

COLLABORATIVE GOVERNANCE: EFFECTIVENESS OF COMMUNITY BASED TOTAL SANITATION PROGRAM IMPLEMENTATION IN BANDUNG CITY

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Abstract

The concept of public interest is something that is defined politically and stated in the rules representing the aggregation of individual interests. The basic concept and development of its understanding from time to time in constitutional discourse, freedom as a basic right and authority as a legitimate governing power will be seen as functions that will complement each other reciprocally. The administration of government in a country will always require systematic and clear rules and regulations, so that every related element as a system can understand and respect each other, and the wheels of government can run in carrying out their duties and obligations in accordance with the provisions that have been set. Therefore, in the context of implementing these public policies, the government needs to be equipped with the authority to formulate, implement, and evaluate the policies it undertakes, including the policy to delegate some of its authority to lower levels of government organizations. The research field taken is public administration research, research from a process that runs continuously, to an indefinite period related to public administration, while the purpose of this research is to determine the effectiveness of implementing community-based total sanitation programs in the city of Bandung, and the results of this study explained that the researchers found several problems related to collaborative governance on the effectiveness of the STBM program. Among them are first, the performance indicators have not described the outcome but are more focused on the output alone then the collaboration of the government on the STBM program needs to be sharpened regarding the strategies and policies that will be implemented by the Bandung City Health Office which is still lacking, because the implementation process is still far from the target that has been set. stipulated as in Permenkes No. 3 of 2004 concerning Community-Based Total Sanitation (STBM). Third, the problems raised are still narrow, so they are not close to the STBM outcome target, and are still unable to answer sanitation problems in the city of Bandung.

Keywords: Collaborative Governance, Effectiveness, Program Implementation

INTRODUCTION

Collaborative governance dynamics in achieving the effectiveness of the implementation of the Community-Based Total Sanitation program hereinafter referred to as STBM in the city of Bandung. The content of this research is a policy study of the Minister of Health regulation number 3 of 2004 concerning Community-Based Total Sanitation. The purpose of STBM is to prevent the spread of environmental-based diseases, to improve access to drinking water and basic sanitation, through the STBM approach by triggering behavior change and improving the quality of environmental sanitation. Triggering behavior change and improving the quality of environmental sanitation will focus on context, input, process and product (Context, Input, Process and Product or CIPP) as one of the research models evaluating the effectiveness of the STBM program implementation that focuses on

Collaborative Governance STBM program at the City Health Office. Bandung (Juliansyah, 2020).

Implementation of the STBM Program with five indicators of Stop Defecation, the first indicator, the second one is washing hands with soap, the third is the management of drinking water and household food, the fourth is the protection of household waste and the fifth is the protection of household liquid waste. The Stop Defecation Indicator, hereinafter referred to as Stop open defecation, will be taken as a research topic.

The indicators for the implementation of the Bandung City STBM are contained in the Bandung City Sanitation Strategy for 2015-2019 which is continued in the Bandung City Strategic Plan for 2020-2023. Sanitation is a mandatory business through Universal Access Sanitation 100-0-100 which means 100% of the community is served with drinking water that meets health requirements, 0% slum areas and 100% access to basic sanitation that is proper for Indonesia, to achieve this city of Bandung has a target of 30 sub-districts. and 151 kelurahan that implement STBM (Adrian, 2017).

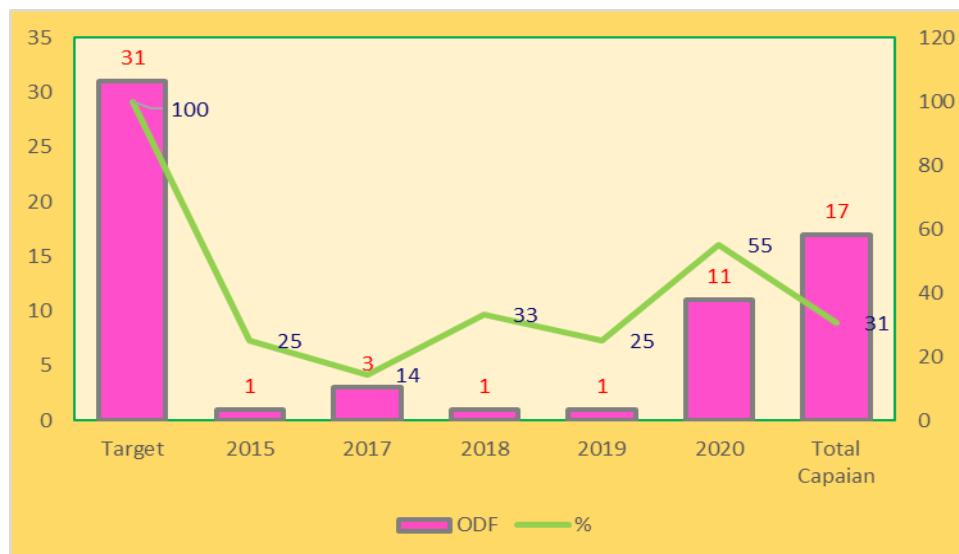
The Bandung City Health Office in 2020 seeks to organize STBM through a program to improve the quality of environmental health, the current data access program activities for basic sanitation in the city of Bandung can be seen from the Word Electric Browser, the progress of STBM is 68.49% or there are still 200,000 households who do not have access. Healthy latrine or still open defecation. In addition, the number of Open Defecation Free villages is only 17 out of 151 urban villages in the city of Bandung in 2020. To overcome this problem, three coordinators have been formed, namely the regional coordinator carried out by the sanitarian of the puskesmas, the subdistrict coordinator carried out by the Bandung City Health Office, and the city coordinator implemented by the Ministry of Health.

Table.1 STBM Achievements in Bandung City in 2014-2020

YEAR	Σ POPULATION	% PHBS	Σ POPULATION	% DRINKING WATER	Σ HOME	HEALTHY HOME	%
2014	234558	65,76	1753287	68,08	405867	299346	73,75
2015	251547	66,00	1837031	73,76	405901	300459	74,02
2016	286274	65,94	1879031	75,47	405901	301572	74,30
2017	261274	67,78	1879031	75,47	459374	359607	78,29
2018	261274	65,75	1879031	78,80	459374	351655	78,58
2019	190370	68,00	1970759	78,58	495820	351655	4,64
2020	244989	83,11	2007986	80,00	473422	341037	11,32

An illustration of the achievement of the STBM program starting in 2014 with the implementation of all pillar targets, as seen from table 1.1 the four target indicators have been well implemented. In 2019 STBM there was a change in indicators from healthy homes through strengthening access to healthy latrines to changes in behavior for Open Defecation Free, this is because the achievement of healthy homes for the availability of access to latrines is 100% available. The achievement of the Open Defecation Free target in 2019 was only 4.64% or 7 villages from 151 urban villages, reinforced by the statement from the STBM program holder, Mrs. Niluh, who stated that in 2019 the achievement of access to sanitation was only 61.84% with one ODF village, Citarum village, a total of 6 ODF villages from 151 villages. , the SBS target is the first pillar of the first five pillars of the five STBM pillars which will continue to be worked on until 100%. In 2020 there was a fairly high increase of 11.32% or 17 total villages that had achieved Open Defecation Free (ODF) or 11.32%, there was a gap in achieving 87.68% Open Defecation Free in Bandung City, a complete picture of STBM program achievements The first indicator can be seen in Figure 1.

Figure 1: Graph of STBM Program Achievement ODF Indicators in the last Five Years



Data source : monev.stbm.kemkes.go.id/monev

The ODF target for the city of Bandung from 30 sub-districts in the city of Bandung is expected to reach 100% by 2030. The 30 sub-districts are Gedebage, Rancasari, Bandung Wetan, Panyileukan, Antapi, Arcamanik, Sukasari, Lengkong, Regol, Andir, Astanaanyar, Babakan Ciparay, Bandung Kidul, Bandung Kulon, Batununggal, Bojongloa Kaler, Bojongloa Kidul, Buahbatu, Cibeunying Kaler. , Cibeunying Kidul, Cibiru, Cicendo, Cidadap, Cinambo, Coblong, Kiaracandong, Mandalajati, Sukajadi, Bandung Sumur and Ujung Berung. The 30 sub-districts consist of 151 sub-districts, there are 15 sub-districts that are in very high risk areas for sanitation and are spread over 10 sub-districts of the total kelurahan and sub-districts in the city of Bandung. Total ODF achievements for the last five years from 2015 to 2020 as of December 1, 2021 as many as 17 Kelurahan 11.25% with the

achievement of pillar one in 2020 there is a gap of 88.17% or there are still villages that are still Open Defecation (OD) of 88,75% (Rodonuwu, 2020).

Strengthening the feasibility of the topics taken for research in addition to the data above, the researchers took some relevant previous research results from (Devi Arianti and Lena Satlita: 2018), that the collaborative governance process to optimize collaboration by prioritizing the principle of community empowerment as the main actor, the government as a facilitator and the private sector as partners between the government and the community. The researcher is of the opinion that there are similarities with the research that will be taken as field research with a research orientation on collaborative governance. Technical data collection through observation, interviews, and documentation. These documents come from secondary data such as newspapers, archives, journals, laws and regulations and documentation of activities.

The difference with the research that will be taken is the object of study by the main informants of the Bandung City STBM program and development data on the web monitoring evaluation of the Ministry of Health, the previous research approach qualitatively and quantitatively was carried out together with the most qualitative approach, while the studies conducted by researchers is about Community-Based Total Sanitation using a mixed method approach with a dominant qualitative approach as a matter of similarities with previous research (Arianti & Satlita, 2018).

Problem identification there is a gap of 88.75% from 100% of the target of the STBM pillar one ODF program, based on this gap the researcher is interested in making a scientific study on the evaluation of the community-based total sanitation program in the city of Bandung studied from the context, input, process and product, the researcher determines focus on Collaborative Governance: Effectiveness of Community-Based Total Sanitation Program Implementation in the City of Bandung through, Variable Collaborative Governance with the first dimension to search for information to explore general program information indicators, new funding for programs and projects, interpretation of standards and regulations, general program guidelines and technical support. The second dimension is Regulatory leeway, flexibility, or neglect with indicators of statutory flexibility, policy changes, funding innovation for programs, program engagement models, performance-based policies.

The indicators of these two dimensions will be explored and studied through observations, interviews and documents to determine the collaborative governance variables on the effectiveness of the STBM program implementation from key informants, observations, one of which documents come from the World Wide Web monev.STBM.Kemkes.go.id. The main informant of the environmental sanitation section who handles the STBM program and the stages of the STBM implementation includes planning, implementing, monitoring, evaluating and compiling reports and coordinating the implementation of STBM by coordinating across sectors and across programs. Study of Horizontal Collaborative Activities in STBM regarding partnerships in cross-sectoral coordination such as Puskesmas, sub-district, regional, PUPP Office, DPKP3, PDAM, Bandung city sanitation strategy plan and STBM program implementation (Dorothy et al., 2015).

The complexity of the problems faced requires the involvement of many groups. Building a network of organizations to address public issues clearly complicates resolution. As more public programs are delivered by private and nonprofit actors, and more public programs rely on complex public-private-nonprofit partnerships, it becomes increasingly difficult to ensure the right dots are well connected. Similarly, these arrangements make responsibility and accountability issues more difficult, but they represent the changes public administration will face. The core that can be taken by researchers regarding public administration in STBM policies, takes one characteristic dimension, namely effectiveness by extracting detailed information and data from context, input, process and output of public personnel resources that are organized and coordinated to formulate, implement and manage public policy to achieve goals. Collaborative Governance is a model of balancing power and resources between governments, stakeholders and other public institutions with a commitment to empowering weaker stakeholders so that they depend on each other in experiencing complex problems through collective decision making and consensus-oriented implementation (Saputri, 2021).

Based on the explanation above, according to the researchers, Collaborative Governance STBM is collaboration in the implementation of STBM programs mandated by law to achieve the goals of the Public Health Degree, synergizing in implementation between the central government, districts/cities, Community Health Centers and collaboration with institutions/partners by optimizing the source of funds for the sustainability and success of the STBM program implementation in the city of Bandung, in this case the object of research is the Head of the Environmental Health Section, the holder of the Bandung City Health Service program for 151 urban villages with a target of 30 sub-districts. Public policy has proven to be a difficult field, because the study involves many parties. It is to understand public policy with the interdisciplinary nature of this field that makes the public policy approach interesting. Public policy discusses how these issues and problems are structured and defined, then how they are put on the policy agenda and political agenda.

METHOD

The research field taken is public administration research, research from an ongoing process, to infinity related to public administration, with scientific information hypotheses that are more specific and narrower in scope than a policy research study. This policy research uses an evaluation research method with a combination method approach (Mix Method). The city of Bandung was used as the object of the research population, then the Department of Health as the technical implementer was used as the object of the sample, the introduction of the object of research with an explanation through the structure and main tasks of the organizational function of the Bandung City Health Office. To get a comprehensive answer, the researcher uses quantitative and qualitative data simultaneously.

Data collection uses primary and secondary data sources with data collection techniques of observation, interviews, questionnaires, documents and a combination of the four. In this research, the data collection technique uses a combination of the four. Meanwhile, for data

collection techniques, this qualitative research uses interview data collection techniques, focus group data collection for validation of regional basic sanitation data in the city of Bandung, observation data collection techniques, data collection with documents and triangulation (combined) data collection techniques as well as a credibility test. . Process Qualitative data analysis was carried out before entering the field, during the field and after completing the field or during the process and after completing data collection. Analysis before the field was carried out on the data from the preliminary study or secondary data, during the field process at the time of the interview, the researcher analyzed the results of the interview (Creswel, 2014).

RESULTS AND DISCUSSION

The Process and Results of the Effectiveness of the Implementation of the Community-Based Total Sanitation Program in the City of Bandung

The process and results of the effectiveness of the implementation of the community-based total sanitation program starting from the context, inputs, processes and products according to the Stufflebeam model, based on the results of the research that has been carried out, the success can be explained as follows, the Sustainable Development Goals (SDGs) are the result of the agreement of 193 member countries United Nations involving the participation of civil society and various stakeholders. HLP members are not only from developed countries, but also from poor or developing countries including Indonesia. The declaration, hereinafter known as the 5-P Declaration or the five agreements, was then used as the rationale for achieving SDGS/TPB. Sanitation is the 7th goal of the SDGs (Genowska et al., 2015).

According to researchers, Indonesia has an agreement with making policy no. 3 of 2014 regarding community-based total sanitation which is implemented by all regions in Indonesia. The Bandung city area implements the program which is carried out by the Health Office in the form of the Community-Based Total Sanitation Program in the City of Bandung. The Health Office has a target of 30 sub-districts with 151 sub-districts, since the issuance of the policy, the City of Bandung has implemented the program but has not yet reached 100% in accordance with the general vision of Indonesia and the Bandung city program. So far, it has only reached 61.58%, according to the results of interviews with key informants, "the access is 83% ODF, there are 93 urban villages" and according to internal documents from 151 urban villages, there are 93 urban villages that have been Open Defecation Free (ODF), and this is confirmed by the results. combined data (Mixed Method data).

Based on the results of collaborative governance research on the effectiveness of the implementation of community-based total sanitation programs for the context component, the results from mixed method processing show that the STBM program has 10 standards with the answer yes. The score of the context component for program existence, program clarity, and program alignment with the vision of the Bandung City Health Office from 25 health

centers answered 5 out of context 1 or about 88 percent of the number of puskesmas strongly agreed with the existence of the STBM program. In addition, there were four puskesmas or 12% answered 3 or agreed with the existence of STBM (Hakim, 2016).

Regarding the clarity of STBM objectives, data showed that 17 health centers or 88% answered 5 or stated that the STBM objectives were very clear. Eight puskesmas or 32% answered 4 or answered that the purpose of STBM was clear. From these results it was found that there was a very good response to the STBM program as found in the answers consisting of 4 and 5, and based on the results of the combined processing, it can be seen in Figure 4.06. the community for the contest or goal has been carried out well, for the opposite is the input component which will be explained further.

Evaluation of inputs (input), evaluation helps regulate decisions, determines available sources, alternatives that are taken, what is the strategic plan to achieve needs, and what are the procedures to achieve them. Based on research for the input component with questions on how to implement STBM program SOPs, adequacy of STBM program funds, quality of human resources for STBM program managers, readiness of STBM program facilities and infrastructure and STBM program monitoring and evaluation. The results of the combined data processing of the STBM program implementation with the Establishment of a Regional Coordinator Formation of a Regional Coordinator, In the spirit of collaboration and coordination in the context of accelerating ODF in 2021, the Bandung City Government through OPD and related stakeholders and the Healthy Bandung Forum implements the ODF acceleration strategy by forming a team that is divided into 6 Korwil, based on the results of the combined data, clarify the qualitative data more (Gani & Amalia, 2018).

Based on quantitative research on the quality of human resources with a score of 76 Good, the readiness of STBM program Facilities and Infrastructure 35 percent of the total health centers stated that they were not ready with the facilities and infrastructure to implement the STBM program and STBM program Monitoring and Evaluation 61% Good except for the implementation of Standard Operating Procedures. as input in research results for the Bandung City Health Office.

The process of implementing the STBM program is related to coordination, communication and cohesiveness between program holders and STBM program implementers in the field. Timeliness of STBM program implementation starting from 2014-2021 from 151 only 17 sub-districts based on a 61% questionnaire or clarifying qualitative data can be seen from the combined data results in Figure 4.07; the performance of the regulatory STBM program by implementing the STBM program policy as a sub-district and regional performance target with a score of 87 which stated that the STBM program funds were adequate with a score of 57%. Based on this, the researchers concluded that the process of implementing a community-based total sanitation program can be said to be good. very good 26, not good 30% (Ranjabar, 2015).

Product The results of the combined processing of products from the implementation of the STBM program in the city of Bandung have the effectiveness of the results of the

implementation of the Community-Based Total Sanitation Program in the city of Bandung. The achievement of STBM implementation has not yet reached 100% in only 61.18 sub-districts or only 92 sub-districts from 151 sub-districts. Based on the combined data in Figure 4.08, the results are contradictory between the results of the quantitative and qualitative data. Supported by quantitative data, the percentage of achievement in the implementation of the STBM program is between 50-90%, the number of villages with ODF of 93 villages is contrary to the web money, this is because the system has not been updated based on the results of confirmation from key informants. Researchers concluded that the product from the implementation of the program resulted in the product not being good with the achievement still less than 100% with an average of 61.58%.

Conclusion discussion of the process and results of the effectiveness of the implementation of the STBM program in the city of Bandung Discussion of the Process and Results of the Effectiveness of the Implementation of the Sanitation Program. The Sustainable Development Goals are the result of an agreement between 193 UN member states that involve the participation of civil society and various stakeholders. The declaration, hereinafter known as the 5-P Declaration or the five agreements, was then used as the rationale for achieving SDGS/TPB. According to researchers, Indonesia has an agreement with making policy no. 3 of 2014 regarding community-based total sanitation which is implemented by all regions in Indonesia. The Bandung city area carried out the program which was carried out by the Health Office in the form of the Community-Based Total Sanitation Program in the City of Bandung (Kurniadi, 2020).

This evaluation describes relevant environmental conditions describing existing and desired conditions in the environment and identifying unmet needs and untapped opportunities. From these results it was found that there was a very good response to the STBM program as found in the answers consisting of 4 and 5, and based on the results of the combined processing, it can be seen in Figure 4.06. the community for the contest or goal has been carried out well, for the opposite is the input component which will be explained further.

Process and Results of Collaborative Governance Effectiveness of Community-Based Total Sanitation Program Implementation in Bandung City

Collaborative governance data processing for the process and results or effectiveness of quantitative data is processed in a strategic way for both dimensions with the following results:

1. Vertical Activity Collaborative Dimension

The Information Search indicator has sub indicators: General program information (X1), Program Development Budget (X2), Regulations (X3), Standard Operating Procedures (X4), Technical assistance (X5)

Indicators Policy makers and assistance have sub-indicators: Policy changes (Y1), Program funding innovation (Y2), Program involvement models (Y3), Performance-based policies (Y4)

2. Horizontal Activity Collaborative Dimension

Policy Makers indicators have sub-indicators: Partnership (Y5), Collaboration (Y6), Consolidation (Y7).

The HR Exchange indicator has sub-indicators of Budget Sources (Y8), Awards (Y9), Planning and Implementation (Y9), Project-based Partnerships (Y10), Grants (Y11), with the following model:

Context 3 discusses the suitability of the STBM program objectives with the vision of the Bandung City Health Office. There were 25 puskesmas or about 57% who answered 5 or stated that STBM was very in line with the vision of the Bandung City Health Office. Meanwhile, 12 puskesmas or 48% answered accordingly.

The suitability of the TBSM program with the vision of the Bandung City Health Service, which is very high, with answers on a scale of 4 and 5, indicates that there is room for collaboration between the government and the community in the success of the STBM program. This is in line with collaborative governance where collaboration in implementing STBM with the government allows the acceleration of the implementation of TBSM in improving environmental health. Therefore, it is necessary to increase the synergy between the vision of the STBM program and the government's vision (Agustino, 2016).

Input data 1 regarding the implementation of STBM program standard operating procedures (SOP) there are six health centers or 24% who answered 5 or stated very well. Meanwhile, 19 puskesmas answered 4 or good. Regarding the adequacy of STBM program funds (input 2), 2 puskesmas or 9% answered 5 or very available. 13 puskesmas or 26% answered 4 or available. Four puskesmas or 17% answered 3 or less available. The remaining 3 puskesmas (13%) answered 2 or not available, and one puskesmas (4%) answered 1 or very unavailable. There are still problems in implementing STBM program SOPs that are not in accordance with collaborative governance theory. In a vertical relationship, SOPs are one indicator of the success of the program, where there are clear SOPs set by the government.

In addition to making the right SOPs, it is also necessary to apply regulations and supervision in implementation. Without strong regulations and good supervision, the program cannot be implemented optimally. As a sustainable sanitation effort, it is very important that the STBM program SOP is made and implemented properly. Horizontally, the involvement of many parties in the implementation of SOPs and an appreciation of the orderliness of SOP implementation is one of the efforts to improve the implementation of SOPs. This effect is significantly very strong in identifying and controlling people from committing OD. The same thing was also expressed by Miriam Harter et al., that the application of an open-defecation free environment standard, through social control such as SOPs will have a very good impact on the sanitation program (Sri, 2021).

The response of the puskesmas to input 3, there were 4 puskesmas or 9 percent of the total puskesmas who answered 5 or stated very well. There were 15 puskesmas or about 78 percent of the total who said they were good, meaning that the majority of puskesmas interviewed agreed that the management of the STBM program would run well if the quality of human

resources was also good. There is 1 puskesmas that gives a score of 3 or states it is not good. The finding of an answer stating that the quality of human resources in the implementation of STBM is not good is based on showing that the horizontal collaborative governance implementation has not been maximized. Quality human resources become an important aspect in the field in implementing a program. Therefore, the gap in the quality of human resources can hinder progress and efforts must be made to improve the quality of human resources.

Tabulated data number 7 shows the response of the puskesmas to input 4. From the data above, it is shown that there are only 2 puskesmas which state that they are very ready with adequate infrastructure to implement the STBM program. Eleven puskesmas or about 44 percent of the total stated that they were ready with the facilities they had to implement the STBM program. Meanwhile, there were 3 puskesmas who stated that they were not ready with puskesmas infrastructure to implement the STBM program and there were 8 puskesmas or about 36 percent of the total puskesmas who stated that they were not ready with the facilities and infrastructure to implement the STBM program (Nahot, 2022).

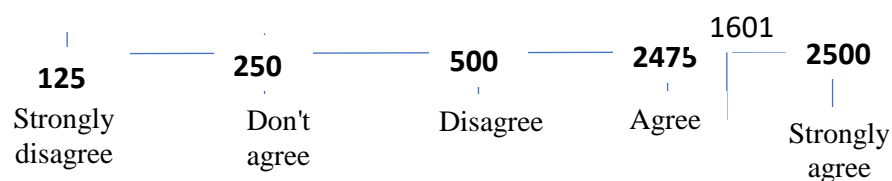
Vertically, there is a need for technical assistance for the implementation of STBM by the government. Technical assistance is very closely related to the readiness to implement STBM in the field. There are still 35% of puskesmas who stated that they were not ready with the facilities and infrastructure, contrary to the program development budget indicators in Agranoff's collaborative governance theory. Vertically, the provision of a budget for program development implementation is an important indicator. Among the technical assistance in the form of physical development where based on the results of interviews obtained information that there is no physical development by the health office in increasing STBM.

Table number 8 shows the response of puskesmas to the implementation of monitoring and evaluation of the STBM program (input 5). There was 1 puskesmas which stated that it was very good with the monitoring and evaluation of the STBM program. The majority of puskesmas, about 15 or 60 percent of the total, answered 4 or said they were good with the implementation of the monitoring and evaluation of the STBM program. There are 6 puskesmas that gave a score of 3 or stated that it was not good for the monitoring and evaluation of the STBM program. Meanwhile, 3 puskesmas or about 6 percent of the total gave a score of 2 or stated that the monitoring and evaluation of the STBM program was not good (Zakariya, 2021).

In addition to careful planning, evaluating the implementation of an ongoing program is something that must be carried out in achieving the goal of increasing access to sustainable sanitation. A thorough evaluation of the STBM progress is required in order to achieve the 100% sanitation target. Table number 9 shows the response of the puskesmas to the timeliness of the STBM program implementation (process 1). There is 1 puskesmas or about 4 percent of the total who gave a score of 5 or stated strongly agree that the STBM program has been implemented in accordance with the time. There were 61 percent or 14 puskesmas who gave a score of 4, meaning that the majority of puskesmas interviewed agreed that the STBM program had been implemented in a timely manner. There are 5 puskesmas that gave

a score of 3 or stated that they did not agree if the STBM program had been implemented in a timely manner. Meanwhile, there are 3 puskesmas or about 13 percent of the total giving a score of 2 or stating that they do not agree if the STBM program has been implemented in a timely manner (Tresiana & Daudji, 2017).

Tabulated data number 10 shows the response of the puskesmas to the performance of the STBM program. There are 3 puskesmas that gave a score of 5 or stated that the performance of the STBM program had run very well. The majority of puskesmas or about 87 percent gave a score of 4 or stated that the performance of the STBM program had been going well, which can be explained as follows:



Source: Processed Data

In accordance with the data presented above, it shows that the actual value obtained is included in the "agree and strongly agree" interval. This means that the STBM program in the city of Bandung according to data from health centers shows that it has been running well by looking at the results of several indicators, starting from context 1, context 2, input 1, input 2, input 3, input 4, input 5, process 1, and process 2 which mostly shows good value. STBM program is in the range of agree and strongly agree in other words between good and very good. This is inseparable from several aspects contained in the ten indicators above. The data above shows the role of the community and government in increasing efforts to gain access to better sanitation. Although in general it has been going quite well, but there are some aspects that are still experiencing problems. There are still shortcomings in the implementation of the STBM program and collaborative governance in terms of improving access to sanitation.

The application of collaborative governance in the implementation of STBM can be measured by several indicators as proposed by Robert Agranoff. There are several indicators that are viewed from two dimensions, namely vertically and horizontally. Vertically the application of regulations, SOPs, and good socialization is very urgent. In addition, the innovative budget and technical assistance provided by the government to the community will have a positive impact on the implementation of the STBM program. In addition, policy changes with more productive and innovative funding. Performance-based policies and program involvement models support program development in the context of improving sanitation (Rizaldi, 2016).

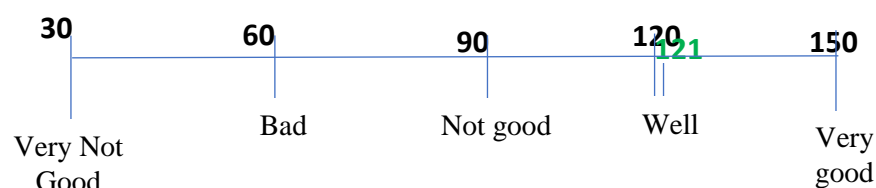
The assessment of the implementation of the STBM program in order to improve access to ODF was assessed internally and externally. Some forms of internal assessment are to look at aspects of whether there are still open defecation or not. In addition, an internal assessment was carried out by assessing how many residents still disposed of diapers and feces carelessly.

Regarding collaborative governance vertically, the maximum implementation cannot be seen. The internal assessment was carried out starting from the sanitarian of the puskesmas in the Bandung City sub-district through data that had been verified internally, then after feeling that the kelurahan no longer defecated openly, the kelurahan wrote a letter for external verification. Therefore, it is necessary to improve the connection between the government and the community so that government knowledge about sanitation can be channeled and applied optimally through collaborative governance (Inga Jacobs-Mata et al., 2021).

The data above is then compared with data obtained from field findings and interviews. Based on data collected from health centers in the city of Bandung, it was found that several aspects were not carried out optimally. Vertically and horizontally, there are still some shortcomings. Starting from regulations, SOPs, to the implementation of STBM below 30% in several locations, it shows that the implementation of STBM and collaborative governance in sanitation improvement has not been maximized. This is different from the statement made by the Bandung City Health Office, in a statement from the related agency, it actually considers the STBM implementation that has been carried out to be very maximal (Gunadi, 2020).

The results of the interview can be confirmed that there is a discrepancy between internal and external verification. Furthermore, it can be concluded that the STBM efforts carried out by the government seem only half-hearted, because the data in the field does not match the data held by the Bandung City Health Office. So that it is necessary to re-verify the existing data in the field, so that later the policies issued by the government will be able to answer the STBM problems in several villages in Bandung City. On the other hand, this must be strengthened so that it does not deviate from the rules that have been made through Permenkes Number 3 of 2014 which are in accordance with Standard Operating Procedures. If these standards can be carried out optimally, then a clean environment will be carried out well, and can minimize disease comprehensively for the community. Because a clean environment has a significant influence on the quality of life of the people of Bandung City.

On another dimension, the results of the calculation of the tabulated data as a whole show that from the aspect of Home Visits, Pillar 1 STBM Program Process Progress Reports, Report Frequency, STBM development recommendations, program improvement and development efforts, and Budget Allocations have a value of 121 from the real score. . This figure proves that from several aspects they are in the good category, or almost close to the value of 120 with a difference of 1, and quite far from the ideal value, which can be illustrated as follows:



Source: Processed Data

Conclusion Collaborative governance effectiveness of the implementation of the STBM program in the city of Bandung is that there are 25 health centers or about 57% who answered 5 or stated that STBM is very in line with the vision of the Bandung city health office. Without strong regulations and good supervision, the program cannot be implemented optimally. As a sustainable sanitation effort, it is very important that the STBM program SOP is made and implemented properly. The same thing was also expressed by Miriam Harter et al., that the application of a standard open-defecation free environment, through social control such as SOPs will have a very good impact on the sanitation program. In fact, some are still below 50%. However, in contrast, this was also confirmed by an interview with the head of the Environmental Health Section in the city of Bandung who stated that there was optimal and maximum coordination between sanitarians and regions and the Decree of the Regional Apparatus Work Unit. Based on the results of the conclusions above, the researchers drew a final comprehensive conclusion (Shaluhiah & Purnama, 2016).

The conclusion of the process and results of the implementation of the community-based total sanitation program in the city of Bandung can be said to be good, the STBM program SOP score is very good 26, not good 30%. Products The results of the combined processing of products from the implementation of the STBM program in the city of Bandung have the Effectiveness of the results of the implementation of the Community-Based Total Sanitation Program in the City of Bandung. Product Percentage of Achievements The implementation of the STBM program has not yet reached 100%, only 61.18 or only 92 villages from 151 villages. Conclusion The process and results of the implementation of the community-based total sanitation program in the city of Bandung have not been maximized, taking into account the dimensions of collaborative vertical activities and collaborative horizontal collaborative governance activities, the program objectives of the first pillar of the 5 pillars in STBM. There are 25 health centers or around 57% who answered 5 or stated that STBM is very in line with the vision of the Bandung city health office, there are still below 50%, this happens because there is no strong regulation and good supervision, so the program cannot be implemented optimally.

CONCLUSION

The results of the research from Collaborative Governance on the Effectiveness of the Implementation of the Community-Based Total Sanitation Program are as follows, the process and results of the effectiveness of the implementation of the community-based total sanitation program in the city of Bandung, the process can be said to be good, what is still lacking is the SOP for the STBM program is not good 30%. The effectiveness of the implementation of the Community-Based Total Sanitation Program in the City of Bandung has not been good, seen from the percentage of achievement in the implementation of the STBM program, there are no sub-districts that have reached 100%, only 61.18 or only 92 sub-districts from 151 sub-districts. While the process and results of collaborative governance implementation of community-based total sanitation programs in the city of Bandung have

not been maximized, taking into account the dimensions of collaborative vertical activities and horizontal collaborative activities. or stating that STBM is very in line with the vision of the Bandung city health office that there are still below 50%, this happens because there is no strong regulation and good supervision, so the program cannot be implemented optimally.

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