**Universitas Diponegoro**

**Fakultas Kesehatan Masyarakat**

**Program Studi Magister Ilmu Kesehatan Masyarakat**

**Konsentrasi Administrasi dan Kebijakan Kesehatan**

**2016**

**ABSTRAK**

**Sugiharti**

**Analisis Pelaksanaan Program Sanitasi Total Berbasis Masyarakat Pilar Pertama (Stop BABS) sebagai Upaya Meningkatkan Cakupan Desa ODF (Open Defecation Free) oleh petugas Puskesmas di Kabupaten Temanggung*.***

**xv +137 Halaman + 34 Tabel + 6 Gambar+ 13 Lampiran**

Latar belakang dilakukannya penelitian ini adalah mengetahui pelaksanaan dan manfaat program STBM pilar pertama (stop BABS) dan peran petugas puskesmas serta evaluasi lima aspek manajemen yakni: aspek teknis operasional, aspek kelembagaan, aspek hukum dan peraturan, aspek pembiayaan dan aspek peran serta masyarakat.

Penelitian ini menggunakan metode kuantitatif dengan pendekatan desain potong lintang (*cross sectional study*) dan deskriptif kualitatif. Jumlah sampel sebanyak 35 responden di 24 Puskesmas di wilayah Kabupaten Temanggung serta subjek penelitian sebagai informan utama 2 orang petugas sanitarian dan 2 orang petugas promkes dan informan triangulasi 1 orang kasi penyehatan lingkungan, 1 orang kasi pemberdayaan masyarakat, 2 orang kepala puskesmas. Data dikumpulkan dengan wawancara mendalam. Pengolahan dan analisis data menggunakan analisis isi.

Hasil penelitian menunjukkan presentase pengetahuan 65,7% katagori kurang, sikap negatif petugas terhadap pelaksanaan STBM (57,1%), motivasi petugas baik (51,4%), dukungan kader masyarakat kurang (57,1%), dukungan tokoh masyarakat kurang (57,1%), kegiatan supervisi kurang (51,4%), ketersediaan pendanaan kurang (62,9%) dan Ketersediaan SOP masih belum memadai (60%). Untuk uji bersama menggunakan *Rank Spearmans* yang berpengaruh adalah pengetahuan.

Disimpulkan dari 5 (lima) aspek manajemen bahwa pelaksanaan program STBM sudah berjalan baik tetapi masih dijumpai permasalahan SDM, pendanaan, dari aspek kelembagaan belum terbentuk POKJA STBM di semua desa, dari aspek pembiayaan minim, dari aspek hukum dan peraturan belum ada regulasi tingkat kabupaten, Aspek peran serta masyarakat belum optimal.

Kata kunci : Pelaksanaan Sanitasi Total Berbasis Masyarakat, Capaian

 desa ODF, Petugas Puskesmas, Kabupaten Temanggung

Kepustakaan : 54 (2000-2015)

**Diponegoro University**

**Faculty of Public Health**

**Master’s Study Program in Public Health**

**Majoring in Administration and Health Policy**

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**ABSTRACT**

**Sugiharti**

**Implementation Analysis of Community-Led Total Sanitation of the First Pillar Program as an Effort to Increase Coverage of Open Defecation Free Village by Health Workers at Health Centres in District of Temanggung**

**xv + 137 pages + 34 tables + 6 figures + 13 appendices**

The aim of this study was to figure out the implementation and benefits of Community-Led Total Sanitation (CLTS) of the first pillar program, and a role of health workers at health centres, and to evaluate five aspects of management namely technical and operational aspect, institutional aspect, law and regulation aspect, financing aspect, community participation aspect.

This was a quantitative study using cross-sectional approach and a descriptive-qualitative study. Number of samples were 35 respondents selected from 24 health centres in District of Temanggung. Meanwhile, main informants consisted of two sanitarians and two health promotion officers, whereas informants for triangulation purpose consisted of a head of environmental sanitation section, a head of community empowerment section, and two heads of health centres. Data were collected by conducting indepth interview and analysed using a method of content analysis.

The results of this research showed that most of the respondents had low knowledge (65.7%), negative attitude to the implementation of CLTS (57.1%), good motivation (51.4%), low support from cadres (57.1%), low support from community leaders (57.1%), low supervision (51.4%), a lack of budget (62.9%), and insufficient SOP availability (60%). The results of Spearman’s Rank demonstrated that knowledge was the influencing factor.

To sum up, from all five aspects of management, the implementation of the CLTS program is good. However, it still has some problems namely human resource and funding. Regarding the institutional aspect, there is no workgroup of CLTS at all villages. Regarding the financing aspect, there is a lack of budget allocation. Regarding the law and regulation aspect, there is no regulation at a district level. In addition, the community has not optimally participated.

Keywords: Implementation of Community-Led Total Sanitation, coverage of

 ODF Village, Health Worker at Health Centre, Temanggung District

Bibliography: 54 (2000-2015)