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READINESS OF REGIONAL POLICY MAKERS IN ACCELERATION OF COMMUNITY-BASED TOTAL SANITATION TARGETS

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ABSTRACT

Community-Led Total Sanitation (CLTS) is a sanitation program implemented in Situbondo District for nearly ten years. Situbondo Regency has not achieved the Indonesian Government's 100% Open Defecation Free (ODF) target. This study aims to analyze policymakers' perspectives in the regions in accelerating CLTS targets' achievement based on a logical model approach. This research is a qualitative observational study with an evaluative method. The design of this research is a case study in Situbondo Regency with informants taken by purposive sampling. The data analysis used is qualitative analysis with the Spradley model. The results of this study indicate that managing stakeholders at the level of program implementers are critical, where program implementers must consider the needs and expectations of program makers to achieve their goals. The impact of policy makers' involvement greatly influences the construction process in producing significant target achievement and the greater influence on a project's success. Conclusion is the achievement and Sustainability of the CLTS program cannot be successful only because of policy makers' readiness of policies. Interaction of health workers with the community and the social environment associated with the CLTS program is significant to accelerate its success.

Keywords: *CLTS; Community-Led Total Sanitation; ODF; Sustainable Program*

ABSTRAK

Sanitasi Total Berbasis Masyarakat (STBM) merupakan suatu program sanitasi yang dilaksanakan di Kabupaten Situbondo selama hampir sepuluh tahun. Kabupaten Situbondo belum dapat mencapai target pemerintah Indonesia untuk 100% bebas Buang Air Besar Sembarangan (BABS). Penelitian ini bertujuan untuk menganalisis perspektif para pembuat kebijakan di daerah dalam percepatan pencapaian target STBM berdasarkan pendekatan *logic model*. Penelitian ini merupakan studi observasional kualitatif dengan metode evaluatif. Desain penelitian ini adalah studi kasus di Kabupaten Situbondo dengan informan yang diambil secara *purposive sampling*. Analisis data yang digunakan adalah analisis kualitatif dengan model *Spradley*. Hasil penelitian ini menunjukkan bahwa mengelola stakeholder pada level pelaksana program sangatlah penting, dimana pelaksana program harus mempertimbangkan kebutuhan dan harapan para pembuat program untuk mencapai tujuannya. Dampak dari keterlibatan pembuat kebijakan sangat mempengaruhi proses konstruksi dalam menghasilkan pencapaian target yang signifikan dan semakin besar pengaruhnya terhadap keberhasilan suatu proyek. Disimpulkan bahwa pencapaian dan keberlanjutan program STBM tidak dapat berhasil hanya karena kesiapan kebijakan yang dibuat oleh pembuat kebijakan. Interaksi petugas kesehatan dengan masyarakat dan lingkungan sosial yang terkait dengan program STBM sangat penting untuk mempercepat keberhasilannya.

Kata Kunci: *Keberlanjutan program; ODF; Sanitasi Total Berbasis Masyarakat; STBM*

INTRODUCTION

Environmental problems cannot be separated from systemic issues that should be evaluated and formulated to save the environment. Efforts to improve the environment must be initiated from policymakers' mutual desire to change individual behavior and their social environment to support the environmental sanitation programs. The Community-Led Total Sanitation (CLTS), one of the sanitation programs and has been implemented in Situbondo Regency, East Java, Indonesia, for almost ten years. However, its achievement is still far from the Indonesia government target in 2019, which is 100% free of open defecation.

Open defecation behavior problem is fundamental to studying the factors that cause various levels, from personal to organizational. The role of makers, executors, and recipients of environmental sanitation efforts through the CLTS program in this first pillar is an integrated and comprehensive system. The behavior of open defecation is one of the transmission links of food and water-borne disease. The CLTS program in the first pillar aims to change the community's hygiene and sanitation behavior to reduce illness incidence due to open defecation. The maker, implementer, and recipient factors of an environmental sanitation program can prevent open defecation. Modifications to the model of Sallis and Owen (2008), Taylor-Powel and Ellen (2008), and Conant and Fadem (2008) explain that the behavior of program recipients to continue defecating in open defecation can be influenced by two factors consisting of support for the community's social environment and elements in that society (Hoffmann-Lange, 2008);(Conant P, 2008) Meanwhile, it can affect the success of environmental sanitation efforts through the CLTS program in this first pillar at the implementing level and program maker because of the support from the resources owned and the support from program policies' conditions.

Situbondo Regency has an area of 1,669.87 km² with 134 villages divided into

17 districts. Situbondo Regency is a north coastal area and is passed by the Sampean River. Not only beaches and rivers, but Situbondo Regency also has large land areas as forests, mountains, and rice fields. Because of this geographical location, Situbondo Regency has a tourist attraction for both domestic and foreign tourists. Besides being a tourism potential, Situbondo Regency also has a high potential for open defecation practices by residents along the river flow. That is evidenced by progress report data on ODF verification in Situbondo Regency, which is still experiencing a slow increase from 2008 to 2017. From 2008 to 2017, Situbondo only had one District that was certified as an ODF village, namely Sumbermalang District. (Kesehatan & Situbondo, 2020) This study analyzes policymakers' perspectives in the regions in accelerating CLTS targets' achievement based on a logical model approach.

RESEARCH METHOD

This research is observational research with an evaluative method through a qualitative approach. The research was conducted with a case study design in Situbondo Regency, East Java, Indonesia. An informant of this research was taken by purposive sampling, including Head of Health Office, head of public health division, and environmental sanitation staff. The research variables were determined based on the ecological model modification approach.

Data collection techniques in this study were in-depth interviews using semi-structured interview guidelines and document studies. Data analysis in this study uses qualitative data analysis with the Spradley model, namely, data analysis techniques adjusted to the study stages. This research has passed the ethical clearance in the Faculty of Public Health, the University of Airlangga, with certificate number 92-KPK.

RESULT AND DISCUSSION

The implementation of the CLTS program in the Situbondo Regency has been supported by Regent's Instruction Number

1/2015 concerning Toilet Completion Movement in Situbondo Regency. The Health Office has followed up this policy by synergizing the programs and activities carried out with the related unit, conducting advocacy and program socialization, and compiling Standard Operating Procedures on the ODF Village Declaration (Open Defecation Free) No. 440/333/431.202.2.3/2018. However, this has not achieved the 100% ODF target because its implementation in the community has not received support from community leaders in each region.



Fig. 1 The process of in-depth interviews with the head of the Situbondo district health office

Based on data and information on the involvement of policymakers in program makers in Situbondo District, the roles that have been performed by program makers (Heath Office) are included in the "good" category because they have completed all of their functions, which include:

1. Prepare a district plan to promote the strategy for achieving the objectives of the first pillar CLTS program.
2. Develop and implement a district-level information campaign on the strategy for achieving the first pillar CLTS program's objectives.
3. Coordinating strategies for achieving the STBM pillar one program objectives.
4. Provide the necessary capacity-building support to all institutions in the District.

This statement is following the quote conveyed by one of the research informants at the program maker, namely:

"...my role is coordinating with cross-sector related programs, reminding about the district head's instruction number 1 of 2015 that needs to be followed up ..."

(R, 42 years)



Fig. 2 The process of in-depth interviews with the head of the public health division of the Situbondo district health office

Implementing the first pillar CLTS program in Situbondo Regency has been complemented by a program supporting policy in Standard Operational Procedures and Regent Instructions Number 1/2015 concerning Toilet Completion Movement. Situbondo Regency. Based on the in-depth interview activity, it was found that there were no regulations that hindered or overlapped the implementation of the first pillar CLTS program in Situbondo Regency.



Fig. 3 The process of in-depth interviews with environmental sanitation staff of the Situbondo district health office

Program collaboration activities at the district level have been realized and have positive leverage towards achieving the first pillar CLTS program objectives. Policymakers have collaborated with the Public Works Office to build latrines for the impoverished community. This statement is

following the quote conveyed by one of the research informants at the program maker, namely:

"... the collaborative program has been carried out with the Regional Government Work Unit in Situbondo Regency following the direction of the regent in the Regent's Instruction number 1 of 2015 concerning the complete movement of latrines in Situbondo Regency."

(R, 35 yrs)

The role of policymakers in the first pillar CLTS program is already "good." But the lack of achievement of the first pillar CLTS program target, 100% ODF, needs support from program implementers and recipients in the District to increase the mobilization of ODF healthy behavior.

The first pillar CLTS program, believes that the Government does not provide subsidized funds to the community. This program is implemented using a triggering method to change their hygienic behavior and improve sanitation access. Based on Nugraha's research in 2015, for the first pillar CLTS program to be carried out following the objectives that have been formulated, there is a need for socialization to the public regarding the goals of the first pillar CLTS program. The provision of socialization to the community aims to invite the community to participate in the first pillar CLTS program actively and illustrate that the community is the target and determinant of the program's success. The program implementation process can run according to the stated objectives. Implementation guidelines are needed so that the implementer can take actions that support the program's success.(Nugraha, 2015) Therefore it is essential to carry out planning activities carefully based on the analysis of the situation and conditions in the field and the monitoring and evaluation activities carried out to minimize any programs that are not running on target to achieve program objectives.

The involvement of policymakers has a significant influence on the success of a

program. Managing stakeholders at the program implementing level are critical, where program implementers must consider the needs, needs, and expectations of program makers to achieve their goals.(Aaltonen et al., 2008) (Whittington et al., 2020) The impact that occurs from policymakers' involvement greatly influences the construction process in producing output. More stakeholder power can affect a project's success.(Nguyen et al., 2009)(Sigler et al., 2015)(Radin et al., 2020) Also, the CLTS program's achievement can not be successful only because of policymakers' readiness for policies. However, health workers' interaction as program implementers with the community and social environment associated with the CLTS program is essential to accelerate its success. Following Riyadi and Deddy's research, which states that from the social interaction process in society, values are born that become the culture in that society.(Zuin et al., 2019) A plan's Sustainability to achieve the target requires policymakers' support and increased interpersonal support for program recipients.

Implementing the first pillar CLTS program aims to make people aware of and access sanitation, especially ownership of latrines and using only healthy toilets to impact people's health. The first pillar CLTS program, emphasizes changes in the behavior of community groups. That is increasing public awareness of their environment using the triggering method, namely through health workers or cadres (groups of generous members) who provide explanations and as community facilitators to improve sanitation conditions in their environment, especially in open defecation. The triggering method is expected to make people more aware of improving their sanitation facilities to improve the community's culture of clean and healthy living habits. Besides, the CLTS program also aims to prevent environmental-based diseases.

According to Nugraha, in 2015, to increase the achievement of the pillar one CLTS program's results, it is necessary to implement an appropriate strategy so that the

implementation process will be structured and run as expected. (Nugraha, 2015) A strategy is also part of planning before the program is implemented. In this case, a strategy must consider both constraining and supporting factors that affect the fast and precise implementation process. Therefore it is important to carry out triggering and assistance activities on an ongoing basis for program recipients.

CONCLUSIONS

The role of policymakers in the pillar one CLTS program is already "good." But the lack of achievement of the CLTS pillar one program target, 100% ODF, needs support from program implementers and recipients in the District to increase the mobilization of ODF healthy behavior. A program's Sustainability to achieve the target requires policymakers' support and needs an increase in program recipients' interpersonal support. It can change the individual or intrapersonal factors of program recipients that can lead to program targets' achievement.

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