hygiene* of residents in the Muara Hemat Health Center Work Area, Batang Merangin District, Kerinci Regency, who still have BABS behavior and the habit of throwing away toddler feces into rivers / gutters / ditches / beaches / seas which are quite high and the lack of public awareness to wash their hands with soap at important times to break the chain of transmission of diseases such as diarrhea. The age group that is most often attacked by diarrhea is adult women followed by toddlers. This is in accordance with with the findings in this study, namely residents who often defecate in the

open are adult women. While for cases of diarrhea in toddlers, it can be due to the immunity of toddlers being lower than the immunity of adolescents or adults so that toddlers are more susceptible to diarrhea. Another factor that can influence cases of diarrhea in toddlers is the *hygiene* and sanitation behavior of mothers. This is because the role of mothers is very important in determining the status of growth and development of children. **Recommendation Based on Results Identification Every STBM Program Variables** While *the process variables* that need to be improved are the community assistance components. This causes efforts to be made to achieve ODF sub-district status. according to the variables that need to be improved in the following year, namely:

1. Increasing cross-sector cooperation to assist residents in efforts to build sanitation facilities in the form of healthy toilets so that they can increase community independence in meeting basic sanitation needs, for example, by providing credit for building toilets.
2. Increasing efforts to create a conducive environment, for example by advocating to the government in developing a joint commitment to sanitation development. village or sub- district. Increasing the sanitation needs of residents for example with activity accompany formation team community work to formulate sanitation development plans and improve the provision of sanitation access, for example by developing appropriate and affordable sanitation facility technology options such as the use of biofilters from waste. So that the implementation of the STBM (stop BABS) program in

the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency can run optimally.

3. Facilitating the community to have good knowledge related to the STBM (stop BABS) program by inserting material about it. stop BABS, STBM pillars, CHAPTER only in toilet Healthy and so on by cadres at every activity held by residents, for example during religious study activities, social gatherings or other activities involving many residents.
4. The local government provides support by facilitating the development of appropriate technology, for example by utilizing cheap and affordable local materials such as cheap biofilters from waste.
5. Carrying out mentoring activities after triggering by health workers, cadre, volunteers, And public in implementation of community work plans according to community needs. The mentoring activities are aimed at supporting the implementation of STBM in forming groups and creating STBM implementation work plans.

CONCLUSION

Recommendations from the results of the identification of each variable of the STBM (stop BABS) program in the Muara Hemat Health Center Working Area, Batang Merangin District, Kerinci Regency are to focus on increasing input variables, namely community knowledge about STBM and stop BABS and government support in providing appropriate technology that is in accordance with community needs and abilities and focusing on process variables in the form of mentoring activities by facilitators to residents.

ACKNOWLEDGEMENT

It is recommended that the government increase cross-sector cooperation to assist residents in efforts to build sanitation facilities in the form of healthy toilets so that they can increase community independence in meeting basic sanitation needs. Local governments increase support for the development of appropriate technology by utilizing cheap and affordable local materials to support the achievement of the objectives of the stop BABS program.

REFERENCES

Azis, et al. (2021). The Relationship Between Basic Sanitation and the Incidence of Diarrhea in Toddlers in Sandi Village, South Kaledupa District, Wakatobi Regency. Jurnal Medika Hutama, 2(April 03), 834-847.

Bappenas. (2019). Guidelines for Measuring the Achievement of Housing and Settlement Development Based on Results (Outcome): Efforts to Integrate Sustainable Development Goals in Central and Regional Planning Documents. Jakarta: Ministry of National Development Planning

Kerinci District Health Office. 2023. Kerinci District STBM Progress Access Report 202 3. Kerinci District

Jambi Provincial Health Office. 2022. Profile of Jambi Provincial Health Office. Jambi: HEALTH OFFICE.

Juniatin, V. 2015. Study of the Implementation of Community-Based Total Sanitation Program in Jelbuk Village, Jelbun District, Jember Regency in 2014. Thesis. University of Jember. Http://Repository.Unej.Ac.Id

Ministry Health RI. (2020). *Guidelines Behavior Life Clean And Healthy.* Jakarta: Ministry Health Republic Indonesia.

Ministry of Health of the Republic of Indonesia. (2020). *Indonesian Health Profile.* Jakarta: Ministry of Health of the Republic of Indonesia.

Korompis, K. K. (2021). Factors Related to the Performance of Public Health Care Officers (Perkesmas) at the Health Center in the Minahasa Utara Health Service Work Area. Paradigma Sehat, Vol 9 (Vol. 9 No. 3 (2021): Volume 9, Number 3 of 2021). http://ejournalhealth.com/index.php/PARADIGMA/article/view/54/40

WHO. (2020). *WHO Guidelines on Hand Hygiene in Health Care First Global Patient Safety Challenge.* Switzerland: WHO Press.