



PLANNING ANALYSIS OF COMMUNITY-BASED TOTAL SANITATION PROGRAM (STBM) IN PULAU PATAI VILLAGE AND MAGANTIS VILLAGE, DUSUN TIMUR DISTRICT

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Abstract

This research was motivated by the planning of the Community-Based Total Sanitation Program in Pulau Patai Village and Magantis Village, Dusun Timur District, which was carried out by the East Barito District Health Office, which was considered not optimal and on target with data in the field UPTD Puskesmas Tamiang Layang as a health coach the people in the village area. This study aims to: 1) Analyze the causes of the problem because the planning process for the Community-Based Total Sanitation Program in Pulau Patai Village and Magantis Village was not optimal, which was carried out by the East Barito District Health Office. 2) Analyze the process of synchronizing the planning of the Community-Based Total Sanitation Program in Pulau Patai Village and Magantis Village conducted by the East Barito District Health Office. 3) Know the pattern and process of planning and monitoring the evaluation of the Community-Based Total Sanitation Program in Pulau Patai Village and Magantis Village conducted by the East Barito District Health Office. 4) Formulate strategies for solving problems to optimize the planning process for the Community-Based Total Sanitation Program in Pulau Patai Village and Magantis Village conducted by the East Barito District Health Office. This research uses a qualitative approach. Data analysis was carried out by collecting data through interviews with several informants and document searches. The data obtained was then analyzed using Fish Bone Analysis and SWOT Analysis. The results of the study show that: 1) The main causes of the problem are the not optimal planning of the Community-Based Total Sanitation Program in the village which is carried out by the East Barito District Health Office, which is caused and influenced by 5 M or 5 aspects, namely: Man Power; method; Material; Measurement/ Monitoring; Mother Nature/Environment. 2) Man Power: Ability of officers to analyze and manage reports, Lack of understanding of the latest program standards/guidelines, Socialization and training are not conducted regularly, Level of education is still Diploma III, Sanitarian is working on multiple assignments. 3) Method: Socialization and advocacy through the PPSP Working Group, cross-sectoral cross-programs are not optimal and sustainable, Interview and observation data validation is not carried out optimally, Data reporting and management is not accurate. 4) Material: The accuracy of the report does not comply with the procedural guidelines, reported data is inaccurate, Bartim Regent Decree No. 326 of 2019 Designation of Stunting Priority Villages and Regent Decree June 2021, Changes in direction of National and Regional policies, Structural change and rotation of positions. 5) Measurement/Monitoring: Dissemination of the results of the progress of the implementation of the STBM program per Regency and per Sub-district was only ever carried out in 2018, Monev was not carried out regularly, setting targets and achievements was not clear, Measurement and reporting accuracy was not optimal and well-measured. 6) Mother Nature/Environment: Pulau Patai Village is a preparatory village as a tourism village.

Keywords: Analysis, Planning, Community Based Total Sanitation Program.

INTRODUCTION

Health development is an integral and substantial part of national development which has a major role in determining the success of achieving national development goals (Suryono, 2010; Ratnadila, 2018). Health development carried out can have influences and implications in improving the quality of human resources which is characterized by an increased level of population health (Mahulauw et al., 2017; Cahyono & Adhiatma, 2023). Promotive and preventive efforts in order to improve the health status of the nation and society can be carried out by implementing clean and healthy living behaviors through the formulation of programs that are applicable and solutive in the health sector which are supported by cross-programs and cross-sectoral (Yolanda, 2011; Putri, 2017). The challenges faced by Indonesia related to drinking water, hygiene and sanitation are still very large, so strategic steps are needed through complete and comprehensive planning so that these programs can run optimally, effectively and efficiently (Amirah & Ahmaruddin, 2020; Agusfina et al., 2023).

The global issue of sustainable development in the health sector, especially related to access to clean water and proper sanitation, has also received special attention from world leaders through the United Nations (UN), by officially ratifying the Agenda for Sustainable Development Goals or abbreviated as SDGs, as a global development agreement (Santoso, 2013; Sutedjo, 2018). This agreement aims to encourage changes towards sustainable development based on human rights and equality to encourage social, economic and environmental development, SDGs contain 17 (Alexander, 2020; Sitorus & Budiman, 2021).

Goals and 169 Targets, one of the goals in point 6 of the Sustainable Development Goals (SDGs), namely clean water and proper sanitation (Wulandhari, 2019; Nuke, 2022). Fulfillment of proper sanitation is a health standard that is very important in fulfilling public health status (Celesta & Fitriyah, 2019; Suryani, 2020). In fulfilling proper sanitation for the community, Indonesia has carried out various policy programs (Fitri, 2021). One of them is contained in the 2020-2024 National Medium-Term Development Plan (RPJMN), namely the provision of access to proper and safe drinking water and sanitation (National, 2019). This policy is also aligned with the Sustainable Development Goals (SDGs) goal 6, namely ensuring the availability and sustainable management of clean water and sanitation for all by 2030 (Alfa, 2019; Iskandar, 2020).

Until 2020-2024, the Indonesian government has set targets for sanitation access, namely 90 percent of households with access to proper sanitation, 15 percent of households with access to safe sanitation and 0 percent of households with open defecation (BABS) behavior (Lusy, 2023). However, in practice, Indonesia is still faced with low access to sanitation (Rahmawati & Firman, 2022). Until 2020, the proportion of household access to sanitation in Indonesia is 79.5 percent of households with access to proper sanitation, 7.6 percent of households with access to safe sanitation and 6.2 percent of households with open defecation behavior. In the same year, access to proper sanitation in urban areas was still not 100 percent where only 83.6 percent of households had access to proper sanitation and 11, 2 percent of households with access to safe sanitation. Seeing the condition of access to sanitation in Indonesia, the government needs to accelerate the development of access to sanitation in achieving the set targets. One of the policies carried out by the government is to work with various stakeholders, one of which is collaboration and commitment with the community.

The Government of Indonesia through the Ministry of Health of the Republic of Indonesia has developed a National Community-Based Total Sanitation Strategy (STBM) document with the issuance of the Decree of the Minister of Health of the Republic of Indonesia Number 852/MENKES/SK/IX/2008, which makes STBM a National Program. One of the strategies

carried out by the government to support and realize the goals of point 6 (Sustainable Development Goals), in order to create changes towards sustainable development, specifically in the development of clean water and proper sanitation, namely through program planning and implementation Community-Based Total Sanitation (STBM) which is supported through efforts to trigger and empower the community, and is an effective step,

Community behavior is the main factor causing health problems, therefore community participation is needed in solving the problem with assistance/guidance from the government. The government has limited resources in overcoming increasingly complex public health problems. Efforts to plan the Community-Based Total Sanitation (STBM) program are carried out using various analyzes and scientific studies by looking comprehensively by assessing existing sanitation needs in the community using a regional context approach and through community triggering and empowerment by observing health behavior and existing resources in the community, so that the program planning analysis process must and must be carried out and carefully designed,

Law Number 32 of 2004 concerning Regional Autonomy and explained in Government Regulation number 38 of 2007 concerning the Division of Governmental Affairs between the Center, Province and Regency, that sanitation is a matter for the District Government (Appendix to Government Regulation number 38, 2007 field Health). The principle of the STBM approach is integration between the components of increasing demand (demand), improving sanitation supply and creating a supportive environment, but other supporting components need to be considered in its implementation such as financing strategies, monitoring methods and knowledge management/ information as a learning medium.

The implementation of STBM is carried out through stages of activities involving all stakeholders. All stages of preparation for STBM implementation at all levels must pay attention to cross-sectoral and cross-stakeholder coordination, including across water supply and sanitation development programs, so that integration in the preparation and implementation of STBM can be achieved. Community-Based Total Sanitation (STBM) is an approach to changing hygiene and sanitation behavior through empowerment using the triggering method. The goal of STBM is to achieve total sanitation conditions by changing hygiene and sanitation behavior through community empowerment which includes 3 components, namely creating a supportive environment, increasing sanitation needs, increasing sanitation provision and developing innovations according to the regional context.

Article 16 concerning Funding states in paragraph (2) that funding to support STBM implementation by the Government and Regional Governments comes from the State Revenue and Expenditure Budget, Regional Revenue and Expenditure Budget, and other non-binding sources in accordance with statutory provisions. The local government's commitment to providing resources to implement the STBM approach provides a budget for institutional strengthening; Regional policies and regulations regarding sanitation programs such as the District Head's Decree, Perda, RPJMP, Strategic Plan, and others; The district government is the main actor in program implementation and development according to the STBM approach principles and strategies.

The provincial government together with the central government will provide guidance in efforts to increase capacity and training for the development of the STBM program at the district level which refers to existing mechanisms and related supporting documents. Provinces prepare Hygiene and Sanitation Strategic Plans by considering existing potentials and legal documents from related Centers such as RPJMN targets and SDGs. The provincial government prepares a plan which includes coordinating provincial-level STBM implementation,

conducting market research and provincial-level communications media characteristics, conducting environmental studies that support (enabling environment) in target districts and developing partnerships with non-governmental organizations (such as with programs Corporate Social Responsibility).

Funding sources that can be used to support efforts to develop the STBM approach include: APBN sectoral funds planned and managed by the relevant Ministries responsible for managing these funding sources, such as the Ministry of Health, the Ministry of Public Works; APBD funds that can be planned to support efforts to develop the STBM approach; Sectoral funds transferred to the regions in an effort to support sanitation programs such as deconcentration funds to the Governor, co-administration funds to the District Head and Villages; Funds related to national water supply and sanitation projects, other projects that allow integration in efforts to develop the STBM approach such as PAMSIMAS, MCC; Possible grant funds can be used to support the development of STBM approaches such as CSR; Funds that can be used by integrating sanitation activities with the main project mechanism to be referred to. such as BOK, BOS, PNPM; Funds that are local policies such as operational assistance funds for puskesmas, allocation of village/kelurahan funds, village financial assistance, development of a healthy environment.

Funding proposals are made through a planning deliberation process that starts at the village, sub-district, provincial and central district levels. This process is carried out to accommodate planning aspirations from below so as to obtain an overview of the necessary funding in accordance with the priority scale. However, several mechanisms are ad hoc in nature which are usually carried out in connection with national scale projects in order to seek breakthroughs in achieving targets that have been agreed upon globally and nationally. The planning and technical implementation of STBM activities is carried out by the District/City Health Office, and technically by the Community Health Centers through STBM Triggering activities. Triggering activities are carried out to encourage changes in individual or community hygiene and sanitation behavior on their own awareness by touching feelings, mindsets, behaviors,

Based on data from the STBM triggering activity report for the 2019 Tamiang Layang Health Center UPTD environmental health program, the village that carried out Community-Based Total Sanitation activities obtained data that of the 11 existing targets (1 Kelurahan and 10 Villages) it was found that there were 8 sub-district/village targets that had implemented STBM activities well or if the percentage of actual achievements is 72.73%, while there are 3 villages where STBM activities have not been achieved well or if the percentage is 27.27%. The 3 villages include: Magantis Village, Haringen Village and Didi Village.

Based on planning data for Health Operational Assistance (BOK) from the East Barito District Health Office for the 2020 and 2021 Fiscal Years, it has been determined by the East Barito District Health Office that the locus for triggering STBM villages for 2 consecutive periods is Pulau Patai Village, while if we look at the data the achievement of realization in 2019 is that Pulau Patai Village is one of the villages with good STBM realization achievements and has received an Open Defecation Free (ODF) or Open Defecation Free (ODF) village certificate, and there are 3 Villages that should be the focus of attention and priority for triggering STBM namely Magantis Village, Haringen Village and Didi Village but are not the planning locus for the Community-Based Total Sanitation (STBM) program in the 2020 and 2021 fiscal years. If you look at the problems above, in general the planning process for the STBM program carried out by the East Barito District Health Office is still not optimal and on target and not in sync with

the field data of the UPTD Tamiang Layang Health Center as the supervisor of the village health area.

In this study, the research focus taken by researchers was the East Barito District Health Office, Planning Sub-Section and Environmental Health Sub-Section. Based on the problems above, the author wants to examine through research activities the planning analysis of STBM activities carried out by the East Barito District Health Office as program planners, especially planning for the Community-Based Total Sanitation (STBM) program in Pulau Patai Village and Magantis Village.

RESEARCH METHODS

The type of research used in this research is qualitative analysis. According to Bungin (2017), the purpose of descriptive is to describe or summarize a condition, situation or phenomenon, social reality in society which is the object of research, so that it can be drawn as a characteristic, character, nature, model, sign or description of conditions, situations and certain phenomenon. Sources of data used are: interview results, documents/ archives of Strategic Plan/ RKP SKPD East Barito District Health Office Planning sub-section and Environmental Health section, data on the environmental health program of the UPTD Tamiang Layang Health Center.

The research location/place will be carried out at the East Barito District Health Office in Tamiang Layang. The objects of this study were the Health Service SKPD Strategic Plan, the STBM program planning document for the environmental health section of the Health Service and the STBM program activity planning document for the environmental health program at the UPTD Tamiang Layang Health Center.

The subjects of this study were 4 informants, namely: the Head of the Planning Subdivision, the Head of the Environmental Health Section at the East Barito District Health Office, and 2 people in charge (STBM) at the UPTD Tamiang Layang Health Center environmental health program. By using a qualitative approach, research is directed at collecting data that depends more on the researchers themselves as data collectors. Data collection techniques used in this study include interviews and documentation.

Researchers in identifying these problems using a Fishbone Diagram. In the Fishbone Diagram the fundamental problem is placed on the right side of the diagram or on the head of the fishbone framework. The cause of the problem is described in the fins and spines. The categories of causes of problems used as a start include raw materials (Materials), machinery and equipment (Machines and Equipment), human resources (Manpower), methods (Methods), environment (Mother Nature/environment), and measurements (Measurement). The six causes for the emergence of this problem are often abbreviated as 6 M. Other causes of problems other than the 6 M can be selected if necessary. Known root causes are used as material in the SWOT analysis tool. The data analysis technique used in this research is using the SWOT analysis technique as a support in determining strategic priorities to carry out the plans that have been prepared. Everything is done through the process of data collection, data reduction/(data and method triangulation), data presentation and drawing conclusions.

RESULTS AND DISCUSSION

Results of Fishbone Analysis

Based on the identification results using the Fishbone Diagram, the causes of the problem are the not optimal planning process for the Community-Based Total Sanitation (STBM) program in Pulau Patai Village and Magantis Village conducted by the East Barito District Health Office can be classified into several groups, namely:

1. ManPower

Based on the results of interviews with informants, it is known that human resources, namely facilitators, both at the East Barito District Health Office level and implementing sanitarian facilitators at the Tamiang Layang Health Center UPTD level, are still unable to analyze and manage activity results reports. This is motivated by a lack of regular training so there is no updating of knowledge and understanding with the latest guideline standards.

Training was only ever conducted in 2008-2018, this also caused limited knowledge and ability of facilitators at the District Health Office in processing and analyzing data to be submitted as material for reports used by the Ministry of Health as the basis for planning for the following year. In addition, the education level of the health center's sanitarian who is still Diploma III also affects the ability to think analytically. The implementation of the program is only carried out as a routine. The Community Health Center Sanitarian also works on multiple assignments with other programs.

2. Method

In the data collection process, the data collected is often inaccurate, the data validation process through interviews and direct observation has not been carried out optimally. Socialization and advocacy through PPSP working groups and cross-sectoral cross-programme meetings as well as training for STBM cadres have also not been optimally implemented because they are not carried out regularly and continuously. This condition certainly affects the collection of data on environmental health problems in the village which is the initial data or basic data in preparing village STBM program planning.

3. Material

The East Barito District Health Office already has guidelines and technical instructions for the implementation of the STBM program through the Technical Guidelines for the Implementation of Activities sourced from the Special Non-Physical Allocation Fund (DAK Non-Physical) in the health sector with the sub-funding of Health Center Health Operational Assistance, in this case village STBM program activities are budgeted in funding BOK UPTD Tamiang Layang Health Center.

From the results of interviews with informants it is known that the guidelines and technical guidelines have been implemented properly, the problem lies in the timeliness in sending monthly, quarterly, annual reports, results of the Environmental Health Index (IKL) and profile reports. This condition will affect the preparation of the year-end report as a basis for planning for the following year. The next problem is the existence of changes in national and regional policies that affect the preparation of program planning, with the revolving of national policies. The government has set stunting as a national priority issue in the 2020-2024 National Medium Term Development Plan (RPJMN) with a target of a significant reduction from 24.4% in 2021 to 14% in 2024. The strategy to reduce stunting rates has also been stipulated in the national strategy to accelerate stunting reduction in accordance with Government Regulation No. 72 of 2021. This Government Regulation encourages a number of steps, such as increasing commitment and vision of leadership related to programs to reduce stunting rates in ministries/agencies, provincial government, district government / city, and village government. Environmental health issues related to the 5 Pillars of STBM are supporting factors for stunting prevention and management.

In a report issued by the National Team for the Acceleration of Poverty Reduction/TNP2K regarding priorities for stunting (stunting) children, it is stated that there are

at least four factors that cause stunting. (Poverty/TNP2K, 2017) (National Team for the Acceleration of Poverty Reduction/TNP2K, 2018) . These four factors are as follows:

- 1) Poor parenting practices. Namely including the lack of knowledge of mothers about health and nutrition before and during pregnancy, and after the mother gives birth.
- 2) Health services are still limited, including quality health services for mothers during pregnancy, postpartum, and early learning.
- 3) There is still a lack of household/family access to nutritious food.
- 4) Lack of access to clean water and sanitation.

Since 2010, the world has carried out a global movement to overcome stunting known as Scaling-Up Nutrition (SUN) (Mitra, 2015). The basic principle of the SUN movement is that all residents have the right to have access to sufficient and nutritious food. Indonesia itself (La Ode Alifariki, 2020), since 2012 joined the movement through two major stunting intervention frameworks (Astuti et al., 2020).

Here are things to save the growth of children, namely:

- 1) Specific nutrition interventions. Namely an intervention aimed at children in the first 1,000 days of life (HPK) and contributing to a 30% reduction in stunting.
- 2) Sensitive nutrition intervention.
- 3) The role of environmental health (source of drinking water, sanitation, and waste management) in reducing child stunting in Indonesia.

According to research results (Irianti et al., 2019) that environmental factors have been shown to be related to stunting as an indirect cause. However, the extent to which environmental factors determine the burden of stunting in rural Indonesia remains unexplored. Therefore, this study investigates the environmental factors that determine stunting in children under 5 in rural Indonesia. The results of this study (Irianti et al., 2019), show that inadequate sources of drinking water and inappropriate waste collection are associated with a higher probability of stunting in children. Inadequate sanitation facilities, however, were not found to significantly affect the likelihood of stunting.

The East Barito Regency Government issued a stipulation through East Barito Regent Decree No. 326 of 2019 concerning Designation of Priority Village Names for the Prevention and Handling of Stunting and Specific and Sensitive Nutrition Interventions in East Barito Regency. Based on the attachment to the Decree of the East Barito Regent above, Pulau Patai Village and Magantis Village are included as priority villages for preventing stunting as well as specific and sensitive nutrition interventions. This is in line with the role of environmental health efforts through STBM program support in preventing and treating stunting.

4. Measurement/ Monitoring (Measurement/ Monitoring Evaluation)

Measuring the success of a program is determined by the determination of targets and program implementation achievements (Kristiyanti, 2012). Another thing that influences is the existence of a monitoring and evaluation process to assess the success of the realization of the implementation of a program both the input, process and output of activities as well as the realization of the use of budget funds in program implementation. Accuracy in measurement, reporting and ability to analyze and monitor and evaluate the program is very decisive in the next program planning process. Based on the results of interviews with informants, it is known that dissemination of the results of the progress of the implementation of the STBM program per district and per sub-district has only been carried out in 2018. Target setting and program

implementation achievements have not been clearly determined, so accuracy in measurement is reporting and ability to analyze as well as the process of monitoring and evaluation of programs and reporting have not been carried out optimally and have not been properly measured. In addition, the lack of support from stakeholders from the sub-district and village governments, as well as the rotation and change of positions also affected the support for the implementation of the STBM program in their respective areas, thereby affecting future program planning.

5. Mother Nature/ Environment (Environment)

The target locus of the village or kelurahan that will be used as the STBM program locus village is also an important consideration in preparing program planning. Based on interviews with informants, it is known that Pulau Patai village is being prepared to become a tourism village so that this village is a priority for STBM implementation in planning for the 2020 and 2021 fiscal years. Construction of sanitation facilities accompanied by changes in clean and healthy living behavior of the village community is expected to be able to build a clean village environment and healthy so as to support the growth of tourism in the village of Pulau Patai. In the above fishbone analysis,

- 1) Man power (Human Resources)
- 2) Materials (Regulations/Basic Policies, Guidelines, References, Reporting Documents)
- 3) Method (How to implement)
- 4) Measurement/ Monitoring (Measurement/ Monitoring Evaluation)
- 5) Mother Nature/ Environment (Environment)

Table 1. Summary of Fishbone Analysis Results

Possible Root Cause	Recommendations
MAN POWER	
The ability of officers to analyze and manage reports	It is necessary to increase the knowledge and competence of sanitarian officers through continuing education.
Lack of understanding of the latest program standards/guidelines	There is a need for periodic training and coaching for Sanitarian officers regarding guidelines for implementing program activities.
Socialization and training are not carried out regularly	Periodic socialization is needed for Sanitarian officers
Education level is still Diploma III	It is necessary to increase the knowledge and competence of sanitarian officers through continuing education.
Sanitarians do a dual task	It is necessary to determine and distribute clear and measurable job descriptions, so that the sanitarian is able to carry out each task in a focused, effective and efficient manner.
METHODS	
Socialization and advocacy through Pokja PPSP, linsek/linprog are not optimal and sustainable	It is necessary to carry out active socialization and advocacy through PPSP Working Groups, across programs and across sectors which are carried out regularly.
The validation of interview and observation data was not carried out optimally	Data validation activities through interviews and observations should be carried out in an integrated manner using the "pick the ball" method together with the Health Office, Community Health Centers and cross-sectors or related agencies.
Inaccurate data reporting and management	There is a need for regular guidance and supervision for sanitarian officers in the field in data management and reporting.
MATERIAL	
The accuracy of the report is not in accordance with the procedural guidelines	There is a need for regular guidance and supervision for sanitarian officers in the field in managing and reporting data and technical procedures for implementing program activities.

Possible Root Cause	Recommendations
Reported data is not accurate	There is a need for regular guidance and supervision for sanitarian officers in the field in data management and reporting.
Bartim Regent Decree No.326 of 2019 Determination of Stunting Priority Villages and Regent Decree June 2021	There is a need to socialize every policy change at the regulatory level at the top level down to the lower level regarding technical guidelines and implementation instructions regarding the objectives of the implementation procedure to stakeholders and officers in the field so that they can be understood and implemented in accordance with the direction of policy changes. Especially at the Puskesmas level as the technical implementer and the Village Government as the target locus for implementing the STBM program.
Changes in direction of National and Regional policies	There is a need to socialize every policy change at the regulatory level at the top level down to the lower level regarding technical guidelines and implementation instructions regarding the objectives of the implementation procedure to stakeholders and officers in the field so that they can be understood and implemented in accordance with the direction of policy changes. Especially at the Puskesmas level as the technical implementer and the Village Government as the target locus for implementing the STBM program.
Structural change and rotation of positions	Every change and rotation of positions should be followed by the delegation of reporting data, information, duties, obligations and authorities related to programs that are being or will be implemented.
MEASUREMENT/MONITORING	
The dissemination of the results of the progress of the implementation of the STBM program by district and by sub-district was only ever carried out in 2018	Dissemination needs to be carried out periodically to measure the success and progress of program implementation.
Monev is not carried out regularly	Monitoring and evaluation needs to be carried out periodically to measure the success and progress of program implementation as well as matters that are considered important in determining and formulating subsequent strategies.
Determination of targets and achievements is not yet clear	Dissemination, monitoring and evaluation are carried out in an integrated and periodic manner as a reference material in setting targets and strategies as well as preparing program plans.
The accuracy of measurement and reporting is not optimal and well measured	Dissemination, monitoring and evaluation are carried out in an integrated and periodic manner as a reference material in setting targets and strategies as well as preparing program plans so that program achievements can be measured optimally.
MOTHER NATURE/ ENVIRONMENT	
Pulau Patai Village is a preparatory village as a tourism village	The direction of development planning should synergize with the direction of development in other sectors, so that development grows side by side and has a positive impact on regional progress.

SWOT Analysis Results

SWOT analysis is a strategic planning method that can be used to evaluate the factors that become strengths (Strengths), Weaknesses (Weaknesses), Opportunities (Opportunities), and Threats (Threats) that may occur in achieving a goal of a project activity/business activity or institution/organization on a wider scale. For this purpose, it is necessary to study the environmental aspects both internally and externally which influence the pattern of institutional/institutional strategies in achieving goals. Continuing the process after identifying both internal and external factors, then determining the weighting and ranking. The weight multiplied by the rating on each factor gets the score for those factors. Weights are calculated, 0.0 (not important) to 1.0 (very important). The total weight for opportunity and threat is 1.00,

this also applies to the number of strengths and weaknesses. Opportunity ratings start from 1 (below average), 2 (average), 3 (above average) and 4 (very good), based on the influence of these factors on the conditions and objectives of the program concerned. Opportunity and threat rating values are always opposite, for example if the threat factor is greater, it is given a value of 4. Likewise, the value for strength and weakness is given.

The implementation of the STBM program also requires a planning method that can be used in determining strategic steps to overcome any problems or obstacles encountered in preparing a plan. Based on the results of interviews with informants, it was found that internal and external factors influenced the planning of the STBM program. The following are the results of internal factors that influence the STBM program planning which includes Strengths and Weaknesses which can be seen in table Table 2.

Table 2. Internal Factor Analysis

No.	Internal factors	Weight	Ratings	Score
Strength (Strengths)				
1	Central Government support through the budgeting of DAK Non-Physical Health Sector Health Operational Assistance funds	0.20	4	0.80
2	Local Government support through regulation of Regent Regulation No. 22 of 2016 concerning BASNO (Free Open Defecation Movement)	0.15	3	0.45
3	Cross-sectoral support and Regional Apparatus Organizations in the construction of sanitation facilities as a support for the STBM triggering program	0.13	2	0.26
4	There is a commitment from cross-programs of the Community Health Centers in supporting the triggering of STBM Locus Villages	0.12	3	0.36
5	Support for sanitation health cadres in the Village/Kelurahan	0.06	2	0.12
Sub Total Strength (Strengths)				1.99
Weakness(Weaknesses)				
1	Human Resources (HR) in the field of sanitation, education and training levels are still minimal	0.10	2	0.20
2	Sanitarian/Puskesmas environmental health workers who carry out multiple tasks cause the work to be unfocused	0.04	2	0.08
3	Changes in policy and rotation of positions at the cross-sectoral level and related Regional Apparatus Organizations	0.09	3	0.27
4	Private support is still minimal	0.05	2	0.10
5	The availability of supplies of materials and land in the implementation of Appropriate Technology (TTG) is still limited	0.06	2	0.12
Sub Total Weaknesses(Weaknesses)				0.77
Final score		1		2.76

Based on the results of interviews with informants also revealed that there were several external factors that influenced the planning of the STBM program which included Opportunities and Threats which can be seen in Table 3.

Table 3. Analysis of External Factors

No.	Internal factors	Weight	Ratings	Score
Opportunities				
1	There are training opportunities for the development of human resources for Sanitarian officers	0.10	3	0.30
2	Community openness and willingness in Clean and Healthy Behavior (PHBS)	0.05	2	0.10
3	Access to the village/kelurahan locus is quite easy	0.09	3	0.27
4	There is Village Fund support in efforts to improve the environment	0.23	3	0.69
5	The growth of the private sector investing in the improvement and development of CSR in the regions	0.16	3	0.48

6	The strategic potential of Pulau Patai Village and Magantis Village as a riverside area is quite high	0.20	3	0.60
Sub-TotalOpportunities				2.44
Threats				
1	Changes in central and regional policies	0.10	2	0.20
2	The environmental conditions of Pulau Patai Village and Magantis Village are prone to flooding	0.07	2	0.14
Sub-TotalThreats				0.34
Final score		1		2.78

CONCLUSSION

Man Power (Human Resources), among others: The ability of officers to analyze and manage reports, Lack of understanding of the latest program standards/guidelines, Socialization and training are not conducted regularly, Education level is still Diploma III, Sanitaricians do multiple assignments. Methods include: Socialization and advocacy through the PPSP Working Group, linsek/linprog are not optimal and sustainable, Interview and observation data validation is not carried out optimally, Reporting and data management are not accurate. Materials include: The accuracy of the report is not in accordance with the procedural guidelines, reported data is inaccurate, Bartim Regent Decree No. 326 of 2019 Determination of Stunting Priority Villages and Regent Decree June 2021, Changes in direction of National and Regional policies, Structural change and rotation of positions. Measurement/Monitoring includes: Dissemination of the results of the progress of the implementation of the STBM program per Regency and per District has only been carried out in 2018, Monev is not carried out regularly, targets and achievements are not set clearly, Measurement and reporting accuracy is not optimal and well-measured. Mother Nature/Environment, among others: Pulau Patai Village is a preparatory village as a tourism village.

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