

Implementation Analysis of Total Sanitation Program Policy Community-Based (STBM) at the Health Office Jayawijaya District

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Article History: Received: 10 March 2021; Revised: 12 April 2021; Accepted: 27 May 2021; Published online: 20 July 2021

Abstract: Environments that have poor sanitary conditions can be a source of disease development. This clearly endangers the health of our society. The accumulation of garbage that cannot be managed properly, air, water and soil pollution can also be the cause. Efforts to protect the environment are the responsibility of all parties for this reason, awareness of all parties is needed. Based on statistical data, access to basic sanitation in Indonesia up to 2008 only reached 48.56%. One of the steps taken by the Government of Indonesia is by issuing the Decree of the Minister of Health of the Republic of Indonesia No. 3 of 2014 concerning STBM. The purpose of this study was to analyze the implementation of the STBM Program at the Jayawijaya District Health Office. The design of this study used a qualitative approach. Qualitative data was obtained by collecting data using triangulation techniques, namely in-depth interviews. In this research study, using the concept of implementation of George C. Edward II with four factors that influence the implementation of the Community-Based Total Sanitation Program. The results of this study indicate that the communication factor has been implemented but has not been maximized. The resource factor is still not available, both for the fulfillment of personnel and operational budgeting in implementing the program. As for the disposition factor, it looks quite high with the commitment of the program organizers. Meanwhile, the bureaucratic structure factor is based on a hierarchical organizational structure, but is not supported by related programs, and has not been accompanied by the development of Standard Operating Procedures for the implementation of the Community-Based Total Sanitation program. Communication and resources have not been maximized, so that facilitators should be trained regularly and increase staff in all Puskesmas in handling the STBM program. If the disposition is good, with a high commitment from the program organizers, while the bureaucratic structure is not working, then Standard Operating Procedures should be made.

Keywords: Community Based Total Sanitation and Implementation

1. Introduction

Healthy is a concept that is not easily interpreted even though we can feel and observe the situation. For example, people who do not have physical complaints are seen as healthy people. Some people also think that "fat" people are healthy people, and so on. So subjectivity and cultural factors also affect people's understanding and understanding of the concept of health.

Health and wellness is something that everyone always wants. Of course no one wants to be sick or unhealthy. Therefore, healthy cannot be interpreted as something static, settled in certain conditions, but healthy must be seen as a dynamic phenomenon. Health is a spectrum which is a flexible condition between body and mind which is distinguished in a range that always fluctuates or swings towards and away from the peak of happiness in life from a state of perfect health.

In Law number 36 of 2009 concerning Health, it is stated that health is a healthy state of physical, mental, spiritual, and social that allows everyone to live productively and socially and economically. This Health Act in lieu of the previous Health Act added a spiritual element as part of the health criteria. The five dimensions of health influence each other in realizing the level of health of a person, group or community (Indar et al, 2020).

One of the national goals is to promote the welfare of the nation, which means meeting basic human needs, namely food, clothing, housing, education, health, employment, and a peaceful life. The goal of health development is the achievement of the ability to live a healthy life for every population. So the responsibility to realize the highest level of health is in the hands of all Indonesian people, the government and the private sector together. (Indar et al, 2020).

—Based on statistical data, access to basic sanitation in Indonesia up to 2008 only reached 48.56%. To accelerate the achievement of the target of access to proper sanitation, one of the steps taken by the Government of Indonesia is by issuing the Decree of the Minister of Health of the Republic of Indonesia (Kepmenkes RI) No. 852 of 2014.

2008 concerning the National Strategy for Community-Based Total Sanitation (STBM) was later updated with the Regulation of the Minister of Health of the Republic of Indonesia No. 3 of 2014 concerning STBM. Through this decision, STBM became a national program and was one of the main targets in the 2014-2019 RPJMN (Teguh, 2014).

From the results of research conducted by Damrin on the Implementation of Community-Based Total Sanitation in Bulungan Regency, it shows that the communication factor has been implemented but has not been maximized properly, then the resource factor is still lacking in both manpower and operational budget in implementing this program. As for the attitude factor, there is still a lack of commitment from policy makers to the lower levels. Meanwhile, the bureaucratic structure factor has been effective in the implementation of the STBM program. (Damrin, 2015)

From the results of the evaluation of the implementation of the five-pillar STBM program conducted by the Ministry of Health, for Jayawijaya Regency in 2016 through the smart STBM application that can be accessed via smart phones, the STBM village achievement is still 06.00% (six) percent of the target of 100%, where data were obtained from 113 villages. While the results of the evaluation in 2019 the coverage of STBM in Jayawijaya Regency through the smart STBM application was 18.00% data obtained from 113 villages. And in 2020 as of February, the results of the data evaluation decreased to 11.61%, due to the addition of the number of villages to 235 villages. -100 which was proclaimed by President Joko Widodo where 100% of the people access sanitation, 0% of the people with slum housing and 100% of the people have access to clean water

2. Methods

Research location and design

This research was conducted in Jayawijaya Regency. This location became a research location with the consideration that STBM has been carried out in Jayawijaya Regency since 2009. This research was carried out from August to October 2020.

Research Informants

Informants in this study amounted to 17 informants. Consisting of the Head of Service, Head of Public Health, Planning Section, Staff of Environmental Health Section, Head of Wamena City Health Center, Head of Hubikosi Health Center, Staff of Hubikosi Public Health Center, Head of Asologaima Health Center, Asologaima Health Center Staff, Head of Asolokobal Health Center, Head of Walelagama Health Center, Walelagama Health Center Staff, Head of Wouma Village, Wouma Community, Head of Ketimavit Village, and Ketimavit Village Community.

Method of collecting data

The method used in this study is using triangulation techniques, namely in-depth interviews (indepth interviews) using interview guidelines, document review and direct observation (observation).

3. Result and Discussion

Jayawijaya Regency is part of Papua Province, known as Balien Valley (Balinem Valley). Jayawijaya Regency, whose capital is Wamena, is a valley in the highlands with an average altitude of 1500-2000 meters above sea level, located between 137012'-141000' East Longitude and 302'-5012' South Latitude. The area of Jayawijaya Regency is in the form of a land area of 13 925.31 km².

The Jayawijaya District Health Office is a Regional Apparatus Organization (OPD) under the Jayawijaya District Government, Papua Province. The Jayawijaya District Health Office is located on Jalan Muai, Musaima, Hubikiak District, Jayawijaya District, Papua. In this study, the researcher aims to analyze the implementation of STBM program policies seen from George C. Edward III's theory, namely communication, resources, disposition and bureaucratic structure.

Communication

In this study, communication was seen from transmission, consultation and clarity about STBM at the Jayawijaya District Health Office. The results of the study indicate that STBM has been implemented at the Jayawijaya District Health Office for a long time and has implemented STBM. This is in accordance with the following interview excerpts:

"...Before I took office until now STBM has been implemented and delivered in the form of socialization activities and ToT (Tranning of Trainner) to puskesmas officers to become STBM Activity Facilitators..." WEM

"...For advocacy, the Health Office has coordinated with relevant agencies, and every time they carry out socialization, they will meet directly with the village head, so that the STBM

implementation process in the form of triggering STBM by trained Facilitators can run well... ” NT

The results of the study also show that the transmission, consultation and clarity of STBM implementation has been running but has not been maximized. This is in accordance with the following interview excerpts:

“... Finally, we received the STBM Facilitator socialization in 2019 organized by the Office, at that time we learned how to become a facilitator to trigger the community in the locus village...” LDY

As for the informants who never knew about STBM. This is in accordance with the following interview excerpts:

“...never, but for promotion I have told ”HIS” to convey it at Posyandu...” DH

“...not yet...” RT

“...no, who is in charge of Environmental Health while the dentist...” MEL

“...never...” NI

Resources that support the implementation of the Community-Based Total Sanitation policy are an important factor in seeing whether the policy is running or not, in this study, the results of interviews with informants showed that resources:

“...There is no formation of a special team regarding STBM but to carry out the STBM program it is under the Environmental Health, Occupational Health and Sports Section to coordinate STBM Program activities...” WEL

“...Section for Environmental Health, Occupational Health and Sports, is responsible for running the STBM program in Jayawijaya Regency assisted by Puskesmas facilitators...” OR

“...to carry out STBM activities, we don't have any special staff, but for the triggering I will be responsible...” RR

In addition to human resources, other resources that also affect the implementation of a policy are information, facilities and budget. Information is matters relating to how to implement policies and data that will be implemented to obtain and use the budget, the authority to request cooperation with other Government agencies.

From the results of interviews with informants, it was stated that the budget used in running the STBM program came from APBN funds through the District Health Operational Assistance (BOK) and the Health Center BOK. This is in accordance with the following interview excerpt:

“...Here we use the budget from the APBN, namely the Regency BOK for activities at the district level managed by the Health Service, there is also a Puskesmas BOK, for activities at the Puskesmas including STBM activities such as triggering STBM and monitoring post-STBM triggering...” KDA

“...The STBM program budgeting is based on the technical guidelines given from the center, every mid-year, we plan a budget for triggering STBM in several villages and monitoring STBM implementation at the Puskesmas level...” NT

“...We have 3 Environmental Health workers at the Puskesmas, but I myself am the one who makes it difficult, I want to plan activities but there is a brother who is given the responsibility for the program, I just have to go along...”

Disposition

From the results of interviews with informants found:

“...Our task force here is not specifically formed so that the line of command runs from top to bottom, starting from the leadership, divisions, sections and so on down to the Puskesmas and village levels which are the focus locations for the implementation of the STBM program...” WEM

“...who is in charge of monitoring the progress of the STBM program implementation is from the Environmental Health, Occupational Health and Sports Section which is one of the sections in the field of Public Health and is assisted by the Puskesmas which has a working area...” OR

“...for incentives, it is determined from the proposed activities approved by the Regional Government to be carried out in each agency and forwarded to the Puskesmas. From the activity budget used in the form of official trips, that is the incentive for officers...” KDA

Meanwhile, the level of community need for latrine ownership is still far from expectations, even though latrines are basic needs that must be met. This is in accordance with the following interview quote:

“...If there are 2 kaka triggering activities this year, last year we wanted to run it in 4 villages but because of this corona, we didn't run...” MS

“...This program is very good and we accept it because it is important too. But we also have limitations, it is difficult to build toilets, so if possible the government can help or donate to this area so that we can build toilets...” DW

“...we once planned to build a toilet by giving materials to the community, but it wasn't done until it was finished, the goods were instead resold...” MM

“...At that time the officers from the Puskesmas had arrived, made a map on the office yard, we thought it was good but to make the toilet we dug it but closed it again, if the cement is OK, we can...” ZO

“...for our latrines, there are 3 toilets built in places where there are a lot of people living...” TW

Although various STBM approaches have been carried out, the community has not changed their behavior to defecate in the right place. Economic factors, mindsets and people's indulgence to government programs are inhibiting factors for the STBM program.

Bureaucratic Structure

From the results of research and interviews with informants, it can be seen below:

“...There is no special team, the STBM program is an activity carried out under the Public Health Section in the Environmental Health, Occupational Health and Sports Section and assisted by the Puskesmas along with facilitators who have been trained for implementation in the field...” WEM

The implementation of Community-Based Total Sanitation at the Jayawijaya District Health Office has been running for a long time, but has not been implemented completely in the Jayawijaya District Health Office work area.

Based on the special SOP of the Jayawijaya District Health Office which is an important thing in the implementation of STBM, and from the results of interviews with informants, as follows:

“... Implementation based on written SOPs regarding STBM does not yet exist, implementation follows existing rules, regulations and policies from the center...” NT

“... For technical instructions on the implementation of triggering, I can ask you so that you don't make mistakes when providing information to the public...” RR

Communication in organizations is a very complex and complicated process. One can hold it for certain purposes or disseminate it. Besides that, different sources of information will also give birth to different interpretations.

Communication in policy implementation includes several important dimensions, namely transformation (transmission), clarity of information (clarity) and consistency of information (consistency). The transmission dimension requires that information be conveyed not only to policy implementers but also to target groups and related parties. The clarity dimension requires that information be clear and easy to understand, in addition to avoiding misinterpretation of policy implementation.

The results of research conducted at the Jayawijaya District Health Office show that one form of implementation that greatly influences policy is communication. Where, communication is a delivery of messages from one person to another to influence behavior and actions either directly or indirectly. Communication is the process of transferring understanding in the form of ideas, information from one person to another (Handoko, 2002).

Communication is the process of delivering information from the communicator to the communicant. Meanwhile, policy communication means the process of delivering policy information from policy makers to implementers. Information needs to be conveyed to policy actors so that policy actors can understand what is the content, goals, direction of the target group, so that policy actors can prepare anything related to policy implementers, so that the policy implementation process can run effectively and in accordance with the policy objectives itself.

The role of stakeholders in building a good communication is very influential in the effectiveness of a policy running in the field, for that the leader of each work unit is expected to be able to communicate both vertically and horizontally to maximize the course of a policy or program. This information delivery activity is commonly referred to as a socialization activity. Socialization can be done in two ways, namely directly and indirectly.

—Based on the results of this study related to the communication that exists between the leadership and subordinates and all components of the Jayawijaya District Health Office in the implementation of Permenkes number 13 of 2014 concerning Community-Based Total Sanitation in Puskesmas, it shows that it has been

running but not routinely and thoroughly.

This is in line with research conducted by Damrin, 2016 regarding the Implementation of Community-Based Total Sanitation Program Policies at the Health Office of Bulungan Regency, North Kalimantan Province which states that the implementation of public policies assumes that the stakeholders who are directly involved have the necessary or very relevant information to be able to play a role. role well. This information does not exist, for example due to communication problems. Furthermore, the message conveyed must be clear to the public so that the community understands the contents of this policy.

Inadequate human resources (number and capability) result in not being able to carry out the program properly, because they cannot carry out supervision properly. If the number of staff implementing the policy is limited, the thing that must be done is to increase the capacity of the implementers to implement the program. The implementation of a policy must be supported by adequate resources, both human resources and financial resources. This implementation tends to be ineffective, even though implementation instructions are carried out carefully, clearly and consistently if there is a lack of resources needed by implementers to carry out policies. Pressman and Wildavsky (Azmy, 2012) argue that the top-down type of implementation is clearly in the form of relations to policies as well as depending on official documents.

Policy implementation will not succeed without the support of adequate human resources both in quality and quantity. The quality of human resources relates to the skills, dedication, professionalism and competence in their field, while the quantity relates to the number of human resources, whether it is sufficient to cover the entire target group. Human resources are very influential on the success of implementation, because without professional human resources then the implementation will not go well. The policy (policy) is more as a long series of related activities and the consequences of those concerned rather than just a decision (Hamdi, 2014).

The implementation of a policy is at least influenced by four fundamental factors, namely: (1) the policy itself related to the quality and typology of the policies implemented; (2) the capacity of the organization mandated to implement the policy; (3) the quality of the human resources of the apparatus in charge of implementing the policy; and (4) the conditions of the social, economic, and political environment in which the policy is implemented (Kasmad, 2013).

From the results of this study, the implementation of STBM program policies related to resources has not been fulfilled, where out of 24 health centers only 6 health centers have sanitary staff, which has an impact on planning and budgeting for the implementation of the STBM program. So the Health Office must provide health workers to carry out triggering activities, but until now the STBM triggering facilitators are due to the limited number of personnel and budget to train STBM facilitators.

Disposition is defined as the attitude of the implementer in implementing a policy that exists in an organization. The attitude of the policy implementers will greatly influence the implementation of the policy. If the implementor has a good attitude, he will be able to carry out the policy well as desired by the policy maker, in terms of the Implementation of this STBM Policy, Disposition is seen from the bureaucratic aspect and the incentives that exist and are enforced.

Another part that is seen in this study is the disposition or attitude of the STBM policy implementation in the Jayawijaya District Health Office, where what influences the disposition according to the researcher is the appointment of bureaucrats and incentives that exist and are enforced at the Health Office.

From the results of the research conducted, it can be seen that the disposition of the components of the Health Office has the authority in terms of socializing the STBM program, but the most important role in the implementation of STBM is the Sanitarian profession at the Health Office and Puskesmas who will annually plan, implement and supervise STBM.

In addition to this, the incentives in the Health Office are also in accordance with the budget that has been proposed at the Health Office and Puskesmas as stated in the Minister of Health Regulation Number 3 of 2014 which reads: Funding to support the implementation of STBM by the Government and Regional Governments comes from the Revenue Budget and State Expenditures, Regional Revenue and Expenditure Budgets, and other sources that are not binding in accordance with the provisions of laws and regulations.

If there are sufficient resources to implement a policy and implementers know what to do, implementation will still fail if the existing bureaucratic structure hinders the coordination needed to implement the policy. Complex policies require the cooperation of many people, and the waste of resources will affect the results of implementation. Changes made will certainly affect individuals and in general will affect the system in the bureaucracy (George III Edward: implementing public policy, 1980).

Implementation of Community-Based Total Sanitation Policy at the Jayawijaya District Health Office, based on the existing Bureaucratic Structure seen from the tiered Coordination aspect and Standard Operating Procedures set in this STBM policy. Policy implementation can run effectively, if those responsible for the policy implementation process know what to do. (Gobel and Koton, 2016).

Policy implementation is the most difficult thing, because here problems that are sometimes not found in the concept, appear in the field. In addition, the main threat is the consistency of implementation. The plan is 20% success, implementation is 60% and the remaining 20% is how we control the implementation (Dwidjowijoto, 2006).

The first aspect is the mechanism, the policy implementation mechanism is usually determined through a work procedure called the Standard Operating Procedure (SOP) which is included in the policy guideline. A good SOP should include a clear, systematic, uncomplicated, easy-to-understand framework and serve as a reference in the work of the implementor. SOPs serve as guidelines for every implementor in acting so that the implementation of policies does not deviate from the goals and objectives of the policy.

The second aspect is the bureaucratic structure, the bureaucratic structure is the characteristics, norms and patterns of relationships that occur repeatedly in executive bodies that have both potential and real relationships with what they have in carrying out policies. Bureaucratic structures that are too long and fragmented will tend to weaken supervision and cause complicated and complex bureaucratic procedures which in turn will cause organizational activities to become inflexible.

The results of research conducted at the Jayawijaya District Health Office showed that the STBM implementation at the Jayawijaya District Health Office related to the Bureaucratic Structure had been going on for a long time. There is no special team that handles STBM, so the flow of command from top to bottom and the implementation of the STBM program is attached to the Environmental Health, Occupational Health and Sports Section. This is not optimal because it is not supported by the sections or in charge of programs related to STBM such as Communicable Diseases or Maternal and Child Health.

Another thing concerns the Standard Operating Procedures that exist at the Jayawijaya District Health Office, which are not yet in writing but are carried out in accordance with clear rules with the needs of the Jayawijaya District Health Office by referring to the Minister of Health Regulation No. 3 of 2014.

According to George C. Edward III, there are two characteristics that are able to break a bureaucratic structure towards a better direction, namely by implementing Standard Operating Procedures (SOP) and implementing fragmentation. SOP is a guideline compiled to provide standards for every work carried out by employees or members of an institution or organization as an effort to maximize the implementation of a predetermined policy.

4. Conclusion

From the results of this study, it can be concluded that the policy on Community-Based Total Sanitation at the Jayawijaya District Health Office has not been implemented according to the Regulation of the Minister of Health, where its implementation has not been maximized. This policy is influenced by several factors, namely communication that has not worked optimally, resources at the Health Office that have not been maximized, and the bureaucratic structure of the Jayawijaya District Health Office has not been running well. There are suggestions and recommendations, namely that the Jayawijaya District Health Office can improve better communication, it is necessary to add staff according to the profession and spread to all Puskesmas, and also to clarify the bureaucratic structure and make SOPs for implementing STBM at the Jayawijaya District Health Office.

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