



Actualization of the Community-Based Total Sanitation Program (Free from Open Defecation) in Realizing the Target of Bandung City 100% Open Defecation Free

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Abstract

The realization of the target of the City of Bandung Open Defecation Free (SBS) initiated by the Health Service is targeted for completion in early 2023. So this research is aimed at analyzing the actualization of the program related to whether or not it will achieve the predetermined target. In the study, the researcher relies on the use of the program actualization model from David C. Korten (1980) to analyze the suitability between the program and the implementing agency through indicators (1) Governance Clarity; (2) Physical Ability; and (3) Social Ability. This study uses a qualitative descriptive method with data collection techniques through observation, documentation studies, and interviews. The results of the study revealed that the actualization of related programs had not run optimally because 1 (one) of the 3 (three) indicators did not meet the required criteria so that technical improvements were needed in terms of rules and involvement so that the actualization of the program could reach the target on time.

Keywords: *Program Actualization; STBM, SBS; Open Defecation Free.*

1. INTRODUCTION

Sanitation has long been the most basic means of life needed by every human being to obtain a proper level of health for himself, society and the environment. But entering the modern era of the 21st century, apparently issues related to sanitation are still bubbling up in the international community. It is proven that in 2017 World Health International (WHO) released the fact that two billion people in the world still do not have access to basic sanitation such as latrines or toilets, another 637 million people in the world still practice open defecation in open places such as lakes, rivers, ditches, bushes, and drain. This of course can lead to the spread of diseases such as diarrhea, typhus, dysentery, cholera, hepatitis A, stunting, and folio. Even as many as 432,000 deaths per year are estimated by WHO to still occur if the quality of sanitation is still inadequate, especially in poor and developing countries.

Indonesia as a developing country is of course still struggling to resolve this classic issue. This is proven based on sanitation data from the Ministry of Health of the Republic of Indonesia which released the fact that in 2021 with a total Indonesian population of 287 million people, 31.52 million of them will still have open defecation status. Even according to UNICEF (United Nations Children's Fund) Child mortality in Indonesia caused by diarrhea reaches a quarter of all children under the age of five. This fact is inversely proportional to the contents of Law no. 36 of 2009 concerning Health which gives the mandate that the highest degree of public health must be achieved.



So in order to uphold this mandate, the government through the Ministry of Health of the Republic of Indonesia ratified Ministerial Decision Policy No. 852/Menkes/SK/IX/2008 concerning the National Strategy for Community-Based Total Sanitation which was later revised back into Policy Regulation of the Minister of Health No. 3 of 2014 concerning Community-Based Total Sanitation (STBM). The essence of this policy states that there are five pillars of the program to invite the community as the target for sanitation empowerment towards a hygienic lifestyle. The five pillars of the program include: 1) Stop Open Defecation; 2) Washing Hands with Soap (CTPS); 3) Management of Household Drinking Water (PAM-RT); 4) Household Waste Management (PSRT); and 5) Household Waste Management (PLRT). In its actualization, to fulfill the five demands of the program, the program on the first pillar, namely Stop Open Opening, is the main prerequisite for achieving the 100% target before moving on to other programs. The 100% target can be implemented both within the scope of the village/Village, sub-district, city/regency, to the scope of the region/province.

As for the city of Bandung as a metropolitan city with a myriad of achievements, it seems that it is still encountering a series of problems related to the actualization of the first pillar STBM program. Therefore, his party through the Health Service released the goal that the City of Bandung must reach the target of 100% free from open defecation (SBS/Open Defecation Free/ODF) ahead of 2023. This is because the city of Bandung is still on the verge of a dubious ranking when compared to other cities on the island of Java such as the Special Region of Yogyakarta, Blitar, Mojokerto and Surabaya which have achieved ODF status in the previous dozen years by fulfilling the following criteria:

- a. The entire community has defecated through healthy latrines;
- b. There is no smell and there is no feces around the environment;
- c. There are rules, sanctions, and the efforts of its citizens to prevent open defecation;
- d. There is a review with a target of 100% having and using healthy latrines;
- e. There is a targeted and sustainable strategy to achieve sanitation progress towards healthy living.

The next problem faced regarding the achievement of sanitation targets is the achievement of the Bandung City Health Office in creating ODF sub-district targets. Where only 17 out of a total of 151 sub-districts have access to healthy sanitation. So that another 134 urban villages were declared not to have ODF status, as illustrated in the following table.

Table 1. List of Villages with ODF status

No	Village of Name	No	Village of Name
1	Village of Rancanumpang	10	Village of Cimincrang
2	Village of Cihapit	11	Village of Rancabolang
3	Village of Paledang	12	Village of Cisaranten Kidul
4	Village of Ciateul	13	Village of Cisaranten Kulon
5	Village of Majahlega	14	Village of Derwati
6	Village of Citarum	15	Village of Cipamokolan
7	Village of Antapani Tengah	16	Village of Mekarjaya
8	Village of Cipadung Kidul	17	Village of Sarijadi
9	Village of Mekarmulya	Village ODF = 17 ; Village Not Yet ODF = 134	
		Total Urban Village of Bandung= 151	

Source: Bandung City Health Office (2021)



The data is also in line with the progress released by the Ministry of Health of the Republic of Indonesia which stated that 709.78 thousand people in the city of Bandung still open defecation out of a total population of 2.25 million. Even though access to sanitation status has reached 69%, the Bandung City Health Office considers that just 1% increase is the same as overcoming sanitation for the Bandung City community of 1,000 to d. 2,000 households, which means the acceleration of this program is still relatively slow, as described in the following figure.

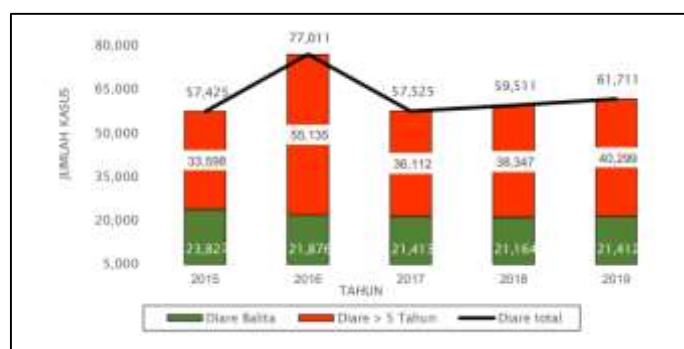
Figure 1. STBM Program Progress (SBS) Bandung City



Source : money.stbm.kemkes.go.id (2021)

Furthermore, based on the graph of diarrhea cases in the city of Bandung in the last five years there has been an increase in cases of diarrhea in all ages during the last three years from 2017 to 2019 due to access to sanitation which is still not evenly distributed in each region. Even at the end of 2019, according to a report from the Bandung City Health Office, as many as 61,711 cases of diarrhea that infect all ages were still found, as shown in the following graphical curve.

Figure 2. Cases of Diarrhea in the City of Bandung in the Last 5 Years



Source : Bandung City Health Office (2021)

The environmental impact is also evident when headline In 2020, digital news was busy finding that the city of Bandung was surveyed as the 4th dirtiest city in West Java, where every day 35.5 tons of feces are transported from the Citarum river area. This is in line with the documentation of researchers who explored the Citarum river area by finding large amounts of community fecal waste that were dumped into the river, as illustrated in the following research documentation.



Figure 3. Conditions of the Citarum River



Source: Research Documentation (2021)

Through a series of problems that have been described above, the researcher is interested in raising this theme to become a study with the aim of knowing the actualization of the STBM program (SBS) and conducting analysis related to whether or not the Health Office as the key implementer has achieved it.(primary key) in this program to realize the target of Bandung City to be 100% free from open defecation (SBS/Open Defecation Free/ODF) by 2023.

As for the relevance of previous research, namely the journal from Habibi Pratama in 2020 with the title "Implementation of Community-Based Sanitation Programs in Pekanbaru City" which uses Jones' program actualization theory which consists of organization, interpretation, and application. His research uses a qualitative descriptive method where the results show that the implementation of the STBM program in Pekanbaru City has not run optimally. The inhibiting factor is from the community, because many people reject the community sanitation program and the lack of public knowledge about sanitation requires increased socialization in the program concerned (Pratama, 2020).

The sophistication of the research that the researchers conducted included in terms of research location which focused on the Health Office as the main implementer of the actualization of the STBM program (SBS) in the city of Bandung. In addition, there are differences in theory and objectives where researchers use the program actualization model David C. Korten (1980:496) related to the suitability of the program with implementing agencies through indicators 1) Clarity of Governance; 2) Physical Ability; and 3) Social Skills. Through this, it will be known to what extent this program is actualized and to what extent this program will achieve the set targets.

The program actualization model according to Korten (1980: 496) became the basis for this study where he argued that to measure the actualization of programs supported by implementing agencies, a form of compatibility between programs and implementing agencies was needed, namely how far the compatibility between the tasks required by the program and the capabilities of the agencies implementers so that a program concerned can achieve the goals that have been targeted. The indicators are:



1. Clarity of Governance: Each program that will be actualized by the implementing agency must have explicit governance in its implementation as indicated by the significance of the rules that govern the program, the existence of a structure in charge of the program, and the existence of program routines/scheduling;
2. Physical Ability: Is a form of physically visible ability of the implementing agency to actualize a program which is indicated by the ability in terms of human resources, budgetary resources, as well as facilities and infrastructure;
3. Social Capability: Is a form of capability that is presented by implementing agencies through social interaction to support the achievement of a program which is demonstrated through program communication and the involvement of stakeholders.stalkholders concerned.

Minister of Health Number 3 of 2014 concerning STBM states that the first pillar of the STBM program, namely SBS, actually aims to change people's behavior patterns so that they no longer throw leftover waste into random places. Therefore, this must be followed by the use of access to sanitation in the form of latrines, toilets, latrines, or sanitary (healthy) toilets. The conditions where access to sanitation meets health standards and requirements are determined as follows:

- a) Access to sanitation is able to prevent direct contamination of various materials which are harmful due to the disposal of leftover human waste; as well as
- b) Access to sanitation is able to ward off factors that spread disease to users and their environment.

As for the task of the city/district level Health Office in carrying out the STBM program (SBS) towards 100%.Open Defecation Free (ODF) include:

- a) Program Outreach; With targets including 1) Internal Health Services such as cross-program implementers, 2) Externals such as Non-Governmental Organizations, related projects, as well as all leaders in the sub-district area, be it the Camat, Head of the Puskesmas, and the PKK Mobilizing Team.
- b) Capacity Building ; 1) Conduct triggering facilitator training, 2) Advocacy training, 3) Orientation, 4) Identify and facilitate local sanitation service provider entrepreneurs to develop access to sanitation, especially for the poor.
- c) Promotion of Behavior Change; It is marked by the existence of health promotion activities through the mass media that are relevant to the situation and condition of the community concerned.
- d) Providing Facilities for Sanitation Needs; This is done by disseminating a catalog of sanitation options at the community level to accelerate equitable access to sanitation.
- e) Activity Result Verification and Process; Conducted to ensure consistency and correctness of the process and results of STBM activities, in this case the cross-city/regency Health Office facilitated the establishment of a verification team.
- f) Monitoring and Evaluation; In this case the cross-city/regency Health Office consolidates and manages monitoring data on access to healthy sanitation and analyzes it to improve achievements/progress.



- g) Knowledge Management; Namely in the form of health learning forums as well as preparation, filing, and publication related to STBM program activities and profiles across cities/districts (RI, 2014).

2. METHOD

This study uses a descriptive method through a qualitative approach because the problems in this study are socially dynamic and are intended to provide a complete picture of the data, facts, and information found in the actualization of the STBM program (SBS) to realize the City of Bandung 100% ODF. In line with what was stated by Creswell (2016: 276), that descriptive research is aimed at "focusing a clear and comprehensive description of an object of research and presented in the form of pictures and words (mainly from participants) rather than numbers". The qualitative approach was chosen because this research focuses on researching scientific objects where the researcher acts as a key instrument (human instrument), by collecting data that is combined (multiple sources data), accompanied by the activity of analyzing data inductively, so that the results of this study will emphasize the depth of meaning (Creswell, 2016:247–49).

Source of data in this research comes from primary and secondary data. Primary data for researchers was obtained from informants/informants from both implementing agencies and community leaders who provided information directly related to the actualization of the STBM program (SBS). And for secondary data researchers obtain from documents, laws and regulations, books, research journals, official government websites, trusted mass media portals, and other sources relevant to the research topic.

The data collection techniques in this study were carried out in a combined way, namely through observation, documentation studies, and interviews. The technique of determining the informant uses the technique purposive sampling which is a sampling technique with certain considerations regarding anyone who is considered to know, is capable and proficient in answering every question that the researcher asks. The sources of informants in this study include the following:

Table 2. Research Informants

No	Initial	Position	Total	Remarks
1	NLW	Head of Sub-Division of Environmental Health, Occupational Health and Sports	1	Key/Main Informant
2	NA	Head of Promotion and Community Empowerment Sub-Division	1	Supporting Informant
3	WP	Environmental Health Officer (Sanitarian) STBM Program (SBS)	1	Supporting Informant
4	ES	Community Figures	1	Supporting Informant

Source: Processed by Researchers (2021)

The continuity of the interviews with the informants concerned is based on the operational parameters listed in the table below. And at a more advanced level, researchers carry out data analysis techniques that are based on Miles and Hubberman's conception in Creswell (2016: 260)



which states that "qualitative data analysis will take place simultaneously with other parts of qualitative development, namely through data collection and writing. findings" where the stages consist of data reduction, data presentation, and drawing conclusions or verification. In addition, to produce valid research between the reporting results and the reality in the field, the researcher conducted a validity test using the source triangulation technique which was carried out by "examining evidence from several sources and using it to build coherent justification of themes". (Creswell, 2016:269).

3. RESULT AND DISCUSSION

The Bandung City Health Office is a government agency in charge of the health sector, including environmental sanitation. This agency initiated the actualization of the STBM program (SBS) in 2011 where they trained sanitarians from health workers, the private sector, and the community to actively collaborate in this program with the hope that the habits of the people of Bandung City regarding open defecation will not happen again so that the quality of environmental sanitation can increase. As for knowing the actualization of the program in question, the researcher refers to Korten's theory (1980:496) regarding the actualization model between the program and the implementing agency which is addressed through three indicators including: 1) Clarity of Governance; 2) Physical Ability; and 3) Social Skills. The results of the analysis are as follows:

Clarity of Governance

Korten (1980: 496) revealed that to actualize a program, of course, it must be accompanied by clarity in the governance of the implementing agency. Especially governance for the actualization of the program concerned. The clarity of governance includes the presence of significant rules/norms, the structure of the program responsible person, and program routines. So this indicator is intended to find out how clear the governance of the Bandung City Health Office is in actualizing the STBM program (SBS).

a) Significance of the Rule

This is intended to find out to what extent the STBM program (SBS) run by the Bandung Health Office has significant regulations in its actualization. Based on the results of interviews with the Head of the Sub-Sector for Environmental Health, Occupational Health, and Sports as well as the Environmental Sanitarian Officer, it can be seen that the actualization of the program at the related Office has basic rules which are summarized in the following table.

Table 2. Research Informants

No	Basic Rules/Policies
1	Regulation of the Minister of Health Number 3 of 2014 concerning Community-Based Total Sanitation (STBM)
2	Bandung City Regional Regulation Number 1 of 2020 concerning the Regional Health System Article 35 Concerning the Implementation of the STBM Program
3	Water Supply and Environmental Sanitation Working Group Decree (SK Pokja AMPL)
4	Mayor of Bandung Circular Letter Number 440/SE.050-Dinkes regarding the Acceleration of ODF Wards

Source: Bandung City Health Office (2021)



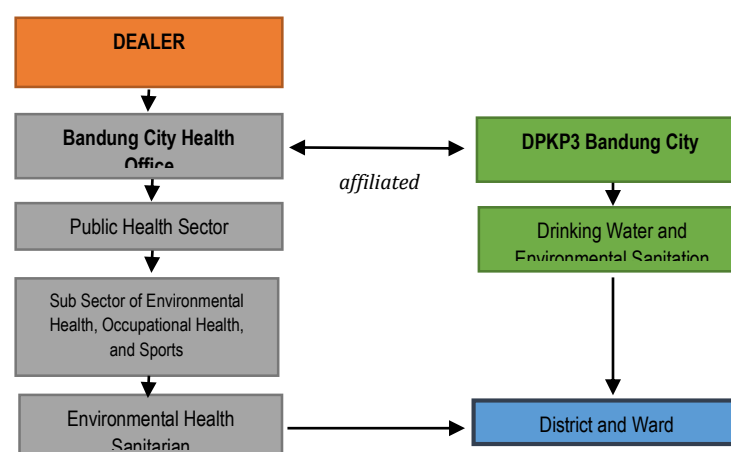
Based on the table, it can be seen that there are no Regional Regulations/Mayor Regulations that are binding in detail and specifically related to the sustainability of the STBM program (SBS) in the city of Bandung. In fact, in the research conducted by the researchers, Regulation of the Minister of Health Number 3 of 2014 concerning Community-Based Total Sanitation has instructed that a Regional-level Regulation or Mayor/Regent Regulation regarding STBM should be issued to support the success and acceleration of this program in each region.

This is in line with what was stated by Korten (1980: 496) that a program to be actualized must have been reduced to a specific standard rule at the territorial level in order to be able to bind program actualization specifically and in detail according to the characteristics of the region so as to make it easier for the implementing organization to run the program. so that the goal can be achieved. So that the existence of Regional Regulations/Mayor Regulations regarding the STBM program (SBS) is highly considered in order to realize the City of Bandung's target of 100% ODF.

b) Program Responsible Structure

The Head of the Environmental Health, Occupational Health, and Sports Sub-Sector stated that in the actualization of the STBM Program (SBS) it already had its own responsible structure where the supervisor for this program within the city scope was the Mayor of Bandung and the main responsible unit was the Health Service assisted by his subordinates namely the public health sector, specifically the sub-sectors of environmental health, occupational health, and sports with its work units namely environmental health sanitarian officers. In addition, the Bandung City Health Office in implementing this program is also affiliated with the Bandung City Housing and Settlement Area, Land and Landscaping Office (DPKP3) as a provider of sanitation facilities and infrastructure which is assisted by a task force called the AMPL Working Group (Drinking Water and Sanitation Working Group). Environment). With this affiliation, the aims, objectives and implementation of the program will be able to reach the community both at the sub-district and sub-district levels in the city of Bandung. For more details, it can be illustrated through the following scheme.

Figure 4. Responsible Structure STBM Program (SBS)



Source: Bandung City Health Office (2021)



c) Program Routine

Program routines actually reflect the schedule of routine activities in the actual implementation of a program. Based on the results of observations and interviews with the Head of the Sub-Sector for Environmental Health, Occupational Health, and Sports, the Head of the Sub-Sector for Promotion and Community Empowerment, and Environmental Sanitarian Officers, routines or scheduling of the STBM program (SBS) to realize the Bandung City target of 100% ODF can be summarized through the following table.

Table 5. STBM Program Routine (SBS)

No	Activities	Schedule	Activity Sustainability
1	Triggering	Quarterly	2011 s.d. at the moment
2	Facilitator Training	Annual	2011 s.d. at the moment
3	Verification	Conditional	2011 s.d. at the moment
4	Declaration	Conditional	2011 s.d. at the moment
5	Monitoring and Evaluation	Annual	2011 s.d. at the moment

Source: Bandung City Health Office (2021)

Physical Ability

Korten (1980:496) stated that the physical abilities possessed by implementing agencies in the actualization of a program will certainly greatly support the success of the program. These physical capabilities include human resources, budgetary resources, as well as facilities and infrastructure. So this indicator is intended to determine the extent to which the Bandung City Health Office has physical abilities in actualizing the STBM program (SBS).

a) Human Resources

Based on the results of interviews with the Head of the Environmental Health, Occupational Health, and Sports Sub-Sector, it was stated that so far the quantity of human resources owned by the Bandung City Health Office in carrying out the STBM program (SBS) is as many as seventy two (72) trained sanitarian officers from the class environmental health workers spread over 74 health centers throughout the city of Bandung, as well as active facilitators from community groups who have been trained in this program by 86%. These results are in accordance with the data that researchers observed in the STBM evaluation and monitoring database belonging to the Indonesian Ministry of Health (monev.stbm.kemkes.go.id) as shown below.

Figure 5. STBM Program Human Resources (SBS)



Source :monev.stbm.kemkes.go.id (2021)



In this regard, the Bandung City Health Office considers that its human resources have the knowledge, experience and social skills that are capable of carrying out this program. So that researchers can interpret that the quality of human resources at the Bandung City Health Service in the actualization of this program has been going well.

b) Budget Resources

Through the results of interviews with the Head of the Sub-Sector for Environmental Health, Occupational Health, and Sports and the Head of the Sub-Sector for Promotion and Community Empowerment, information can be obtained that budgetary resources for actualizing the STBM program (SBS) run by the Bandung City Health Service come from very diverse sources. including the followin

Table 6. STBM Program Budget Resources (SBS)

No	Program Budget Resources
1	Regional Revenue Expenditure Budget (Provincial APBD)
2	Regional Apparatus Organization for Housing and Settlement Areas, Land and Landscaping Services (OPD DPKP3 as the provider of sanitation facilities and infrastructure for the City of Bandung)
3	River Area Cleanup Program (Citarum Harum)
4	Kotaku Program (City without Slums, with a target of 100-0-100, 100% sanitation access, 0% slums, 100% access to healthy drinking water)
5	Regional Development Innovation and Empowerment Program (PIPPK)
6	Village Assistance (Bankel)
7	Non Governmental

Source: Bandung City Health Office (2021)

Based on the table, the STBM program budget resources (SBS) are very adequate. However, the presence of the COVID-19 pandemic has caused the human life sector to deteriorate so that the budget for the actualization of this program can be hampered because many budget resources have been redirected to tackling the COVID-19 pandemic. However, the Bandung City Health Office can actually focus on alternative funds for the actualization of this program towards the 100% ODF target. So efforts are needed to attract fund holders, especially for kelurahans that have PIPPK and Bankel funds to succeed in developing access to healthy sanitation in their respective areas.

c) Facilities and infrastructure

Through the results of interviews with the Head of the Sub-Sector for Environmental Health, Occupational Health, and Sports as well as Environmental Sanitarian Officers, information can be obtained that actually the provision of sanitation facilities and infrastructure in the STBM program (SBS) in Bandung City is supported by the DPKP3 (Household and Settlement Area Office, Land and Landscaping) which in terms of this program is known as "supply" (sanitation access provider). The Health Office itself only has the authority to act as a motivator and trigger for this program.demand) so that to provide facilities and infrastructure for the development of access to sanitation, the Health Office is affiliated with the DPKP3.

As for the ability to provide facilities and infrastructure supported by the DPKP3 affiliated with the Health Office so far it has functioned well. It just won'tinstant fulfilled because DPKP3 poured out a lot of facilities and infrastructure also in other fields, especially public (general) facilities and facilities such as parks, settlements, and so on. Therefore, according to the Bandung City Health Office as the implementing agency, the actualization of the STBM program (SBS) must return to its initial principles,



namely building self-reliance and community initiatives to improve access to sanitation, moreover the large amount of financial assistance from the government such as Village Assistance and PIPPK for the construction of community facilities will also accelerate the actualization of this program.

Social Skills

Korten (1980:496) states that in addition to the physical abilities that must be owned by implementing organizations in the actualization of a program, social skills are also a consideration for the success of the program in question. In this case, social skills are shown through program communication and involvementstalkholders in implementing a program. So that this indicator is intended to determine the extent to which the social capacity of the Bandung City Health Office is in actualizing the STBM program (SBS).

a) Program Communications

In accordance with the essence of the STBM program (SBS) which is implemented on the basis of creating the community as the main actor to increase empowerment in terms of environmental sanitation, this is intended to find out whether the program has gone through a process of communicating to the community concerned or onlystuck in the implementing agency. In this regard, the Bandung City Health Office explained that the communication of the STBM program (SBS) was carried out through officials at the sub-district and village level as well as community representatives, which had so far been going quite well.

This statement is in fact quite in line with the expressions of community leaders who took part in this program that the communication carried out through the representative method is believed to be less effective and indeed based on observations of researchers in the field, there are still many general public who do not know about the existence and nature of this program. In fact, community involvement as the main essence of this program will certainly have an impact on accelerating 100% ODF in the city of Bandung.

b) Engagement Stalkholders

Based on the results of interviews with the Head of the Sub-Sector for Environmental Health, Occupational Health and Sports and the Head of the Sub-Sector for Promotion and Community Empowerment, information can be obtained that they are aware that this program is dependent (cannot stand alone) so that it involves other sectors in its actualization consisting of the government , the private sector, and the public indicated in the following table.

Table 7. Stalkholders STBM Program (SBS)

SCOPE		
Government	Private	Public
Bandung City Government		Non-governmental organization
Department of Housing and Residential Areas, Land and Landscaping	Entrepreneur sanitation	Community Empowerment Institute
Drinking Water and Environmental Sanitation Working Group (Pokja AMPL)		Community of Environmental Activists



Subdistrict	Community of Health Activists
Ward	PKK cadres

Source: Bandung City Health Office (2021)

Based on the table it can be seen that the involvementstalkholders from the government and the community began to get involved. However, in the private sector, only one party is involved, according to the Head of the Sub-Division of Environmental Health, Occupational Health, and Sports. . In fact, the private sector is actually quite influential in efforts to develop sanitation projects towards the City of Bandung's target of 100% ODF.

4. CONCLUSION

Based on the results of this study it can be seen that the actualization of the Community-Based Total Sanitation program (Free from Open Defecation/SBS) by the Health Office is in realizing the target of the city of Bandung 100%Open Defecation Free not running optimally because there is 1 (one) of 3 (three) indicators do not meet the required criteria namely social capacity indicators of implementing agencies related to program communication and engagementstalkholders which are not working effectively. However, the acceleration of the target towards 100% ODF in the city of Bandung has the opportunity to be achieved on time because it is supported by indicators of adequate governance and physical capacity of implementing agencies.

- a) Related to this, there are several recommendations that the researchers convey in this study including:
- b) For the Bandung City Government, consideration is needed to formulate policies related to the implementation of a community-based total sanitation program, with specific regulations at this level it will certainly accelerate the implementation of this program in the City of Bandung to achieve 100% access to healthy sanitation (open defecation free);
- c) For the Bandung City Health Office, efforts are needed to maximize program communication at all levels and levels of society as well as efforts to develop relationships withstalkholders private. With these two things, the acceleration of the target of 100% ODF in the city of Bandung will be realized;
- d) For the private sector, it is necessary to have an interest in participating actively collaboratively in this program. With many private sectors involved, the access to sanitation development projects are basedcollaborative governance can be implemented so that the 100% ODF target for Bandung City can be implemented in a timely manner;
- e) For sub-district/kelurahan apparatus, it is necessary to periodically and continuously socialize the entire community regarding the existence, nature and essence of this program. This is because the sub-district/kelurahan apparatus has a role as a media liaison between the community and the Health Service, so through this the 100% target achievement will be realized soon;
- f) For the community, support is needed in the form of participation to implement this program. With the support and participation of the community, of course it can strengthen the essence of the STBM program (SBS) aspeople centered development program.



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