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Synergy of Sanitation Development in Malang District

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Abstract

Management of sanitation in Malang Regency has not been carried out in an integrated planning and implementation between agencies or institutions. Referring to the Strategy Sanitation of Malang regency document compiled in 2016, it can been seen that sanitation development is still partially carried out or divided based on the institutional sector. It caused many problems in sanitation development, moreover it can not solve the main problem in sanitation. Bad communication and system coordination are the main factor that is predicted to be the cause. Furthermore, limited human resources for sanitation development actors in government agency is also resuts in incomplete handling. Moreover, it coupled with the vast area of Malang Regency and varied geographical conditions. the budget factor is also an equally important cause in sanitation development. No matter how big the goal is in solving sanitation problems, without adequate financial support, development will be obstructed. Based on data from the Malang District Health Office, in 2021 Malang Regency is still have open defecation practice in the area (Buang Air Besar Sembarangan = BABS). Basic access achievement in Malang Regency is 97.94% leaving 2.06% open defecation. There is no Integrated Waste Treatment Plant (IPLT), Local regulations on wastewater, and Scheduled Sludge Service (LLTT) in Malang Regency which gives fundamental problem towards safe sanitation. Implementation of sanitation development policies in Malang Regency according to the mandate of Malang Regent Regulation No. 51 of 2016 concerning Community-Based Led Sanitation, is currently running, although there are still many shortcomings in its implementation.

Keywords: Domestic wastewater, Implementation of public policies, Malang Regency, Sanitation

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1. Introduction

One of the international agendas drawn up by the United Nations is the Sustainable Development Goals (SDGs) to maintain a sustainable improvement in the economic welfare of the community, maintain the sustainability of the social life of the community, maintain the quality of the environment as well as inclusive development and the implementation of governance that could maintain the improvement of the quality of life from one generation to the next. One of the spotlighted targets is the goal of No. The 6 SDGs, ensure the availability and management of clean water and sanitation in a sustainable, decent and safe manner. There is a Community-Led Total Sanitation (CLTS) guide to the approach to changing sustainable, proper, and safe water and sanitation management through community empowerment with the triggering method. CLTS consists of 5 (five) pillars of sanitation and hygiene components, namely: (1) STOP open defecation; (2) Hand washing with Soap (CTPS) and running water; (3) Household Drinking Water and Food Management (PAM-RT); (4) Domestic Solid Waste management; and (5) Domestic Liquid Waste Water Management. Malang Regency has committed to the implementation of this CLTS with the issuance of Malang Regent Regulation No. 51 of 2016 concerning Community-Led Total Sanitation. Article 2 of the

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regulation, states that the objectives of establishing CLTS include of : (1) Efforts to accelerate the Open Defecation Free Regional program by improving environmental quality and changing behavior; (2) Reduce morbidity and/or mortality caused by environmental-based diseases by changing people's behavior to live healthy lives; (3) Increase work productivity; (4) Create a healthy and clean environment from human waste; (5) Improve the degree of public health; (6) Improve people's behavior to defecate in the toilet; (7) Increase the number of healthy toilet ownership; and (8) Improve the community's capacity in determining the choice of proper and affordable sanitation facilities.

In the Malang Regency Regional Mid-Term Development Plan (RPJMD), issues related to development are also presented, one of which is the lack of basic services for decent settlements, including clean water, wastewater management, and sanitation. Sanitation problems are not only the responsibility of one agency but are interrelated from one agency to another. Referring to the Malang Regency Sanitation Strategy compiled in 2016, it appears that sanitation development is still partial or compartmentalized based on the institutional sector. It can be said that sanitation handling has not been carried out in a holistic or integrated manner between agencies or institutions with one another. Each institution carries out sanitation development activities according to its main duties and functions and according to the goals of its own institution. These activities should be linked to one another. In other words, institutions should be able to synergize and collaborate on sanitation development programs and activities. This has resulted in sanitation development experiencing many obstacles and not even being able to solve the main problems in the sanitation sector. Lack of communication and coordination is the main factor that is predicted to be the cause. In addition, the limited human resources for sanitation development actors in government institutions also result in incomplete handling. Moreover, coupled with the vast area of Malang Regency. Then, the budget factor is also a cause that is no less important in sanitation development. No matter how big the ideals in solving sanitation problems, without sufficient financial support, the development will be hampered

Based on data from the Malang Regency Health Office, until 2021, Malang Regency is still not free from defecation (BABS). This gives a big task for the Malang Regency Government to solve this issue. Basic access that has been fulfilled includes Wastewater Treatment Installation (IPAL), Permanent Healthy Toilet (JSP), Semi-Permanent Healthy Toilet (JSPP), and Sharing.

Table 1. Malang Regency Access Data			
Year	Basic Access	BABS	
2019	92.40%	7.60%	
2020	97.44%	2.56%	
2021	97.94%	2.06%	

Data: Department of Health, Malang Regency

2. Literature Review and Hypotheses

In the book Konteks Implementasi Berbasis Kurikulum by Nurdin Usman, 2002 states that implementation boils down to activities, actions, behaviors, or the existence of a system mechanism. Implementation is not just an activity, but an activity that is planned to achieve the objectives of the activity (Usman, 2002:70).

Guntur Setiawan, in his book Implementasi Dalam Birokrasi Pembangunan, argues that implementation is an expansion of activities that adjust to each other, where the process of interaction between goals and actions to achieve them requires a network of implementers and an effective bureaucracy.

In general, it is concluded that implementation is not just an activity but includes activities that are planned and actually implemented based on specific rules and guidelines in order to achieve the objectives of the activity. To achieve the objectives, a trusted implementer's network is needed as well as effective and right-on-target action.

As introduced by Edward III (1984:9-10) regarding the perspective of policy problems, the existence of policy problems or phenomena that need to be resolved is the main reason for policy implementation. The basis for this approach to the problem is viewed from the factors that support and hinder the success of a policy being implemented in the community. Based on these rhetorical questions, four factors were formulated as sources of problems as well as preconditions for the success of the implementation process, namely (1) Communication; (2) Resources; (3) The attitude of the bureaucracy or implementers; and (4) Organizational structure including bureaucratic workflow.

In the public policy analysis process, some questions underlie each stage of the policy process, namely: (1) Identification of problems: (a) What is a policy issue? (b) What makes the problem a policy issue? (2) Formulation: (a) How are policy alternatives developed? (b) Who participates in policy formulation? (3) Adoption: (a) How are policy alternatives adopted and enacted? (b) What requirements must be met? (c) Who adopts the policy? (d) What process is carried out? (e) What are the contents of the policies that have been adopted? (4) Implementation: (a) Who is involved in the implementation (implementors)? (b) What needs to be done so that a public policy can have an impact according to its objectives? (c) What is the impact on the content of public policy? (4) Evaluation: (a) How to measure the effectiveness or impact of a policy? (b) Who does the policy? (c) What are the consequences of policy evaluation? (d) Is there anyone who demands/ wants the policy to be changed/removed?

According to Handoyo (2012), policy objectives can be political, economic, social, or legal. In terms of the political sector, public policy is often used to convey value in the form of goods and services to the public. In terms of power, public policy is applied as a government tool in maintaining a monopoly in the community, or in other words, the identity of the government as a ruler can be accepted and recognized by the community.

From the economic side, public policies are made with the objectives of: (1) Supporting and facilitating the market and society so that they can carry out their functions in regulating the wheels of the economy freely and competitively; (2) Providing guarantees that economic activities run in an orderly manner without any pressure from any party; (3) Facilitate the wheels of the economy in the community so that they can move freely in carrying out production, consumption, and distribution activities; and (4) Provide guarantees and protection aimed at the interests of low-income and powerless people from capitalist power.

From the social side, public policies are made to: (1) Realize social control in the community; (2) Reduce social conflicts that may occur in the community; and (3) Create social relations among community members without discrimination or distinction.

From a legal perspective, public policies are needed to: (1) Create justice and law in society; (2) Provide understanding to the community and compliance with regulations made by the government or the state; and (3) Create a peaceful and peaceful life in the community.

Sanitation is a field that discusses facilities and services for the safe disposal of human waste such as feces and urine (https://id.wikipedia.org/wiki/Sanitation). Multiple levels of sanitation are used to compare sanitation practices within a country or between countries. The sanitation ladder starts with open defecation and continues upwards using the terms basic, decent, and safe. Based on the Nawasis portal, the definition of each stage of sanitation based on the SDGs is as follows: (https://www.nawasis.org/). Open Defecation (OD) atau Buang Air Besar Sembarangan (BABS): users do not have defecation facilities or do not dispose of in the right place. Basic access: non-goose neck with a toilet in the form of a slab with and without a lid and cubluk/cemplung with a septic tank, IPAL, or earthen hole. Decent access: goose-neck toilet with underground pit or tank that is not vacuumed, either alone or together. Safe access: goose-neck toilet according to specifications, under construction of septic tanks which are routinely vacuumed and disposed of at the Sludge Treatment Plant (Instalasi Pengolah Lumpur Tinja/IPLT).

According to Ahmad, 1995, sanitation aims to seek a healthy way of life for a person to avoid disease. This is prioritized on preventing or avoiding the causative factors that exist in the human environment. These factors include food, beverages, housing environment, drinking water conditions, individual hygiene, and the manufacture of healthy and qualified waste disposal facilities.

The conceptual framework used or what can be termed a framework of thought is modeling how the theoretical foundations related to the various factors that have been identified. A framework of thought will

link theoretically between research variables, between independent and dependent variables (Sumarni & Wahyuni, 2006). In this study, the focus is on the handling of sanitation in Malang regency, the domestic wastewater sector.

3. Methods

The research design was descriptive qualitative. According to Arikunto (1996), it is explained that descriptive research is non-hypothetical research so in this research there is no need to formulate a hypothesis. A qualitative approach is an attempt to obtain clear information on a particular problem in a study, whereas qualitative research is more specific to focuses on certain aspects and often shows the relationship between variables or gives a clearer picture of descriptive social situations. According to Moleong (2012), qualitative research intends to understand the phenomenon of what is experienced by research subjects such as behavior, perception, motivation, holistic actions, and words and language, where this is conducted in a special natural context and utilizes many types of natural methods.

A qualitative descriptive method was used in this study. The researcher acts as the main important instrument. Qualitative researchers as human instruments have a function to determine the focus of research, as data sources, collect data, reduce data, present data, and make conclusions in addition to researchers as the main instrument and other instruments. Qualitative research takes a sampling technique with a non-random method in which the selection of informants according to certain procedures, takes data from sources related to the discussed issues, to produce reliable, accurate data, and is expected to provide accuracy of research results. Sources of data were obtained from informants. Determination of informants was determined by purposive sampling.

The validity of the data in qualitative research is carried out to prove that the research conducted is truly scientific research as well as to test the data obtained. The following are several types of validity tests which include credibility (internal validity), transferability (external validity), dependability (reliability), and confirmability (objectivity) (Sugiyono, 2017).

4. Results and Discussion

From the results of literature studies and policy observations of Malang Regent Regulation No. 51 of 2016 concerning Community-Led Total Sanitation, the objectives of CLTS are as follows: (1) Efforts to accelerate SBS/ODF Regional programs by improving environmental quality and changing behavior; (2) Reduce morbidity and/or mortality rates caused by environmental-based diseases by changing people's behavior to live healthy lives; (3) Increase work productivity; (4) Create a healthy and clean environment from human waste; (5) Improve public health status; (6) Improve community behavior to defecate in toilets; (7) Increasing the number of healthy toilet ownership; and (8) Improve the community's ability to determine the choice of proper and affordable sanitation facilities according to their abilities.

Policy implementation in sanitation development begins with policy socialization to stakeholders and related parties, especially the community.

Establishment of a Working Group related to planning, development, utilization, and control of housing and settlement development activities, the Housing and Settlement Area Development Working Group (POKJA PKP) which consists of OPD members related to sanitation development.

Until the time this research was conducted, the existence of Wastewater Treatment Plants (IPLT) which have not been operating optimally, has hampered the achievement of safe sanitation in Malang Regency. The Talangagung IPLT, which was built in 2007 through the Ministry of PUPR can't be used for service. Practically, it can be said that Malang Regency does not yet have IPLT. There was also no local regulation on wastewater and the Scheduled Sludge Service (LLTT).

Sanitation development requires collaboration and synergy with financing from various alternatives, in addition to conventional financing from APBN and APBD (Provincial and Regency/City). The alternative financing can be in the form of optimizing the Village APB funds, which are formulated based on the Village RPJMD by each elected Village Head. Next is financing through institutions (NGOs) related to sanitation, for

example USAID IUWASH. Another alternative is to come from microfinance institutions in the community, for example cooperatives, waste banks, Rural Banks. In addition, the participation of the academic sector through universities that play a role in sanitation development. Where many universities send their students to do practical work to remote areas where there are still many problems in the sanitation sector, for example: construction of healthy latrines, construction of clean water facilities. Equally important is the financing from non-governmental organizations on the basis of personal/individual awareness of the importance of healthy latrine conditions in order to achieve good sanitation. Next, which is currently being intensified and is expected to play a major role is financing from the private sector through Corporate Social Responsibility (CSR), which is a business activity in which the company is socially responsible to stakeholders and the wider community as a form of concern in improving welfare and having an impact. positive for the environment. CSR can provide alternative financing in the field of sanitation through physical construction of healthy latrine construction or providing education to the community through triggering and promoting healthy lifestyles in protecting the environment. The company that has given its role in contributing to the physical development of healthy latrines is PT. Kebonagung, located in Pakisaji District, which provides CSR as many as 25 healthy latrines for local residents who still do not have healthy latrines. The provision of partnership assistance to the community in the future will be a stimulant or incentive that drives the economic capacity of the community independently. Furthermore, the Malang Regency Government hopes that this CSR from PT Kebonagung can be a pilot project and a model for other companies to be able to contribute to sanitation development in Malang Regency.

The implementation of the Special Allocation Fund (Dana Alokasi Khusus/DAK) in the sanitation sector has almost every year received an allocation from the Central Government through the construction of Communal Wastewater Treatment Plant (Intalasi Pengolah Air Limbah Komunal/IPAL Komunal) specifically for the location of priority villages for stunting handling. Routinely, monitoring and evaluation activities related to the implementation of the Physical Sanitation DAK have been carried out. This activity was greeted with a positive response from the surrounding community. Empowerment of human resources is taken from local local personnel by setting a rotating schedule. The implementation obstacle was the delay in disbursing funds from the Central Government due to administrative problems which resulted in the construction process being delayed for several weeks. The solution to the delay in disbursing the funds is to streamline the number of workers and immediately prepare materials and logistics after the funds enter the account. The sustainability and success of the Communal IPAL development with DAK funds is expected to be useful for the community and continuous maintenance is carried out so that it can immediately become a free-defecation village where this will have a major impact on the overall stunting completion in Malang Regency. The implementation of DAK Physical Sanitation activities must anticipate problems with disbursement of funds by carrying out administrative preparations as well as accelerating and coordinating intensively with relevant agencies so as not to hinder the progress of development implementation in the following month. It is necessary to carry out periodic monitoring of the physical implementation process of Communal WWTP work through intensive communication with the District Government, Village Government, and Field Facilitators on duty at the location. As a continuation of the activity, the Community Self-Help Groups (KSM) were provided in the village locations for the implementation of the Communal IPAL construction according to the applicable technical specifications. In addition, it is necessary to provide guidance to Field Facilitators and Community Self-Help Groups (KSM) in orderly administration and accountability for the implementation of the work of the Physical Sanitation DAK. The Sanitation DAK activities that have been carried out are expected to synergize with activities in the field of sanitation, drinking water and handling priority areas, which are carried out in the Malang Regency area.

Gerakan Serentak Bangun Jamban (GENTA BAJA) activity which was launched on October 21, 2019 is a commitment from regional Apparatus Organizations, stakeholders and the community to increase universal access from 100-0-100, towards the 100% Open Defecation Free (ODF) target. From the recapitulation of the 2021 Genta Baja monev, there has been an increase in sanitation access by 5.54% (\pm 45,800 households) since GENTA BAJA was launched in October 2019. The increase in access includes an increase in the number of sanitation facilities as indicated by an increase in the number of Jamban Sehat Permanen (JSSP). In addition, there was an increase in behavior

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change from open defecation to defecation in the latrine, which was indicated by an increase in the number of bowel movements by sharing. This is the basis for the need for Monitoring and Evaluation to record the progress of achieving healthy latrines at the District and Village/Kelurahan levels. Especially for the 2020 ODF achievement target which was not achieved due to COVID-19. The allocation of Malang Regency funds to the Housing, Settlement and Human Settlements Office for the development of sanitation access in FY 2020 in the form of Family Latrine, Regular Sanimas Communal IPAL, Labor-intensive Rural Sanitation, and Bath Wash Toilet (MCK) at Educational Institutions. The allocation of sanitation handling in the Village Fund is under the coordination of the Village Community Empowerment Service. It is hoped that the policy at the village level (RPJMDes) will accommodate sanitation needs. Sanitation development activities at the Health Office in 2020 include: CLTS triggering, CLTS strengthening workshops, CLTS orientation, construction of family latrines and hand washing, verification and declaration of ODF villages. Sanitation development activities in 2020, both in technical and village regional organizations, have practically encountered obstacles and cannot be carried out optimally due to refocusing / diverting of budgets for handling the COVID-19 pandemic. It is necessary to anticipate the need for a diversion of the budget for post-COVID-19 recovery in the next few years. One of the steps to prevent stunting is to implement a Clean and Healthy Lifestyle (PHBS) by every household by increasing access to clean water and sanitation facilities, as well as maintaining environmental cleanliness. With the COVID-19 pandemic in 2020, the sanitation sector with PHBS is the main key to preventing the transmission of viruses and various other infectious diseases. The welfare of the community is significantly reduced due to the inhibition of job opportunities. This has resulted in an increase in poverty levels and a decrease in public attention to health and sanitation. Indirectly, this hampers the handling of stunting or even increases the stunting level in Malang Regency. For this reason, in the following years, planning for integrated sanitation as well as stunting must be considered. Sustainability of sanitation development (healthy latrines) in the community needs to be monitored so that the continued benefits of sanitation development can be felt and not just physical buildings. It is necessary to carry out a thorough socialization to the lower levels of the habituation of clean and healthy living behavior. Handling sanitation will be a strategic material and issue in the preparation of the 2021-2024 Regional Medium-Term Development Plan for Malang Regency.

Each sub-district and health center is expected to evaluate follow-up plans for solving sanitation problems in each sub-district and village/kelurahan, which are related to the achievement of ODF, stunting, implementation of sustainable development (SDG's) and universal access 100-0-100. The follow-up plan will be used as an evaluation material for the Working Group on Drinking Water, Sanitation and Residential Area Management in Malang Regency for synergies in cross-sectoral planning. The sub-district should oversee the allocation of APBDes that is maximally used for sanitation handling, especially for villages that are not yet ODF and villages that are prone to stunting. As well as playing an active role and coordinating with the Village Head so that the allocation of DD/ADD can better target sanitation management. Regarding alternative financing in terms of sanitation, especially in villages that are still open defecation, in order to map companies in the Malang Regency area regarding the potential for Corporate Social Responsibility (CSR) that can help in handling sanitation, for example the construction of latrines and education on clean and healthy living behavior to the community.

To see the development of the sanitation program from a policy and technical perspective, USAID IUWASH PLUS developed an analytical tool, namely the Sanitation Index. The Sanitation Index (SANDEX) is a measuring tool to capture and measure the achievements of domestic wastewater management institutions in their efforts to manage Domestic Wastewater Systems as well as a supporting tool to develop strategies for achieving domestic wastewater services for achieving universal access (SDGs) with 5 indicators, namely institutional, regulatory, scope, financial, and operating.

Table 2. The sanitation index (SANDEX) 2019-2020			
Decembration —	POIN		
Description	Per 30 December 2019	Per 30 December 2020	
Sandex	30	37	

Things that need to be considered regarding Sandex points in Malang Regency are: (1) Malang Regency already has Sludge Treatment Plant (IPLT) even though its operational conditions are the same as the previous year which is not optimal because it only serves desludging according to the request from the Communal IPAL; (2) There is already a Standard Operating Procedure (SOP) at the UPT for Domestic Wastewater Treatment in Malang Regency, which is currently in the process of being ratified by the head of the regional organization. The existing SOPs include: SOPs for Preparing Work Plans and Budgets, SOPs for Compiling Reports, SOPs for Administration, SOPs for Customers, and SOPs for Finance; (3) In terms of non-APBD sanitation financing, there is an additional component of sanitation credit financial institutions to the public, namely BPR Bank Kusuma. Where previously the existing non-APBD financing was from the community, CSR, and donors; (4) The increase in the achievement of decent domestic wastewater services in Malang Regency, which is 83.35%.

Supporting factors of the implementation of sanitation development policies: (1) Resources: according to Edward III's theory, the actors in implementing sanitation policies have sufficient authority. There are sufficient facilities for implementation, which include buildings, transportation, and other facilities to support policy implementation; (2) Bureaucratic structure : OPD in Malang Regency involved in sanitation development was also quite diverse and represents the needs in implementation. The bureaucratic structure in the distribution of responsibilities was in such detail but it is necessary to have a clear division of authority so as not to overlap between agencies; (3) Environment: Along with the development of the era where the community has understood the importance of good sanitation, it can encourage the implementation of sanitation policies to run well. The community can be described as an environmental factor that has a major influence on the success or failure of the implementation of sanitation policies

The inhibiting factors for implementing sanitation policies were: (1) Communication: The distribution of information is interrupted or incorrect. This is because, in the bureaucracy, there was often a change of personnel/officers/staff in charge. In addition, the method of communication to the community as the served party was often less successful. This is due to unclear delivery or inappropriate targets; (2) Resources: the competence of staff/officers/personnel in charge does not meet or does not understand handling sanitation. Some people are not in the right position. In addition, local budget/financial resources were limited in handling sanitation; (3) Disposition/Attitude: views and follow-ups on sanitation development carried out by local governments have not yielded good results. Sanitation was not only measured by the number of facilities and infrastructure development (in this case, toilets), but the development of the behavioral sector and healthy living habits need to be carried out. People also need to change their way of thinking to always live a healthy life; (4) Bureaucratic Structure : SOPs on sanitation management do not exist and have not been made by each agency. Until the time this research was conducted, each stakeholder was still moving based on sectoral ego or their respective interests; (5) Environment: Malang Regency is very broad, with varying geographical conditions (coastal, forest, mountains, valleys) as well as various socio-economic conditions that require handling that must be adjusted and cannot be generalized from one region to another; (6) Control: the system of planning, budgeting, and implementation of sanitation development should be well controlled. There must be tiered and routine monitoring and evaluation. However, this has not yet been implemented and requires further execution.

5. Conclusions

The conclusions of this article: (1) Implementation of sanitation development policies in Malang Regency as mandated by Malang Regent Regulation No. 51 of 2016 concerning Community-Led Total Sanitation, is currently running, although there are still many shortcomings in its implementation; (2) Human resources in the implementation of sanitation development are still not sufficient. In addition to educational background factors that are not appropriate, there are also infrastructure facilities for the implementation of STBM that need attention; (3) The alternative financing can be in the form for sanitation development are: (a) Conventional financing from APBN and APBD (Provincial and Regency/City); (b)

Optimizing the Village APB funds, which are formulated based on the Village RPJMD by each elected Village Head; (c) Financing through institutions (NGOs) related to sanitation, for example USAID IUWASH; (d) Microfinance institutions in the community; (e) The participation of the academic sector through universities that play a role in sanitation development; (f) Financing from non-governmental organizations on the basis of personal/individual awareness of the importance of healthy latrine conditions in order to achieve good sanitation; (g) Corporate Social Responsibility (CSR), which is a business activity in which the company is socially responsible to stakeholders and the wider community as a form of concern in improving welfare and having an impact positive for the environment; (4) The implementation of the STBM program in Malang Regency has not reached the 100% target because it is still found in some areas that are still disposing open defecation; (5) Many actors or stakeholders related to the implementation of sanitation development; (b) Private; (c) Public. These three elements must be solid in terms of communication, resources, and division of tasks in handling sanitation. No one should blame each other because sanitation is actually a work that must be conducted together.

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