



COPY

**REGENT SUKOHARJO
PROVINCE OF CENTRAL JAVA
SUKOHARJO REGENCY REGULATIONS
NUMBER 19 OF 2019**

ABOUT

COMMUNITY BASED TOTAL SANITATION

BY THE GRACE OF GOD ALMIGHTY

REGENT SUKOHARJO,

- Considering:**
- a. that in order to strengthen efforts for clean and healthy living behavior, prevent the spread of environmental-based diseases, increase community capacity, and increase access to drinking water and sanitation, it is necessary to implement community-based total sanitation;**
 - b. that based on the provisions of Article 9 letter a of Minister of Health Regulation Number 3 of 2014 concerning Community-Based Total Sanitation, regional governments need to prepare technical regulations and policies to support the implementation of community-based total sanitation;**
 - c. that based on the considerations as intended in letters a and b, it is necessary to establish a Regent's Regulation on Community-Based Total Sanitation;**

Bearing in mind: 1. Law Number 13 of 1950 concerning the Establishment of Regency Areas within the Province of Central Java (State Gazette of 1950 Number 42); 2. Law Number 11 of 1974 concerning Irrigation

(State Gazette of the Republic of Indonesia of 1974 Number 65, Supplement to State Gazette of the Republic of Indonesia Number 3046);

3. Law Number 4 of 1984 concerning Outbreaks of Infectious Diseases (State Gazette of the Republic of Indonesia of 1984 Number 20, Supplement to State Gazette of the Republic of Indonesia Number 3272);

- 4. Law Number 18 of 2008 concerning Waste Management (State Gazette of the Republic of Indonesia of 2008 Number 69, Supplement to State Gazette of the Republic of Indonesia Number 4851); 5. Law Number 32 of 2009 concerning Environmental Protection and Management (State Gazette of the Republic of Indonesia of 2009 Number 140, Supplement to State Gazette of the Republic of Indonesia Number 5059);**
- 6. Law Number 36 of 2009 concerning Health (State Gazette of the Republic of Indonesia of 2009 Number 144, Supplement to State Gazette of the Republic of Indonesia Number 5063);**
- 7. Law Number 1 of 2011 concerning Housing and Settlement Areas (State Gazette of the Republic of Indonesia of 2011 Number 7, Supplement to State Gazette Number 5188);**
- 8. Law Number 12 of 2011 concerning the Formation of Legislation (State Gazette of the Republic of Indonesia of 2011 Number 82, Supplement to the State Gazette of the Republic of Indonesia Number 5234);**
- 9. Law Number 23 of 2014 concerning Regional Government (State Gazette of the Republic of Indonesia of 2014 Number 244, Supplement to the State Gazette of the Republic of Indonesia Number 5587), as amended several times, most recently by Law Number 9 of 2015 concerning the Second Amendment to the Law Law Number 23 of 2014 concerning Regional Government (State Gazette of the Republic of Indonesia of 2015 Number 58, Supplement to State Gazette of the Republic of Indonesia Number 5679);**
- 10. Government Regulation Number 82 of 2001 concerning Water Quality Management and Water Pollution Control (State Gazette of the Republic of Indonesia of 2001 Number 153, Supplement to State Gazette of the Republic of Indonesia Number 4161); 11. Government Regulation Number 81 of 2012 concerning Management of Household Waste and Waste Similar to Household Waste (State Gazette of the Republic of Indonesia of 2012 Number 188, Supplement to State Gazette of the Republic of Indonesia Number 5347);**
- 12. Government Regulation Number 66 of 2014 concerning Environmental Health (State Gazette of the Republic of Indonesia of 2014 Number 184, Supplement to State Gazette of the Republic of Indonesia Number 5570);**

13. Government Regulation Number 121 of 2015 concerning Water Resources Management (State Gazette of the Republic of Indonesia of 2015 Number 344, Supplement to State Gazette of the Republic of Indonesia Number 5801);
14. Government Regulation Number 122 of 2015 concerning Drinking Water Supply Systems (State Gazette of the Republic of Indonesia of 2015 Number 345, Supplement to State Gazette of the Republic of Indonesia Number 5802);
15. Government Regulation Number 2 of 2018 concerning Minimum Service Standards (State Gazette of the Republic of Indonesia of 2018 Number 2, Supplement to State Gazette of the Republic of Indonesia Number 6178); 16. Presidential Regulation Number 72 of 2012 concerning the National Health System (State Gazette of the Republic of Indonesia of 2012 Number 193);
17. Presidential Regulation Number 87 of 2014 concerning the Formation of Legislation (State Gazette of the Republic of Indonesia of 2014 Number 199);
18. Presidential Regulation Number 185 of 2014 concerning the Acceleration of Drinking Water and Sanitation Provision (State Gazette of the Republic of Indonesia of 2014 Number 389); 19.
- Health Decree 876/Menkes/ST/VI/2001 concerning Technical Guidelines for Environmental Health Impact Analysis; Number
20. Regulations Minister Health Number 492/Menkes/Per/IV/2010 concerning Requirements Drinking Water Quality; Number
21. Health Regulation Minister 2269/Menkes/Per/VIII/2011 concerning Guidelines for Fostering Clean and Healthy Living Behavior (State Gazette of the Republic of Indonesia of 2011 Number 755);
22. Regulation of the Minister of Health Number 3 of 2014 concerning Community-Based Total Sanitation (State Gazette of the Republic of Indonesia of 2014 Number 193); 23.
- Regulation of the Minister of Home Affairs Number 80 of 2015 concerning the Establishment of Regional Legal Products (State Gazette of the Republic of Indonesia of 2015 Number 2036) as amended by Regulation of the Minister of Home Affairs Number 120 of 2018 concerning Amendments to Regulation of the Minister of Home Affairs Number 80 of 2015 concerning Establishment Regional Legal Products (State Gazette of the Republic of Indonesia 2019 Number 157);

24. Regulation of the Minister of Environment and Forestry Number P.68/Menlhk/Setjen/Kum.1/8/2016 concerning Domestic Wastewater Quality Standards (State Gazette of the Republic of Indonesia of 2016 Number 1323); 25. Regulation of the Minister of Public Works and Public Housing of the Republic of Indonesia Number 04/PRT/M/2017 of 2017 concerning the Implementation of Domestic Waste Water Management Systems (State Gazette of the Republic of Indonesia of 2017 Number 456);
26. Sukoharjo Regency Regional Regulation Number 6 of 2013 concerning Environmental Protection and Management (Sukoharjo Regency Regional Gazette of 2013 Number 6, Supplement to Sukoharjo Regency Regional Gazette Number 207);
27. Sukoharjo Regency Regional Regulation Number 16 of 2011 concerning Waste Management (Sukoharjo Regency Regional Gazette of 2012 Number 1, Supplement to Sukoharjo Regency Regional Gazette Number 193);
28. Sukoharjo Regency Regional Regulation Number 10 of 2016 concerning the Sukoharjo Regency Regional Medium Term Development Plan for 2016-2021 (2016 Sukoharjo Regency Regional Gazette Number 10, Supplement to Sukoharjo Regency Regional Gazette Number 234); 29. Sukoharjo Regent Regulation Number 32 of 2015 concerning Regional Action Plan for Drinking Water and Environmental Health for Sukoharjo Regency for 2015 – 2019 (Regional Gazette of Sukoharjo Regency for 2015 Number 33);
30. Sukoharjo Regent Regulation Number 37 of 2018 concerning Domestic Waste Water Management (Sukoharjo Regency Regional Gazette of 2018 Number 37);

DECIDE :

**To stipulate: REGENT'S REGULATION CONCERNING TOTAL SANITATION
COMMUNITY BASED**

**PIG
GENERAL REQUIREMENTS**

article 1

In this Regent's Regulation, what is meant by:

- 1. The region is Sukoharjo Regency.**
- 2. The Regent is the Regent of Sukoharjo.**

- 3. Regional Government is the Regent as the organizing element of the Regional Government which leads the implementation of government affairs which are the authority of the autonomous region.**
- 4. Community-Based Total Sanitation, hereinafter abbreviated as STBM, is an approach to changing hygienic and sanitary behavior through community empowerment by triggering.**
- 5. Community-Based Total Sanitation Pillars, hereinafter referred to as STBM Pillars, are hygienic and sanitary behaviors that are used as a reference in implementing STBM.**
- 6. Triggering is a way to encourage changes in hygiene and sanitation behavior of individuals or communities based on their own awareness by touching feelings, thought patterns, behavior and habits of individuals or communities.**
- 7. Stop Open Defecation is a condition when every individual in the community no longer engages in open defecation behavior which has the potential to spread disease.**
- 8. Washing your hands with soap is the behavior of washing your hands using clean, running water and soap.**
- 9. Management of Drinking Water and Household Food is carrying out activities to manage drinking water and food in the household to improve and maintain the quality of water from water sources that will be used for drinking water, as well as to apply the principles of food sanitation hygiene in the process of managing food in the household .**
- 10. Safeguarding Household Waste means carrying out waste processing activities in households by prioritizing the principles of reducing, reusing and recycling.**
- 11. Verification is an assessment and confirmation process to measure the achievement of a set of indicators in accordance with standards.**
- 12. Monitoring is a routine process of collecting data and measuring the progress of program implementation that focuses on output results.**
- 13. Evaluation is a method for assessing program effectiveness, assessing the program's contribution to achieving goals, assessing the need for improvement and program recommendations.**

CHAPTER II
AIMS, PRINCIPLES AND OBJECTIVES

Part One
Meaning

Section 2

This Regent's Regulation is intended as a guideline in realizing hygienic and sanitary changes in community behavior that involves the community and all stakeholders so as to achieve an increase in the level of public health.

The second part
Principle

Article 3

The principles of implementing STBM are:

- a. benefit;**
- b. side with the community;**
- c. fair;**
- d. act quickly and accurately (responsive);**
- e. empowerment and independence (participatory);**
- f. institutional strengthening;**
- g. cooperation; And**
- h. transparency.**

Article 4

- (1) The benefit of society as intended in Article 3 letter a is that health development must provide the maximum benefit for humanity and a healthy life for every citizen.**
- (2) Taking sides with the community as intended in Article 3 letter b is the community which is the main subject, not groups or groups.**
- (3) Fairness as intended in Article 3 letter c means that STBM implementation must be able to provide fair and equitable services to all levels of society.**
- (4) Acting quickly and accurately (responsive) as referred to in Article 3 letter d is the commitment of government administrators and the community to act quickly and accurately in implementing STBM.**

- (5) Empowerment and independence (participation) as intended in Article 3 letter e is to foster healthy initiatives by building community awareness and behavior regarding sanitation and hygiene with the principle of total community participation.**
- (6) Institutional Strengthening as referred to in Article 3 letter f is an effort to build organizations, systems, partnerships, people and processes correctly to carry out STBM, which is directed at developing individual skills and competencies so that each able to carry out the duties and responsibilities assigned to him.**
- (7) Cooperation as referred to in Article 3 letter g is a principle that guarantees that the government and all levels of society cooperate in implementing STBM.**
- (8) Transparency as intended in Article 3 letter h is a principle that guarantees access or freedom for everyone to obtain information about the implementation of STBM.**

Part Three

Objective

Article 5

STBM aims to realize hygienic and sanitary community behavior independently in order to improve the highest level of public health through:

- a. increasing the number of owners of healthy toilets;**
 - b. increasing people's behavior to defecate in healthy latrines;**
 - c. accelerate the regional Stop Defecation program by improving environmental quality and changing behavior;**
 - d. creating a healthy and clean environment; e.**
- reducing morbidity and/or death rates caused by environmental-based diseases by changing people's behavior to live healthy lives.**

CHAPTER III
ORGANIZATION

Article 6

- (1) The community organizes STBM independently guided by the STBM Pillars.**
- (2) Independence as referred to in paragraph (1) is a condition that places the community as the decision maker and person responsible for the behavior change process.**
- (3) The STBM pillars as referred to in paragraph (1) consist of the following behaviors:**
 - a. Stop Open Defecation; b. Wash Hands with Soap; c. Home Drinking Water and Food Management Ladder;**
 - d. Safeguarding Household Waste; And**
 - e. Safeguarding Household Liquid Waste.**
- (4) The STBM pillar as intended in paragraph (3) is intended to break the chain of disease transmission and poisoning.**

Article 7

- (1) The behavior of stopping open defecation as intended in Article 6 paragraph (3) letter a is realized through activities including:**
 - a. cultivating healthy defecation behavior which can break the flow of human waste contamination as a source of disease on an ongoing basis;**
 - b. the community is obliged to own and maintain defecation facilities in accordance with statutory regulations;**
 - c. developers of residential areas/housing/apartments/flats are obliged to build domestic wastewater treatment facilities;**
 - d. The regional government provides faecal sludge processing facilities at the Fecal Sludge Treatment Plant (IPLT).**

- (2) The behavior of washing hands with soap as intended in Article 6 paragraph (3) letter b is realized through activities consisting of at least:
- a. cultivating the behavior of washing hands with clean running water and soap on an ongoing basis;
 - b. Cultivate hand washing behavior at least 6 (six) important times; And
 - c. provide and maintain hand washing facilities equipped with running water, soap and waste water drainage channels.
- (3) 6 (six) important times as intended in paragraph (2) letter b, namely before eating, before processing and serving food, before breastfeeding, before feeding babies/toddlers, after defecating/urinating, and after handling animals/ poultry.
- (4) The behavior of managing drinking water and household food as intended in Article 6 paragraph (3) letter c is realized through activities consisting of at least:
- a. cultivating the behavior of processing safe and clean drinking water and food in a sustainable manner; And
 - b. provide and maintain a place for processing drinking water and healthy household food.
- (5) The behavior of protecting household waste as intended in Article 6 paragraph (3) letter d is realized through activities consisting of at least:
- a. cultivate the behavior of sorting household waste according to its type and disposing of household waste outside the house regularly;
 - b. carry out reduction , *reuse* and recycle ; And
 - c. provide and maintain household waste disposal facilities outside the home.
- (6) The behavior of protecting household liquid waste as intended in Article (6) paragraph (3) letter e is realized through activities consisting of at least:
- a. separating liquid household waste water channels through infiltration wells and domestic waste water drainage channels;

- b. Providing and using shelter household liquid waste; And
- c. maintain household liquid waste storage channels. And

(7) Further provisions regarding STBM Pillars are as stated in Appendix I which is an inseparable part of this Regent's Regulation.

Article 8

- (1) In organizing STBM as intended in Article 6 and Article 7, it is carried out by triggering activities for the community.
- (2) Triggering as intended in paragraph (1) is carried out by health workers, cadres, volunteers and/or communities who are trained and have succeeded in developing STBM.
- (3) Triggering as intended in paragraph (1) is directed at providing the ability to:
 - a. planning behavior change;
 - b. monitoring behavior changes; And
 - c. evaluate the results of behavior change.
- (4) Further provisions regarding procedures for triggering STBM are as stated in Appendix II which is an inseparable part of this Regent's Regulation.

Article 9

In order to implement STBM, the community can form groups and make work plans for implementing STBM according to their needs.

Article 10

- (1) To achieve total sanitation conditions covering the 5 (five) STBM pillars as intended in Article 6 paragraph (3), after triggering, assistance is provided to the community.
- (2) Assistance as intended in paragraph (1) is carried out by health workers, cadres, volunteers and/or the community in implementing the community work plan as intended in Article 9.

Article 11

- (1) Communities that have succeeded in achieving total sanitation conditions or one of the pillars in implementing STBM based on an assessment by the STBM Verification Team, can declare the success of implementing STBM.
- (2) To carry out an assessment of STBM implementation as intended in paragraph (1), it is necessary to form an STBM Verification Team consisting of government and community elements.
- (3) STBM Verification Team as intended in the paragraph at the
(2) Regency, Subdistrict and Level
Subdistrict/Village.
- (4) The STBM Verification Team as intended in paragraph (1) carries out activities and work plans according to needs based on the provisions of statutory regulations.
- (5) The STBM verification team as intended in paragraph (3) is determined by a Regent's Decree, Sub-District Head Decree or Sub-District/Village Head Decree.

CHAPTER IV

RESPONSIBILITIES AND ROLE OF REGIONAL GOVERNMENT, DISTRICT AND DISTRICT/VILLAGE

Article 12

In supporting the implementation of STBM, the Government Regions are responsible for:

- a. preparation of technical regulations and policies;
- b. facilitating the development of appropriate technology;
- c. facilitating the development of STBM implementation;
- d. technical training for trainers; and or
- e. provision of communication media, information and guidance education.

Article 13

To support the implementation of STBM, the Government Regions play a role:

- a. determine the regional priority scale for implementation STBM;
- b. carry out cross-sector and cross-program coordination, networking and partnerships in the context of developing STBM implementation;

- c. carry out technical training for sub-district and/or sub-district/village officers and communities;
- d. launching the STBM Movement; e. carry out monitoring and evaluation; and f. providing communication media materials, information and education.

Article 14

To support the implementation of STBM, the District Government plays the role of: a.

- carry out cross-sector and cross-program coordination, networking and partnerships;
- b. carry out technical training for sub-district/village level trainers; c. carry out monitoring and evaluation;
- d. determine the priority scale for internal regional development implementation of STBM;
- e. providing communication media materials, information and education;
- f. socialize STBM activities to the entire community.

Article 15

To support the implementation of STBM, Govt Subdistrict/Village roles:

- a. determine the priority scale for sub-district areas implementation of STBM;
- b. preparing *STBM Roadmap* ;
- c. carry out cross-community coordination, networks and partnerships in the context of developing STBM implementation;
- d. socialize STBM activities to the entire community; And
- e. carry out monitoring and evaluation.

STRATEGIES AND STAGES OF STBM IMPLEMENTATION

Article 16

- (1) Regency and Subdistrict/Village Governments ^{Subdistrict} supporting the implementation of STBM as intended in Article 12 to Article 15 refer to the strategy and stages of implementing STBM.
- (2) The STBM implementation strategy as referred to in paragraph (1) includes:
- a. creation of a conducive environment;
 - b. increased sanitation needs; and c. increasing the provision of access to sanitation.
- (3) Creation of a conducive environment as referred to in paragraph (2) letter a is an effort to create conditions that support the achievement of total sanitation conditions through institutional support, regulations and partnerships from regional governments, communities, non-governmental organizations, educational institutions, religious institutions and the private sector. .
- (4) Increasing sanitation needs as referred to in paragraph (2) letter b is an effort to increase community needs towards changes in hygienic and sanitary behavior.
- (5) Increasing the provision of access to sanitation as referred to in paragraph (2) letter c is an effort to increase and develop accelerated access to sanitation products and services that are appropriate and affordable for the community.
- (6) STBM implementation stages as follows referred to in paragraph (1) includes:
- a. preparation of plans;
 - b. implementation;
 - c. monitoring and evaluation; And
 - d. preparation of reports.

Article 17

The creation of a conducive environment as intended in Article 16 paragraph (2) letter a, is realized through activities consisting of:

- a. carry out advocacy and outreach to stakeholders other interests in stages;

- b. developing the capacity of implementing institutions in the regions; And
- c. increasing partnerships between local governments, communities, non-governmental organizations, educational institutions, religious institutions and the private sector.

Article 18

Increasing sanitation needs as intended in Article 16 paragraph (2) letter b, is realized through activities consisting of:

- a. increasing the role of all stakeholders in planning;
- b. developing public awareness about the consequences of bad habits and continuing with triggering changes in community behavior;
- c. developing leadership in the community (*natural leaders*) to facilitate triggering changes in community behavior;
- d. developing sanitation promotion through various media; And
- e. developing a reward system for communities who have changed their behavior to improve and maintain the sustainability of total sanitation.

Article 19

Increasing the provision of access to sanitation as intended in Article 16 paragraph (2) letter c, is realized through activities consisting of:

- a. developing partnerships with communities, cooperatives, financial institutions and local entrepreneurs in providing sanitation facilities;
- b. encourage the development of sanitation marketing by sanitation entrepreneurs; And
- c. encourage the establishment and development of the association sanitation entrepreneurship.

Article 20

- (1) The Regency Government forms a Regency Level STBM Working Group (Pokja STBM Regency) consisting of: Chair, Deputy Chair, Secretary and members.

- (2) The STBM Working Group as intended in paragraph (1) has the following responsibilities and roles:
- a. prepare to promote ^{plan} area For STBM strategies; b. develop and implement District level campaigns on the STBM approach;
 - c. coordinating funding for implementation of the STBM strategy;
 - d. developing sanitation supplies at the District level; And
 - e. provide support for increasing institutional capacity needed for all levels of society.
- (3) STBM Working Group as intended in paragraph (1) determined by Regent's Decree.

Article 21

- (1) The District Government forms a District Level STBM working group (Pokja STBM Kecamatan) consisting of: Chairman, Deputy Chairman, Secretary and Members.
- (2) The Subdistrict STBM Working Group as intended in paragraph (1) has the following responsibilities and roles: a. coordinating with various government agencies in the sub-district and providing support for STBM trigger cadres;
- b. developing sanitation entrepreneurship;
 - c. coordinating funding for implementation of the STBM strategy; And
 - d. maintain an effective health status database and keep it up to date on a regular basis.
- (3) The Subdistrict STBM Working Group as intended in paragraph (1) is determined by a Subdistrict Head Decree.

Article 22

- (1) The Subdistrict/Village Government forms an STBM Working Group at the Subdistrict/Village level (Pokja STBM Kelurahan/Desa) consisting of a Chair, Deputy Chair, Secretary and Members.

- (2) The Sub-District/Village STBM Working Group as intended in paragraph (1) has the following responsibilities and roles:**
- a. coordinate with various institutional components in the Subdistrict/Village and provide support for STBM trigger cadres;**
 - b. monitor the development of STBM level Subdistrict/Village;**
 - c. maintain an effective health status database and keep it updated regularly;**
 - d. provide support and motivation to the community on the importance of changing behavior; And**
 - e. provide information regarding sanitation facility technology choices and options.**
- (3) The Subdistrict/Village STBM Working Group as intended in paragraph (1) is determined by the Decree of the Subdistrict/Village Head.**

CHAPTER VI

STBM NEIGHBORHOOD/VILLAGE CATEGORY

Article 23

- (1) STBM Subdistrict/Village is a Subdistrict/Village that has achieved total sanitation conditions in accordance with the achievement of the STBM pillar.**
- (2) STBM Subdistrict/Village as intended in paragraph (1) with the following categories:**
- a. EKA PRATAMA is an STBM Subdistrict/Village that has achieved a total sanitation condition of 1 (one) STBM pillar;**
 - b. DWI PRATAMA is an STBM Subdistrict/Village that has achieved a total sanitation condition of 2 (two) STBM pillars;**
 - c. EKA MADYA is an STBM sub-district/village that has achieved a total sanitation condition of 3 (three) STBM pillars;**
 - d. DWI MADYA is an STBM Subdistrict/Village that has achieved a total sanitation condition of 4 (four) STBM pillars; And**
 - e. PRIMARY is an STBM Subdistrict/Village that has achieved a total sanitation condition of 5 (five) STBM pillars.**

CHAPTER VII
THE ROLE OF COMMUNITY

Article 24

- (1) Everyone actively participates in the implementation of STBM as a form of manifestation of community participation.**
- (2) Community participation as intended in paragraph (1) can take the form of:**
 - a. contribution of thoughts and considerations regarding the determination of policies related to STBM;**
 - b. procurement of facilities and infrastructure needed to create an STBM area; and**
 - c. participate in disseminating information to other communities.**

CHAPTER VIII
MONITORING AND EVALUATION

Article 25

- (1) Monitoring and evaluation of STBM implementation is carried out by the Regency, Subdistrict, Subdistrict/Village Government and/or the community.**
- (2) Monitoring and evaluation as intended in paragraph (1) is carried out to obtain an overview of the implementation of STBM with indicators that include:**
 - a. accessibility of STBM implementation;**
 - b. successful implementation of STBM;**
 - c. problems faced; And**
 - d. impact of implementing STBM.**
- (3) Further provisions regarding procedures for monitoring and evaluating STBM implementation are listed in Appendix III which is an inseparable part of this Regent's Regulation.**

CHAPTER IX
GUIDANCE AND SUPERVISION

Article 26

- (1) Guidance and supervision are carried out by the Regent.**
- (2) The Regent's implementation of guidance and supervision as intended in paragraph (1) is delegated to the Head of the Health Service.**
- (3) In carrying out guidance and supervision as intended in paragraph (2), the Head of the Health Service may form an STBM Development and Supervision Team consisting of other regional officials who have duties and functions in implementing STBM.**

- (4) The guidance and supervision as intended in paragraph (1) is primarily directed towards:
 - a. implementation of STBM by the community;
 - b. implementation of STBM implementation support; And
 - c. human resource management in order support the implementation of STBM.**
- (5) Guidance as referred to in paragraph (1) may take the form of guidance and counseling to the community as well as to leaders and/or people in charge of government in sub-districts and sub-districts/villages.**
- (6) Supervision as intended in paragraph (1) may take the form of monitoring compliance with the provisions applicable in the work area.**
- (7) The STBM Development and Supervision Team as intended in paragraph (3) is determined by a Regent's Decree.**

CHAPTER X
FUNDING

Article 27

- (1) Funding for STBM implementation comes from the community.**

- (2) Funding to support the implementation of STBM comes from the State Revenue and Expenditure Budget, Regional Revenue and Expenditure Budget, and other non-binding sources in accordance with statutory provisions.**

CLOSING

Article 28

This Regent's Regulation comes into force on the date of promulgation.

So that everyone is aware, this Regulation is ordered to be promulgated by placing it in the Regional Gazette of Sukoharjo Regency.

**Stipulated in Sukoharjo on
April 1 2019**

REGENT SUKOHARJO

signed

WARDOYO WIJAYA

**Promulgated in Sukoharjo
on April 1, 2019**

**REGIONAL SECRETARY
SUKOHARJO DISTRICT,**

signed

AGUS SANTOSA

**REGIONAL NEWS SUKOHARJO DISTRICT
YEAR 2019 NUMBER 19**

**APPENDIX I
SUKOHARJO REGENCY REGULATIONS
NUMBER 19 OF 2019
ABOUT
COMMUNITY BASED TOTAL SANITATION**

FIVE PILLARS OF COMMUNITY BASED TOTAL SANITATION

1. Stop Open Defecation (SBS)

A condition when every individual in the community does not defecate in the open. SBS behavior is followed by the use of sanitary sanitation facilities in the form of permanent sanitary latrines.

Sanitary is the condition of sanitation facilities that meet health standards and requirements, namely: a. does not result in the direct spread of materials that are dangerous to humans due to the disposal of human waste; And

b. can prevent carrier vectors from spreading disease to the user and the surrounding environment.



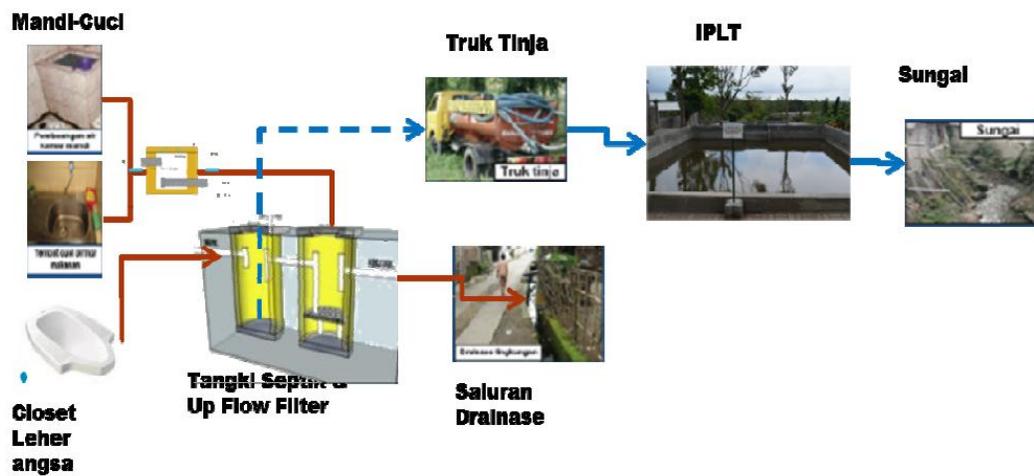
Image of changes in defecation behavior towards healthy latrines (septic tanks)

Permanent healthy latrines are effective in breaking the chain of disease transmission. Permanent sanitary latrines must be built, owned and used by the family with a septic tank located outside the house that is easily accessible to the suction operator.

Health standards and requirements for permanent healthy latrine buildings consist of:

- a. The sanitary disposal hole for waste (feces and urine) is equipped with a goose neck construction.
- b. The latrine floor is made of waterproof, non-slip material, and has a channel for discharging used water into an impermeable septic tank.

- c. A septic tank is a watertight tank that functions as a reservoir for human waste (feces and urine).
The fecal sludge will remain in the septic tank, and the liquid part will come out of the septic tank and be absorbed through the infiltration field/well. If it is not possible to make infiltration, a filter is made to manage the liquid so that it is safe for the environment.
- d. Septic tanks must be sucked periodically by domestic wastewater operators carried out by the City Government or operators who collaborate with City Government work units.
- e. The fecal sludge resulting from suction is transported by fecal trucks to be taken to the IPLT (Fecal Sludge Processing Installation).



Picture. Scheduled Feces Management Flow

2. Wash your hands with soap (CTPS)

CTPS is the behavior of washing hands using soap and clean running water.

a. Correct CTPS steps: 1. Wet

both palms at mid-arm level using running

water, take soap then wipe and rub both palms

gently; 2. Wipe and rub the backs of both hands alternately;



3. Don't forget your fingers, rub between your fingers until they are clean



4. Clean your fingertips alternately by closing them



5. Rub and rotate both thumbs alternately



6. Place your fingertips into your palm then rub gently



7. Clean both wrists alternately by rotating, then finish by rinsing all parts of the hands with clean running water then dry using a towel or tissue.



The use of hand washing soap in either bar or liquid form is highly recommended for maximum hand hygiene.

The importance of washing hands properly and correctly using soap is to maintain overall cleanliness and prevent germs and bacteria from moving from hands to the human body.

b. Important times when CTPS is needed include:

- 1) before eating;
- 2) before preparing food;
- 3) before holding a baby/child;
- 4) after defecation;
- 5) after handling feces/poking a child; And
- 6) after handling animals/poultry.

c. Main Criteria for CTPS Facilities

- 1) Clean water that can be flowed;
- 2) Soap; And
- 3) Safe waste water storage or channel.



3. Household Drinking Water and Food Management (PAMM-RT)

Household Drinking Water and Food Management Behavior is realized through activities including:

- a. Cultivate the behavior of processing safe and clean drinking water and food in a sustainable manner;

b. Providing and maintaining drinking water treatment facilities and healthy household food.

PAMM-RT is a process for processing, storing and utilizing safe drinking water and food management in households. Stages of activities in PAMM-RT, namely: a. Household Drinking Water Management.

1) Raw Water Source

- PDAM;
- Ground Water; And
- Refill water (needs consultation with the Health Service).

2) Raw water treatment If

the raw water is cloudy, initial treatment needs to be carried out:

- Deposition by natural gravity;
- Filtering with cloth; And
- Deposition with chemicals/alum.

3) Water processing for drinking

Drinking water treatment in households is carried out to obtain drinking water quality. Water for drinking must be treated first to remove germs and disease through:

- Filtration (filtering), for example: *biosand* filter, ceramic filter, and so on.
- Chlorination examples: liquid chlorine, chlorine tablets, and so on.
- Coagulation and flocculation (clumping), example: powder coagulant.
- Disinfection, for example: boiling, sodic (*Solar Water Disinfection*).

4) Drinking Water Storage Container

After processing, the next stage is storing safe drinking water for daily needs, by: - Containers with lids, narrow necks, and preferably equipped with taps; - Drinking water should be stored in the processing container; - Treated water should be stored somewhere

which is clean and always closed;

- Drink water using a clean and dry glass or do not drink water directly from the mouth/faucet container;

- Place drinking water storage containers in appropriate places clean and difficult for animals to reach;
- Drinking water containers are washed after three days or when the water runs out, use treated water as the final rinse water.



5) Important things in PAMM-RT

- Wash your hands before handling drinking water and processing ready-to-eat food.
- Process sufficient drinking water according to household needs.
- Use treated water to wash ready-to-eat vegetables and fruit and to prepare ready-to-eat food.

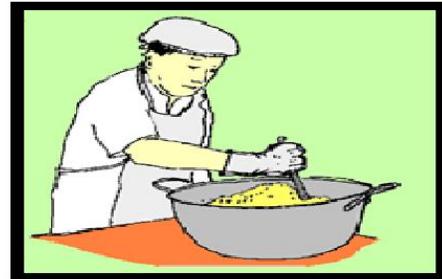


- Do not dip your hands into water that has been processed into drinking water.
- Periodically ask health workers to carry out water checks for laboratory testing on a self-help basis.

6) Implementation of drinking water management includes:

- Consumption water for eating and drinking is processed first formerly;
- Drinking water that has been treated is stored in a container that is tightly closed, strong and has a small mouth;
- Drinking containers are cleaned regularly;

- Drinking water is taken in a safe manner (without touching it with hands).



- b. Household Food Management Food must be managed properly and correctly so that it does not cause health problems and are beneficial for the body. A good way to manage food is to apply the principles of food hygiene and sanitation. Food management in the household, even in small quantities or on a household scale, must also apply the principles of food hygiene and sanitation. Examples of Food Management, good examples and bad examples

Principles of food sanitation

hygiene: 1. Selection of food ingredients

The selection of food ingredients must pay attention to quality and meet the requirements, namely that food ingredients that are not packaged must be fresh, not rotten, not damaged/mouldy, not contain dangerous or toxic chemicals and come from official or clear sources. For internal food ingredients

packaging or manufactured products, have labels and brands, clear composition, are registered and have not expired.

2. Storing food ingredients, both unpackaged and packaged foodstuffs, you must pay attention to the storage location, storage method, storage time/duration and storage temperature. While in storage it must be protected from the possibility of this happening

contamination by bacteria, insects, mice and other animals as well as dangerous and toxic chemicals. Food material those that are stored first or have an earlier expiration date are used first.

3. Food processing Four

aspects of food sanitation hygiene greatly influence the food processing process, therefore they must meet the requirements, namely: - Food processing places or

kitchens must meet the technical requirements for sanitary hygiene to prevent the risk of contamination of food and prevent the entry of insects, rodents, vectors and animals

other.

- The equipment used must be food *grade*, that is, safe and not harmful to health (the surface layer of the equipment does not dissolve in acidic/alkaline conditions and does not emit dangerous and toxic substances) and the equipment must be intact, not deformed, not cracked, not chipped. and easy to clean.
- Food ingredients meet requirements and are processed according to priority order. Treat processed food according to food hygiene and sanitation requirements, free of contamination physical, chemical and bacteriological.
- Cutlery must be clean and stored in a closed place, food is served in a clean place and covered with a serving hood.
- Food handlers/food processors are healthy, do not suffer from infectious diseases and live a clean and healthy lifestyle.

4. Storage of cooked food Storage of

cooked food must pay attention to temperature, container, storage location and storage time. Storage at the right temperature, whether cold, very cold, frozen or warm

and storage time greatly affect the condition and taste of cooked food.

5. Food transportation

When transporting both foodstuffs and cooked food, you must pay attention to several things, namely the means of transport used, the technique/method of transport, the length of transport, and the transport personnel. This is for avoid the risk of physical, chemical and bacteriological contamination.

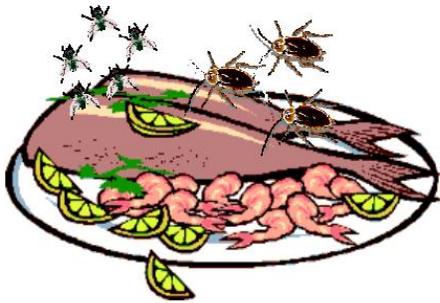
6. Serving food

Food is declared fit to eat if an organoleptic test or biological test or laboratory test has been carried out, this is done if there is suspicion about the food.

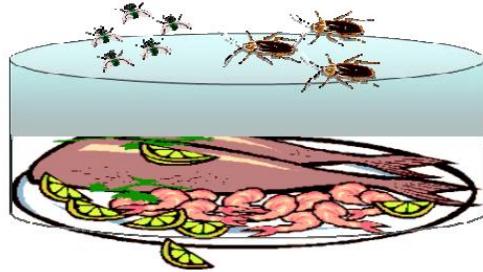
What is meant by: -

Organoleptic testing, namely examining food by examining and using the 5 (five) human senses, namely by seeing (appearance), touching (texture, tenderness), smelling (aroma), hearing (sound, for example eggs) licking (taste) . If it is organoleptically good then the food is declared fit to eat.

- Biological test, namely by eating the food completely and if within 2 (two) hours there are no signs of pain, the food is declared safe.
- Laboratory tests are carried out to determine the level of food contamination, both chemical and microbial. This examination requires that food samples be taken following the correct standards/procedures and the results compared with established standards.



Open Food



Food Closed Containers

Several things that must be considered when serving food are the place of serving, the time of serving, the method of serving and the principles of serving. The length of waiting time for food from the time it has been processed and becomes cooked food until it is served and consumed must not exceed 4 (four) hours and must be immediately reheated, especially food that contains high protein, unless the food served is kept fresh.

warm temperature conditions. This is to avoid the growth and proliferation of bacteria in food which can cause health problems.

7. Implementing safe and healthy food management in the household includes:

- Ensure that the food served is covered properly and correctly.
- Eating and cooking utensils are not dusty and dirty, dusty stored safely.
- Cook until cooked - Food that spoils easily is served no more than 4 hours after cooking
- If food is to be consumed again, it needs to be reheated 4 hours after it is cooked
- Wash hands before, during processing and after food processing
- Wash food with clean running water
- Storage of cooked (cooked) and raw food in separate



Picture. Sorting waste according to its container

4. Safeguarding Household Waste.

Household Waste Management Behavior is realized through activities: a. Cultivate

the behavior of sorting household waste according to its type and disposing of household waste in its proper place;

- b. Carry out reduction , reuse , and reprocessing (*recycling*);
- c. Providing and maintaining household waste disposal facilities outside the home.

The aim of safeguarding household waste is to avoid storing waste in the house and handle waste immediately.

Household waste is divided into: c. Wet/

Organic Waste is waste that comes from the remains of living creatures or biological material that can rot easily, for example: food waste, vegetables, leaves and fruit

d. Dry/Inorganic Waste is waste that comes from non-biological raw materials and is difficult to decompose, for example: paper, plastic, cardboard, bottles and

e. Hazardous Toxic Waste (B3) is waste that is are toxic and dangerous, for example: used batteries, used batteries, broken glass, pesticide containers.

Correct waste management is the collection, transportation, processing, recycling or disposal of waste materials in a way that does not endanger public health and the environment.

Principles for securing waste: a. *Reduce*, namely reducing waste by reducing the use of goods or objects that are not really needed, for example:

- Reduce the use of plastic bags.
- Organize and plan purchases of household needs regularly, for example once a month or once a week.
- Prioritize buying products in containers so they can be filled repeat.
- Repair damaged items (if still possible repaired).
- Buy long-lasting products or goods.

b. *Reuse* is making use of items that are no longer used without changing shape, example:

- Household waste that can be used such as used newspapers, used cardboard, milk cans, soap scrub containers, and so on. These items can be used as best as possible, for example processed into a place to store toothpicks, jewelry, and so on.
- Using blank sheets on used paper, using used printed books mini libraries at home and for the public.
- Reuse shopping bags for shopping next. c.

Recycle is recycling old items again new items, example:

- Organic waste can be used as fertilizer by making compost or by making biopore holes.
- Inorganic waste can be recycled into something that can be reused, for example recycling.
- Paper that is not used becomes paper again, plastic bottles can be used as stationery holders, plastic wrappers for detergent or milk can be used as bags, wallets, and so on.

- Waste that has been sorted can be deposited at the nearest waste bank.



Household Waste Management activities can be carried out by:

- Trash must not be in the house and must be thrown away every time day (maximum 24 hours).
- sorting in the form of grouping and separating waste according to the type, quantity and/or nature of waste.
- waste sorting is carried out for 2 (two) types of waste, namely organic and inorganic. For this reason, it is necessary to provide different trash bins for each type of waste. Trash bins must be tightly closed, watertight, easy to clean, not become a breeding ground for nuisance vector animals and there needs to be labeling on the bins according to the type of waste.
- Garbage bags are differentiated in color according to the type of waste. Black is for organic waste, white is for inorganic waste and red is for B3 waste.
- waste collection is carried out by collecting and moving waste from households to temporary shelters or integrated waste processing sites.
- waste that has been collected at temporary shelters or integrated waste processing sites is transported to the final processing site.

Implementation of household waste security is demonstrated by:

- There is no rubbish scattered around the house
- There is safe treatment of waste
- Separate, strong, closed and impermeable trash cans are available water at home

5. Safeguarding Household Liquid Waste

Household Liquid Waste Safeguarding Behavior as intended in Article 3 paragraph (3) letter e is realized through activities consisting of at least:

- a. separating household liquid waste channels through infiltration wells and waste water disposal channels;
- b. providing and using household liquid waste storage for both individuals and groups;
- c. maintain drainage channels and liquid waste reservoirs households, both individuals and groups.

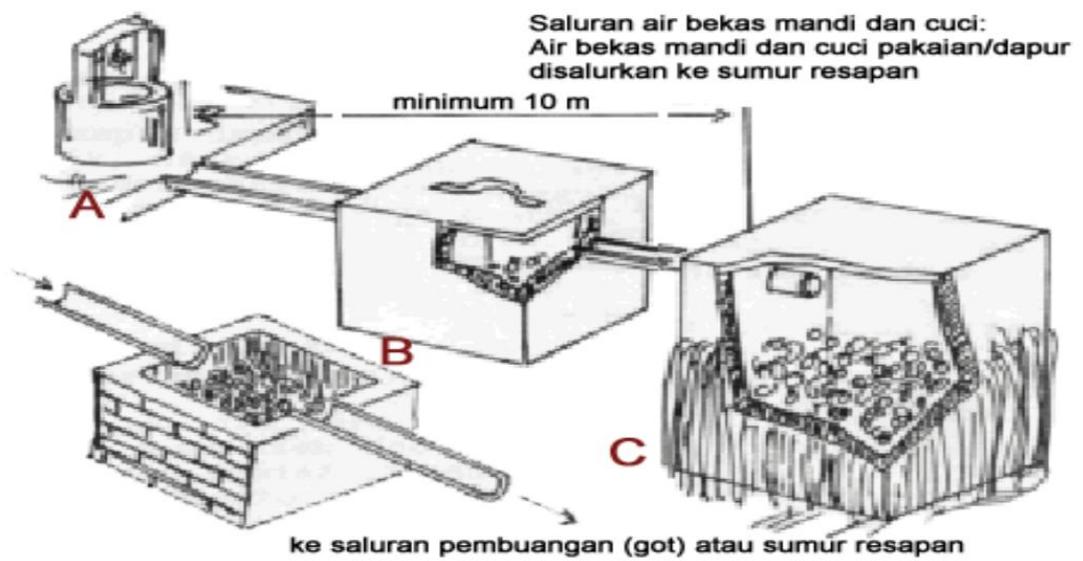
The process of securing safe liquid waste at the household level to avoid waste water pooling which has the potential to cause environmental-based diseases. To channel household liquid waste, facilities are needed in the form of infiltration wells and household waste water drainage channels.

Household liquid waste in the form of feces and urine is channeled into a tight septic tank (SNI standard). Household liquid waste in the form of used water produced from kitchen, bathroom and hand washing facilities is channeled into the waste water drainage channel.

The principles for safeguarding household liquid waste are:

- a. Bathroom and kitchen wastewater is not mixed with water from the latrine;
- b. Does not become a breeding place for disease vectors;
- c. Does not cause odor;
- d. There are no puddles that cause slippery floors and are prone to accidents;

- e. Connected to public waste water pipes/sewers or infiltration wells.



REGENT SUKOHARJO,

signed

WARDOYO WIJAYA

**APPENDIX II
SUKOHARJO REGENCY REGULATIONS
NUMBER 19 OF 2019
ABOUT
COMMUNITY BASED TOTAL SANITATION**

PROCEDURES FOR COMMUNITY BASED TOTAL SANITATION

1. Trigger Goals

Triggering targets are community communities (RW/Kelurahan), not individuals/families, namely:

- All families who have not implemented one or five STBM pillar;
- All families who have sanitation facilities but do not yet meet health requirements.

2. Message Conveyed to the Community a. Stop Open

Defecation - Open defecation will pollute the environment

and will become a source of disease.

- Defecate in a safe and healthy way maintain the dignity of oneself and the environment.
- Don't use waste that is thrown away haphazardly as a waste suffering of others and oneself.
- A healthy way of life by getting your family into the habit of safe and healthy defecation means keeping generations healthy. b. Wash Hands with Soap

- Want to be healthy and free from germ contamination
Wash your hands with soap before eating and after doing work;

- Many diseases can be avoided simply by washing
Hands Using Soap;

- Just 20 seconds to avoid disease by washing
Hands Using Soap.

c. Management of Drinking Water and Household Food

- Ensure that the water and food to be consumed is correct water and food that meets health requirements and is safe for consumption.
- Carry out *treatment* or handling of water before consumption, for example by boiling until boiling, chlorination, purification and other appropriate methods. Likewise with healthy food processing.
- Cover drinking water and food before consumption.

d. Safeguarding Household Waste - Waste will become

a source of disaster if it is not managed

well ; - Don't

throw rubbish anywhere; - Sort dry waste and wet waste.

- Have your house equipped with a rubbish bin

safety ?

- Waste can be managed and make money in a way

sorting, composting and utilizing dry waste into crafts; - Adapted to each individual's creativity.

e. Safeguarding Household Liquid Waste

- **Stagnant wastewater becomes a breeding ground for disease**

- Keep the environment clean and avoid pollution by

managing waste water safely and healthily.

- Many diseases can be avoided by cleaning the environment from household wastewater pollution.

- Adapted to each individual's creativity.

These messages can be conveyed through various media such as brochures, *leaflets*, billboards, prohibition boards, videos, radio and so on which can be developed by sub-districts themselves according to their respective creativity. Each sub-district can develop it according to the conditions of its respective sub-district to find the most effective message to convey.

3. Basic Principles of Triggering

The basic principles of STBM triggering are:

Can do:	Can't do it:
Facilitate process, request opinion and listening	Patronizing
Let individuals realize it themselves	Saying what is good and bad (teaching)
Let people convey the innovation of simple latrines/ toilets.	Promoting special latrine/ latrine designs/districts
No subsidies	Offer subsidies

4. Triggers

The perpetrators who trigger STBM are:

a. The Village STBM Facilitator Team consists of at least

volunteers, community leaders, religious leaders, with the support of the sub-district head, can be assisted by other people from within or outside the sub-district.

b. Health officers are expected to act as companions, especially when there are questions from the public regarding medical matters, and for further assistance as well as monitoring and evaluation. c. It is hoped that Poskeskel can act as an institutional forum in the community which will be used as a place for education, triggering, implementation of development, and collection alternative funding to monitoring and evaluation. d. It is hoped that Health Motivator Cadres can also act as facilitators who participate in triggering activities in sub-districts. e. *Natural leaders* can be used as members of the STBM Facilitator Team Subdistricts for STBM sustainability.

5. Trigger Steps

The triggering process is carried out once in a certain period, with a triggering time of between 1-3 hours, this is to avoid too much information and can confuse the public. Triggering is repeated until a number of people are triggered. People who have been triggered are people who are moved spontaneously and declare to change their behavior. Usually the pioneer is called the *natural leader*.

a. Introduction to the meeting

- Introduce yourself and all team members and build equal relationships with the community that will be triggered.
- Explain the purpose of the existence of cadres and/or facilitators. The goal is to learn about people's habits related to environmental health.
- Explain that there will be many cadres and/or facilitators ask questions and ask for the willingness of the people present to answer questions honestly.
- Explain that cadres and/or facilitators are not there to provide assistance in any form but rather to learn.

b. Melting the atmosphere

- Breaking the ice is done to create a friendly atmosphere between the facilitator and the community so that the community will be open to telling what is happening in the village.
- Breaking the ice can be done with entertaining games, easy for the community to play, involving many people.

c. Identify terms related to sanitation

- Make an agreement on terms regarding sanitary conditions in trigger community.

d. Sanitary mapping

- Carrying out sanitation mapping, which is a simple mapping carried out by the community to determine the location of houses, available resources and sanitation problems that occur, as well as to trigger discussions.

e. *Transect Walk* (Area Search)

- Invite the community to explore members of the environment/sub-while observing, asking and listening according to field conditions.
- Mark the location of disposal of feces, rubbish and liquid waste household and visit a house that already has toilet facilities, hand washing, rubbish bins and liquid waste disposal channels.
- It is very important to stop at the location of the disposal of feces, rubbish, household liquid waste and spend time at that place to discuss.



f. Discussion

1) Contamination flow

- Shows pictures that show the plot disease contamination.
- Ask: What happens if these flies land on your food? On your plate? On our children's faces and lips?
- Then ask: So what are we eating together our food?
- Ask: How do you feel about having eaten each other's feces as a result of defecating anywhere?

- The facilitator is not allowed make any comments, let them think and remind them again when

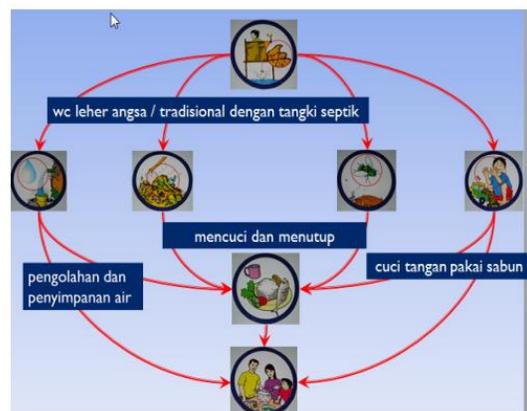


Image of the flow of germs

- make a summary at the end of the process analysis.

2) Simulation of contaminated water -

Prepare 2 (two) glasses of intact mineral water and ask one of the community members to drink the water.

Move on to the others, until they are sure that the water is fit to drink.

- Ask one of the participants for 1 strand of hair, then attach the hair to the stool around us, dip the hair into the water that the participant drank.
- Ask participants who drank the water to drink again the water that has been dyed with fecal hair. Also ask other participants to drink it. Ask the question: Why doesn't anyone dare to drink?

- Ask how many legs a fly has and tell them that flies have 6 hairy legs.

Ask: Can flies carry more feces than hair dipped in water? g.

Prepare a Sanitation Program Plan - If it

already exists

people who are triggered and want to change, encourage them to hold a meeting to create an action plan.

- During Triggering, observe whether there are people who will emerge as *natural leaders*.



- Encourage these people to become leaders group, triggering others to change behavior.
- Follow-up after Triggering is an important thing that must be done, to ensure the continuation of behavioral changes and continuous improvement in the quality of sanitation facilities continuously.
- Encourage *natural leaders* to be responsible for implementing action plans and continuing behavior changes continues.
- After achieving 100% (one hundred percent) STBM status (at least pillar 1), the community is encouraged to declare it, if necessary, put up a notice board.
- To ensure that people do not return to the behavior Initially, the community needed to make local regulations, for example fines for community members who defecated in the open.
- Encourage society to continue making changes hygiene and sanitation behavior until Total Sanitation is achieved.

6. Technology Options

a. **Stop Open Defecation.** The choice of latrine technology is adjusted to the characteristics of the local area, such as latrines for areas with a certain slope must comply with applicable standards.

b. Wash Hands with Soap

The choice of means for washing hands with soap depends on each person's creativity, for example:

- Kettles/jugs (especially for washing hands) are equipped with soap and rags (towels);
- Bucket with scoop equipped with soap and clean cloth (towel);
- Modified jerry cans installed with taps equipped with soap and wipes clean (towel); -

Shower equipped with soap and clean cloths (towels); -

The sink is equipped with soap and clean cloths (towels).

c. Management of Drinking Water and Household Food

The technology for household drinking water management facilities includes two parts, namely drinking water processing and drinking water storage:

Drinking water treatment	Drinking water storage
<ul style="list-style-type: none"> - Boil the water until it boils for clear water - Coagulation/flocculation + Disinfection - Chlorination - Disinfecting with Light Sun (SODIS) - Ceramic Water Filter 	<ul style="list-style-type: none"> - Store in a safe place (kettles, jugs, teapots, etc. and close) - Close the water in a glass - And others <p>The principle: Flies or other types of insects/animals do not land on drinks before consumption</p>
<ul style="list-style-type: none"> - Process vegetables, wash them first, then cut them into pieces - CTPS before processing and serving food 	<ul style="list-style-type: none"> - Stored in the food cupboard - Cover with a serving hood when stored on the dining table <p>The principle: Flies or other types of insects/animals do not land on food before consumption</p>

d. Securing Household Waste Waste

safeguarding technology that has developed in society today is the use of composters.

e. Safeguarding Household Liquid Waste

The principle of Waste Water Sewerage technology is no open flooding occurs. Several technology options that can be chosen are:

- Channels with pipes

connected to the drain system

closed; And

- Open ducts with watertight fittings are connected to closed reservoirs.

REGENT SUKOHARJO,

signed

WARDOYO WIJAYA

**APPENDIX III
SUKOHARJO REGENCY REGULATIONS
NUMBER 19 OF 2019
ABOUT
COMMUNITY BASED TOTAL SANITATION**

**IMPLEMENTATION MONITORING AND EVALUATION PROCEDURES
COMMUNITY BASED TOTAL SANITATION**

Monitoring and evaluation of the implementation of Community-Based Total Sanitation (STBM) is carried out to measure changes in program achievements and identify lessons learned in its implementation, starting at the community level in villages/sub-districts.

Monitoring and evaluation of STBM implementation at each level of government is carried out in stages through a Monitoring Information System which is implemented in stages: 1. data and information collection; 2.

processing and analysis of data and

information; And

3. reporting and providing feedback.

Monitoring and Evaluation Indicator Achievements:

1. Villages/Kelurahan that implement STBM

Indicator that a village/sub-district is said to have implemented it STBM is:

- a. At least there has been intervention through Triggering in one of the hamlets in the village/sub-district.
- b. There are communities who are responsible for continuing STBM intervention actions as mentioned in the first point, either individuals (*natural leaders*) or in the form of community groups.
- c. As a response to the STBM intervention action, the community group prepared an action plan for activities to achieve commitments to change behavior in the STBM pillars, which had been mutually agreed upon.

2. Village/Subdistrict SBS (Stop Open Defecation)

Indicators that a Village/Subdistrict is said to have achieved SBS status are:

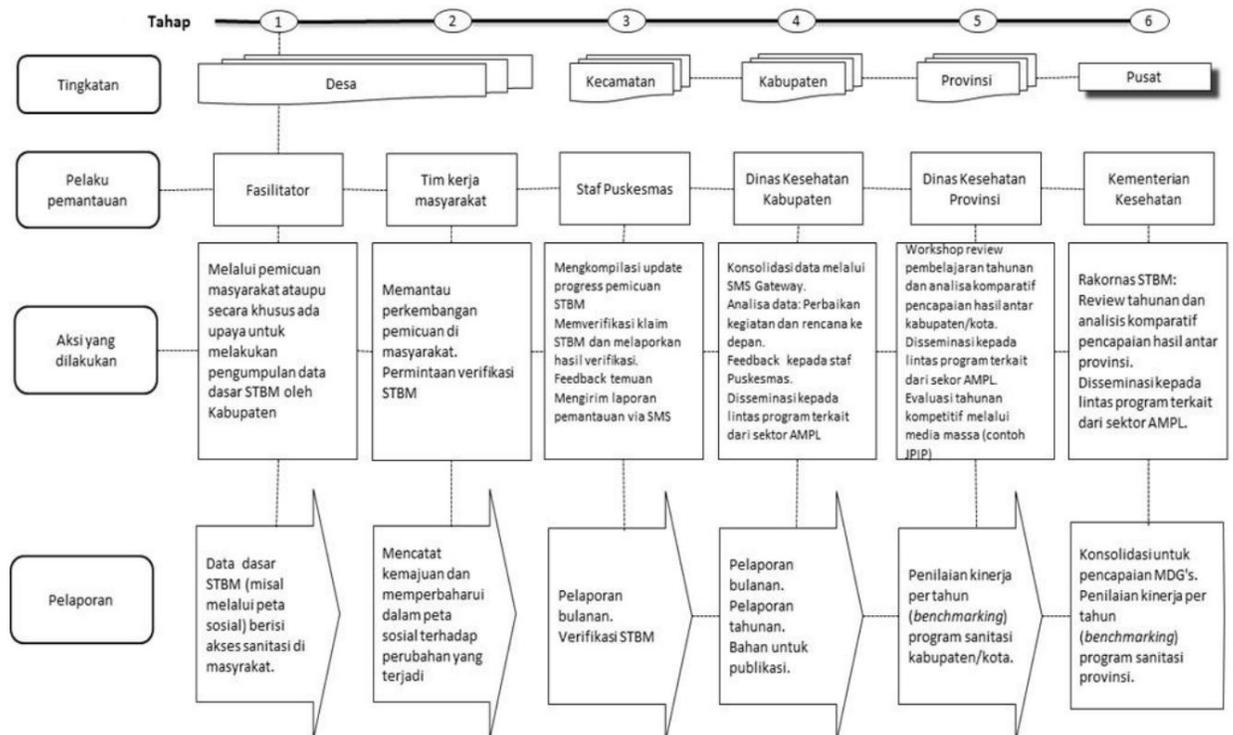
- a. All communities defecate only in healthy latrines and dispose of baby feces/ faeces only in healthy latrines (including at schools).
- b. There were no visible human feces in the surrounding environment.
- c. There is the application of sanctions, regulations or other efforts by the community to prevent incidents of defecation in any place.
- d. There is a general monitoring mechanism created by the community to achieve 100% of families having healthy latrines. e. There are clear efforts or strategies to achieve sanitation total.

3. STBM Village/Subdistrict

The indicator that a Village/Subdistrict is said to be an STBM Village/Subdistrict is that the Village/Subdistrict has achieved 5 (five) STBM Pillars.

The series of monitoring implementation of the STBM program is as shown in the following picture.

Series of Monitoring and Evaluation Procedures for STBM Implementation:



a. Monitoring in villages/sub-districts is carried out by facilitators to see the development of Triggering activities in the community and collect basic STBM data. The results of monitoring are in the form of basic data and progress on sanitation access regarding the Triggering process which is then recorded and documented in the form of community social maps, the formation of community work teams in villages/districts, and community work plans.

b. Monitoring and evaluation in the sub-district is carried out by health workers at the Community Health Center, to compile Triggers, community work plans and melalui community work team activities.

Furthermore, Puskesmas health workers provide assistance to triggered communities so that they are able to carry out their work plans and report the results of progress on community sanitation access in their work areas.

- c. **Monitoring and evaluation in districts/cities is carried out by the district/city Health Service to obtain an overview of the progress of Triggering, implementation of community work plans and natural leader activities, the condition of people who do not defecate as well as efforts to accelerate towards STBM villages/sub-districts.**
- d. **Monitoring and evaluation in the Province is carried out by the Provincial Health Service to obtain an overview of efforts to accelerate STBM villages/ sub-districts in districts/cities.**
- e. **Monitoring and evaluation at the Center is carried out by the Ministry of Health to obtain an overview of the ability of districts/cities and provinces to implement the STBM approach in order to prevent and break the chain of community-based disease transmission.**

Techniques for reporting STBM monitoring and evaluation results can be done by:

- a. **Sanitarian Puskesmas sends data to the short message service (SMS) server at the Ministry of Health, the SMS received on the server will be verified by the system based on previous data history, if the system finds errors/doubts, the system will send an SMS to the sanitarian for clarification, but otherwise the data will sent to the website server.**
- b. **Monitoring officers in the district will enter the district menu (control panel) via the STBM website, and enter the data content menu. The system will recognize village/kelurahan data connected to the sender's database based on their work area as the guarantor responsible for monitoring.**
- c. **Data from the two monitoring system recording methods will be stored in the database server via the website and via SMS will be synchronized in two main databases , namely basic data and progress data.**

In addition to monitoring and evaluation as described above, in the implementation of STBM, verification is also carried out in STBM villages/sub-districts to ensure that there has been a change in community behavior in implementing STBM.

Complete verification of STBM villages/sub-districts is as follows: a. Verification Actors

Verification is a series of activities to determine the correctness of the information on the report submitted and provide a statement regarding the validity of the report.

Levels	What the Team Does Verification	Perpetrator Verification	Monitoring Change Behavior
Hamlet	<ul style="list-style-type: none"> • Home visits • Progress reports 5 STBM Pillar 	Team Verification Village/ Ward	STBM cadres
Village/ Ward	<ul style="list-style-type: none"> • Random home visits • Progress report 5 STBM pillars • Recommend declarations Village/Subdistrict STBM • Recommend improvements and developments Village/Subdistrict STBM • Recommend revocation of status Village/Subdistrict SBS/STBM 	Verification Team Subdistrict	Work team Public
District • Home visits	<ul style="list-style-type: none"> at random • Progress report on implementation of the 5 Pillars Regency STBM • Recommend declaration of achievement Village/Subdistrict STBM in sub-district areas • Recommend village improvements and development STBM in sub-district areas • Recommend the revocation of SBS/STBM Village/ Subdistrict status in sub-district areas. 	Verification Team Regency	Team Monitor Subdistrict

Levels	What the Team Does Verification	Perpetrator Verification	Monitoring Change Behavior
District • Conduct	analysis progress report on implementation of the 5 pillars STBM <ul style="list-style-type: none"> • Recommend declaration of achievement Village/Subdistrict STBM in the region Regency • Recommend developments Village/Subdistrict STBM on Other districts/cities 	Verification team Province	Team Monitor Regency

b. Verification Time

Verification activities are carried out after receiving a report that an area has declared that 100% (one hundred percent) of the community is implementing the 5 STBM Pillars simultaneously or a community that has implemented one particular pillar and achieved 100% (one hundred percent).

c. How to Verify

Verification activities are carried out by means of interviews, field observations, report analysis and in-depth discussions about the achievements of the STBM Pillars.

REGENT SUKOHARJO,

signed

WARDOYO WIJAYA