
EVALUATION OF PHBS PROMOTION PROGRAM IMPLEMENTATION IN IMPROVING HEALTHY LATRINE USER BEHAVIOR IN LANDAK REGENCY HEALTH OFFICE WORK AREA

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ABSTRACT

An evaluation conducted in 2016 shows 67.89% of Indonesian households having healthy latrine. This research aimed to conduct an evaluation in improving health latrine using behavior in Puskesmas in work area of Landak Regency Health Office. This qualitative research used in-depth interview and observation as data collection techniques. Key informant of research consisted of 16 Puskesmas PHBS program executive officers and triangulation informant consisted of 1 FKD head in each work area of Puskesmas. Observation was conducted on infrastructures: visual aid/educating media used, decree about program implementation, fixed procedure, document of PHBS result. The result showed that out of 78,806 family heads in Landak Regency government, only 47.705% or 37,590 of them can access healthy latrine sanitation currently corresponding to the 2019 standard health. All human resources existing in Puskesmas have poor competency, inadequate infrastructure, no SOP and government regulation governing PHBS program implementation, activity planning conducted by Health Office without involving PHBS executive officers in Puskesmas, and target formulated clearly, activity organization conducted through job division and coordination meeting, building conducted in the attempt of education using lecturing, debriefing, and activity assessment conducted by health workers in Puskesmas environment.

KEYWORDS: Household; Healthy latrine using behavior; Program implementation evaluation.

INTRODUCTION

Minister of Health's Decree Number 852 of 2008 explains that family latrine is a feces disposal facility for a family. The criteria of access to feasible sanitation are: self-owned or mutually-owned defecation facility use, type of closet used is 'latrine' and final feces disposal place constitutes septic tank or waste liquid disposal facility (RI's Ministry of Health, 2011).

Although it has been implemented since 1996, the achievement of PHBS indicator in household order is still far below the expected one, particularly in the 6th indicator: using healthy latrine (Notoatmodjo 2012).

An evaluation conducted in 2016 shows only 67.89% of Indonesian households have healthy latrine. In 2017, only 50.09% of households apply Clean and Healthy Life Behavior (thereafter called PHBS) in West Borneo Province, and about 49.91% households have not performed it yet. About 46.71% of households have not performed PHBS yet in Landak Regency in 2017. Only 52.62% of

latrine qualifying the health precondition, while the rest of 48.38% households have not had it yet. Meanwhile in 2018, this figures increases to 59.14% and 40.86%. The highest proportion of households (63.99%) with no access to healthy latrine can be found in Sompak Sub District, and the lowest one (29.65%) in Ngabang Sub District(Profile of RI's Landak Health Office, 2017)

Many bacteria cause disease, one of which is E.colicausing diarrhea. In 2016, about 3,176,079 people develop diarrhea in all age groups are catered on in healthcare center and this figure increase to 4,274,790 or 60.4% of diarrhea estimated in healthcare facilities (RI's Ministry of Health, 2017) .

The data aforementioned gives a general description quantitatively on the increased number of households exposed to and performing PHBS, but has not shown the efficiency and effectiveness of such program, so that there is no comprehensive information on the program implementation. Therefore, a qualitative evaluation should be conduct to describe more in-depth the success, the inhibiting and supporting factors in PHBS program implementation in household order, from planning, implementation to evaluation process (Patton MQ 2014).

Evaluation on the successful PHBS building at household level is integrated into other surveys like RISKESDAS, SUSENAS, and SDKI. The frequency of PHBS building evaluation following the organization of surveys and the Indicator of successful PHBS building can also be seen from the attempts taken in some levels. At household level, the indicator of evaluation consists of: the presence of village or Kelurahan rule underlying PHBS building in home, the active participation of community leader and societal organization in PBHS building and the increased proportion of households implementing PHBS. Implementation process, outcome, and its effect on the change of health behavior in household have not been evaluated yet and they do not belong to indicator of success, so that it is difficult to determine the program efficiency and effectiveness (Maryunani, 2013).

PHBS program at household level in Landak Regency is the manifestation of cooperation between government and society conducted formally by Health Office through health promotion and community empowerment section. Technically, it is implemented by health workers with health promotion competency and community health cadres. Thus, to evaluate the implementation of PHBS programat household level, a more in-depth study should be conducted on the understanding and capacity of officers participating directly in the program activity, health cadres, family heads, and community leaders, as the target of PHBS program implementation at household level (Profile of RI's Landak Health Office, 2017).

METHOD

This study was a descriptive qualitative research on the PHBS health promotion at household level in all Puskesmas (Public Health Centers) in work area of Landak Regency's Health Office. Data was collected using in-depth interview with structure questionnaire and observation with checklist. The

key informant of research consisted of 16 Puskesmas PHBS program executive officers and triangulation informant consisted of 1 head of promotion program division of Landak Regency’s Health Office, 1 village head, and 1 FKD head in each work area of Puskesmas. Observation was conducted on infrastructures: visual aid/educating media used, decree about program implementation, fixed procedure, document of PHBS result used by Puskesmas. The research was conducted from March to April 2019.

This research has been approved by Health Research Ethical Commission of Faculty of Medicine of Universitas Diponegoro Number No:75/EA/KEPK-FKM/2019 on March 29, 2019.

RESULT AND DISCUSSION

Characteristics of Key Informant

The informants of research are, on average, 33 years old, with 28 years as the youngest and 49 years as the oldest. Key informants consist of 8 females and 8 males including 9 informants with Nursing Undergraduate Program, 2 with midwifery undergraduate and 5 with Graduate Public Health education background, and with Civil Servant status.

Table 1.Characteristics of Key Informants

No	informant code	Age	Sex	Education	Puskesmas
1	B1	49	Male	Public Health Graduate Program	PuskesmasSidas
2	B2	44	Female	Midwifery Undergraduate Program	Puskesmaspahauman
3	B3	42	Male	Nursing Undergraduate Program	Puskesmassemata
4	B4	33	Female	Public Health Graduate Program	PuskesmasNgabang
5	B5	35	Female	Nursing Undergraduate Program	PuskesmasDarit
6	B6	33	Male	Nursing Undergraduate Program	PuskesmasJelimpo
7	B7	30	Male	Nursing Undergraduate	PuskesmasMeranti

				Program	
8	B8	35	Female	Public Health Graduate Program	PuskesmasKarangan
9	B9	36	Male	Public Health Graduate Program	PuskesmasMenjalin
10	B10	33	Female	Midwifery Undergraduate Program	PuskesmasSompak
11	B11	35	Female	Nursing Undergraduate Program	PuskesmasMandor
12	B12	34	Female	Nursing Undergraduate Program	PuskesmasSenakin
13	B13	35	Male	Nursing Undergraduate Program	Puskesmas Kuala behe
14	B14	34	Male	Nursing Undergraduate Program	PuskesmasSerimbu
15	B15	28	Female	Public Health Graduate Program	PuskesmasSimpangTiga
16	B16	40	Male	Nursing Undergraduate Program	Puskesmassebangki

Input Evaluation

a. Human resource

This research is conducted on the implementation of PHBS promotion program in the attempt of healthy latrine using behavior in households either qualitatively or quantitatively in Puskesmasin Landak Regency Health Office area. The result of research shows that Puskesmas in Landak Regency Health Office area are operated by 16 officers consisting of 8 males and 8 females, aged 33-49 years, most of which have undergraduate (DIII) education background including 9 nurses, 2 midwives, and 5 officers with Public Health graduate education program. PHBS promotion in the attempt of improving the healthy latrine using behavior is supported with adequate quantity of human resource, as each of puskesmas has a PHBS program executive officer, but qualitatively,

informants have not gotten yet technical guidance or education and training related to the competency of PHBS program executive officer during the program implementation.

Guideline of PHBS building implementation in Puskesmas states that PHBS executive officer should have competency in advocacy, circumstance building, and can activate and empower the community in order to change their behavior consciously (RI's Ministry of Health, 2017).

Azwar (2010) says that human being is an organization's asset and the motor driving an organization's program, meaning that human being can develop plan and evaluate a program developing. Therefore, human being contributes considerably to the success of a program developed (Azwar 2010). For the health workers to understand the implementation of PHBS program, they should be trained and educated in order to improve their knowledge and skill to promote public health. The achievement of an organization's objective is highly determined by the presence of resource, one of which is human resource. In adequate competency of human resource will affect the achievement of activity's objective, lower the work effectiveness and efficiency, and lower the working passion (TotokMardianto PS 2018)

Informants realize the difficulty in implementing PHBS activity due to education background not linear to Guidelines of PHBS Program Building in Puskesmas. The result of in-depth interview on key informant shows that in undertaking their function as PHBS executive officers, they find some constraints in empowering the community. PHBS activity they do is limited to education only without the follow-up of the material delivered during education activity. A key informant said:

"...I think this number of officers in Puskesmas is enough, but some problems are still found in the implementation of program because health promotion is a community activity unit, so we can work alone in implementing PHBS program as our work area is wide....we should socialize this program to those unknowing it. We cannot guarantee the quality of program implementation because it is dependent on personality...as the executor of program, we have not gotten technical guidance, education, and training related to a PHBS program executor's competency in Puskesmas"(B1, PuskesmasSidas)

b. Fund

Fund is one of important elements in PHBS activity implementation to improve healthy latrine using behavior in household. If it is not adequate, the activity will not run maximally (Husin Abdul GaniErdiIstiaji 2015)

Fund availability is needed for PHBS promotion program operation in the attempt of supporting and improving healthy latrine using behavior in household originating from Landak Regency's Local Income and Expense Budget, and capitalization of Puskesmas Health Operation Grant (BOK) given annually.

Informants said that the financing of PHBS program activity in the attempt of improving healthy latrine using behavior at household level has been adequate to support the activities conducted in Puskesmas. However, it has been inadequate for improving the capacity of officers. The largest need for fund has not been fulfilled yet today due to limited fund in the activity of improving the officers' competency. A key informant revealed that:

"The fund for conducting activity originates from BOK and APBD fund provided routinely for Puskesmas, managed directly by Puskesmas. BOK is now distributed directly to Puskesmas. I think the fund provided has been adequate. But there has been no fund for conducting training to improve the officers' competency related to PHBS program" (B3.PuskesmasSemata).

c. Infrastructure

Infrastructure intended in this research include primary set or equipment supporting the implementation of PHBS building activity to improve healthy latrine using behavior at household level (Trisnowati H 2018).

Considering the Guidelines of PHBS implementation building in the attempt of improving healthy latrine using behavior at household level, the infrastructure is considered as adequate when it has printed and electronic media; printed media consists of booklet, leaflet, player, flip chart, rubric, poster, and photograph displaying health information while electronic media is the mobile and dynamic one, that can be seen and heard, the delivery method of which is through electronic aid such as television, radio, video film, cassette CD, VCD, LCD/infocus, Overhead Projector, wireless speaker, Laser Pointer, Notebook/computer, microphone, and etc. Limited infrastructure will makes the implementation of healthy latrine using behavior building in household running less optimally (RI Ministry of Health, 2011).

Considering the result of secondary data analysis, it can be seen that the PHBS promotion program implementation facilities have been available well and adequately, despite some improvement needed particularly in the term of instrument or media very important to PHBS promotion program (Notoatmodjo S 2014). To improve the health latrine using behavior in household, some media can be used for the building activity: LCD/in-focus, overhead projector, wireless speaker, microphone, notebook/laptop, leaflet, poster, lip chart and booklet, and image; but the officers find difficulty in using electronic appliance in the field because not all villages have electricity supply. It is in line with a key informant stating that:

"...in my opinion, the infrastructures available have been adequate. Regency's Health Office gives Puskesmas infrastructure or facilities including projector, LCD/Din-focus, along with

microphone, wireless speaker, and also all officers have had their own laptop, health media, poster, books on health message are also available in Puskesmas to support the PHBS program implementation in Puskesmas. The problem encountered is related to the electronic appliances that cannot be used due to no electricity power supply available in some villages” (B6.PuskesmasJelimp).

d. Policy/SOP

Policy is a legal foundation for conducting an activity. In the presence of regulation, PHBS program in the attempt of improving latrine use behavior in household level can be conducted in programmed, integrated manner and through synergy between government and non-government. Unclear policy at Puskesmas level will surely make the program implementation running less optimally corresponding to the objective specified (CarilFertman Diane 2010)

Republic of Indonesia Ministry of Health’s Regulation Number 2269/Menkes/PER/XI/2011 mentions that every Regency/Municipal is required compulsorily to have coordinative policy related to PHBS building in all levels. For that reason, Landak Regency’s Local Government, in this casethe Health Office should make advocacy and develop draft related to such policy, to make the PHBS program implementable in all levels corresponding to the norm (RI’s Ministry, 2018).

Commitment is state of being bound to do good thing in both organization and group. In the guidelines of PHBS implementation, policy is defined as a legal foundation (base) to do an activity. In the presence of regulation, PHBS program in the attempt of improving latrine using behavior at household level can be implemented in programmed, integrated manner, and with the synergy between government and non-government. In this case, SOP is a standard operating procedure or fixed procedure to provide service to interact and to coordinate technology and human resource in order to achieve the specified objective.

Considering the result of interview with key informant in Puskesmas, it can be seen that they do not know the policy underlying the implementation of PHBS program in Puskesmas. Meanwhile, in relation to Standard Operating Procedure, the officers say that they have no SOP. In this research, Landak Regency Government has not had a policy coordinated with activity implementation and key informant said that Puskesmas has no SOP on PHBS program implementation so far.

“...the problem encountered in relation to PHBS promotion program to change the people’s behavior related to latrine use at household level is that Puskesmas has not had Standard Operating Procedure (SOP) yet in implementing PHBS. I do not know what the legal foundation is. Policy Law, the SOP is clearly that we are committed to supporting PHBS program, particularly in the attempt of improving latrine using behavior in households in Puskesmas’ work area” (B2.PuskesmasPahauman).

Process Evaluation

a. Planning

Planning is a process started with formulating the objective of organization or program and then determining the alternative activity conducted to achieve it. Through the planning function, staff's main duties will be determined. Through these duties, a leader will have guidance to supervise and to define the necessary resource. In other words, planning is a process of preparing systematically the activities to be conducted in order to achieve certain objective. Planning is one of health management functions the puskesmas should undertake in the attempt of achieving a program's objective.

A good planning has the following characteristics: objective, target, and time implementable continuously and future oriented. Through a good planning, there will be a measuring instrument or standard to conduct supervision, control, and evaluation. (Azwar 2010)

Landak Regency's Health Office as the leading sector can develop health program to prevent and to control infectious disease, particularly the one induced by unhealthy latrine using behavior in household. The indicator of PHBS program is, among others: healthy latrine using behavior in household. In addition, Landak Regency's Health Office should plan POA of latrine using behavior program and should implement it corresponding to the existing norm and should conduct regulation as the stronger foundation of PHBS activity at household level in the attempt of improving healthy latrine using behavior coverage in Puskesmas. Thus, it can encourage Puskesmas to be one of technical executive units to develop innovative program in the form of healthy latrine using behavior building in the work area of Landak Regency's Health Office.

The result of interview of interview with the executor of PHBS promotion program in the attempt of improving healthy latrine using behavior in household in the Puskesmas shows that they do not know the PHBS program-related planning in Puskesmas. They only implement the activity that has been completed in the form of POA of Budget Work Plan developed by Landak Regency's Health Office. However, the planning process has been conducted so far by Landak Regency's Health Office by involving executive officers in Puskesmas; thus health promotion planning is limited to socialization and appeal, and education activity only. It can be concluded that PHBS program planning has not been implemented consistently with the existing planning norm in Landak Regency Local Government. It can be seen from unclear target of activity. The result of interview with a key informant:

"...it has been included into Puskesmas planning; the activities include education, appeals and triggering. The activity is usually conducted in collaboration with Puskesmas' environment health workers. In relation to the planning process, as a Puskesmas' PHBS officers, I do not know the activities contained in POA of planning. So far, puskesmas has implemented PHBS activity

generally rather than specifically for latrine. We usually receive POA only from Health Office and we implement the activities included into the POA” (B4.PuskesmasNgabang).

b. Organization

Organization is a series of management activities to compile all resources the organization has and to utilize them efficiently, and to manage the resource in order to achieve the organization in the term of PHBS promotion program activity implementation in the attempt of improving healthy latrine using behavior in household affecting the outcome to be achieved (Kurniati DPY 2014). The organization of one management functions playing important role just like planning function is conducted through organizing all resources available, the use of which is governed effectively and efficiently to achieve the specified function (Linda Ewles IS 2014). Coordination is essentially a process or activity for the sake of achieving unity in achieving the collective objective or the synchronization of many parties working orderly and regularly in limited time and effort (Damayanti 2016).

The Republic of Indonesia Ministry of Health’s Regulation Number: 2269/MENKES/PER/XI/2011 about Guidelines of Clean and Health Life Behavior Building mentions clearly that every Regency/municipal Government specifies coordinative policies and building in the form of PHBS building regulation or decree at all levels. Meanwhile, sub districts coordinate the implementation of policy/law and ordinance in all levels, while Village and Kelurahan attempt to get grant and other resource from central, local governments, and from other parties to support PHBS building in Household (Ministry of Health, 2014).

The result of in-depth interview conducted with key informants in Puskesmas shows that any time a PHBS education activity will be held in a village, the officer will coordinate and cooperate with the existing program in puskesmas and FKD executor/cadre existing. It is confirmed by FKD officer/village cadre to inform the time and place where the activity will be organized in Puskesmas work area, the tasks will be shared mutually along with the environment health officer existing in Puskesmas, but monitoring or follow-up attempt has not been taken in relation to the topic of education delivered, no direct support is given, no commitment is available, no follow up action is taken by Sub District, Village or other parties. In relation to the support, the leaders said that they support the activities conducted and even know and attend them in sub district and village, but no real support is given by other parties because they consider that latrine is the community’s privacy. It is confirmed by a key informant stating that:

“...The technical activities like latrine construction are conducted by environment health workers... Meanwhile, educational and empowerment activities are conducted by PHBS program organizer. Any time a PHBS education activity will be held in a village, the officer will coordinate and cooperate with FKD executor/cadre existing in the village. But, in my opinion there is inadequate

direct support, no commitment, and no follow up from sub district, village, and other parties. Actually they have commitment but no real action has been taken” (B1.PuskesmasSidas).

c. Implementation

The implementation of PHBS program in the attempt of improving healthy latrine use in household is not easy, as it contains many interrelated, planned, organized, and directed activities to achieve the expected objective (Trisnowati H 2018).

The implementation of PHBS also needs good coordination and commitment from related sectors to apply PHBS collectively supported by Regency Government Policy. Coordination between related offices like Family Welfare Program Promoting Team, BPMPK, and Other Social Institutions will also motivate the people to perform clean and healthy life behavior (Ahmad Murzuki 2016). The promotion of implementation should be done from the bottom, namely community, community leader, religion leader, RT (neighborhood association) /RW (citizens associations), lurah (village head), and health care, to achieve PHBS in order to improve the public health. One of methods developed by experts in changing the behavior is the one relying on behavioral change, for example, by creating social support coming from external factor such as peer and community leader. The activities conducted by PHBS program executor will bring about the change in the educated community, recalling that PHBS program’s general function is to facilitate, to motivate the society in order to attempt of improving health latrine using behavior (Hasibuan 2003).

PHBS officer said that the promotion of PHBS implementation has not been conducted as expected as in this case the promotion is conducted through giving education and appealing only. Although the officers have conducted activities as scheduled monthly in posyandu (integrated service posts) with unlimited number of participants, using lecturing and debriefing methods and such supporting facilities like images, poster, flipchart, books on health and etc, LCD/in-focus, overhead projector, laptop, microphone, speaker and CD have not been used due to unavailable electricity power supply. Considering the result of observation conducted, it can be found some posters appealing health messages have been posted on the Puskesmas wall. It is because the limited competency of officers existing in Puskesmas. Some activities that should be conducted such as advocacy, socialization, circumstance building, and follow up have not been conducted because the officers do not have related education background and no training has been given to improve the PHBS officers’ competency. A key informant said.

“... yeah... it has been scheduled; as an officer, I usually insert it into posyandu activity; the one responsible for scheduling is immunization program organizer. Meanwhile the one responsible for the field activity is the officers on duty. The methods employed are usually discussion, lecturing, and then education activity to elaborate the problem found and becoming the focus of discussion. In my opinion it is more effective despite some difficulties

found due to no training ever given related to PHBS activity strategies so that the officers do not know the actual strategy to be taken” (B3.PuskesmasSemata).

d. Monitoring and Evaluation

Monitoring and evaluation is a supervising and controlling activity, in which the standard of successful program is always compared with the achieved outcome, viewed from target, work procedure, and other aspects. Assessment or evaluation is conducted to improve the effectiveness and the efficiency of program planning and implementation and to give instruction on effort management and facility for the existing programs in the present and in the future. The evaluation conducted on PHBS promotion program activity in the attempt of improving healthy latrine using behavior in household is expected to help improve the activity in the future (TotokMardianto PS 2017).

Monitoring is conducted to determine the value or the importance of an activity, policy or program as objectively and systematically as possible in the planned, occurring, and completed intervention .(Kurniati DPY 2016). Monitoring and evaluation is conducted collectively during the activity process, but the reporting on latrine ownership is received by Environment Health Division of Landak Regency’s Health Office. Furthermore, the environment health workers monitor the latrine using behavior changing process in household and prepare monthly report about the latrine use coverage in Puskesmas’ work area.

The result of research on monitoring and evaluation concerning the PHBS promotion program in the attempt of improving healthy latrine using behavior in households of key informant shows that in each of education activity implementation they usually conduct debriefing related to the topic delivered. In relation to the report of latrine ownership, it is environment health division of Landak Regency’s Health Office that is authorized to receive and to assess the report on activity conducted by environment health officer using Smart STBM application. It is confirmed by a key informant’s statement below.

“...yeah... monitoring and evaluation is conducted by officers related to healthy latrine topic. The evaluation is conducted in the form of debriefing, discussion, and filling in the post test form. But, I do not have document of activity evaluation result now, while monthly report is usually made by Puskesmas’ Environment Health Workers using smart STBM application connected directly to the environmental health division of Health Office”(B2.PuskesmasPahuman).

Output Evaluation

The objective of PHBS promotion program in the attempt of improving healthy latrine using behavior in household is to improve healthy latrine ownership within society. To improve the output

of healthy latrine ownership behavior, household should fulfill the aspects that can improve community's knowledge, attitude, and perception on PHBS program affected by input, human resource, facilities, policy and SOP. In addition to input, the process element including planning, organization, implementation, and assessment also contributes to resulting in the Program Output. Health Office as leading sector in helping local government in health sector should reform the human resource of PHBS program executive officers and make advocacy related to limited building fund to improve the Puskesmas officers' competency today (Trisnowati H 2018).

The result of interview with informant, it can be seen that out of 78,806 family heads in Landak Regency government, only 47.705% or 37,590 of them can access healthy latrine sanitation currently corresponding to the 2019 standard health, based on the information obtained from data of Smart STBM. This figure is still far below the expectation as included in the objective of PHBS program stating that all (100%) households in regency/city should have access to healthy latrine, as suggested by the key informant below.

"..The report on PHBS activity program conducted is made generally rather than specifically. Regarding the number of latrine ownership, the environment health workers will report it using Smart STBM application"(B3.PuskesmasSemata).

CONCLUSION

Input evaluation indicates that the human resource in the implementation of PHBS program in the attempt of improving healthy latrine using behavior at household level in Landak Regency has not qualified the guideline of PHBS building implementation in Puskesmas, so that thee officers find difficulty in practicing Health Promotion in the field. The executive officers in Puskesmas have not gotten education and training related to PHBS program due to limited budget available. However, generally the activity implementation fund has been adequate, originating from Puskesmas capitalization or Health Operation Grant (BOK) and APBD (Local Income and Expense Budget) fund. Infrastructure has been available adequately, as indicated with all puskesmas having health media and electronic media appliances to support the implementation of PHBS activity, despite some difficulties found due to unavailable electricity power supply in some villages in the Puskesmas' work area. In relation to Policy/SOP, there has been no coordinative policy made by Regency government, and Puskesmas has no Standard Operating Procedure related to PHBS.

Process evaluation shows that the program planning is made by Landak Regency Health Office without involving Puskesmas, so that the activities implemented do not accommodate the need existing at Sub District level, in this case Puskesmas. There have been cooperation and coordination between Puskesmas and cadre/FKD in the villages concerning the activity implementation, but there has been no follow up taken related to the topic delivered in the education program, no direct support is given, no commitment is established, no follow up is taken by Sub District, Village, or other parties. The implementation is conducted as scheduled monthly in posyandus; the methods employed

are usually discussion, lecturing, and then education activity with unlimited number of participants; but the activities have not been conducted corresponding to the PHBS building implementation guideline. Executive officers should have competency in advocacy, circumstance building, and activating, and empowering the people to change their behavior consciously. In the term of Monitoring and Evaluation, PHBS program has no clear information system so that the success of intervention process related to healthy latrine use cannot be monitored closely.

The result of output evaluation shows that only 47.70% of household have access to healthy latrine; it is still far below target. No good information system in PHBS program makes the PHBS program implementation running less maximally. Output Data is obtained through Smart STBM application rather than through information system existing in Clean and Healthy Life Behavior program integrated into Puskesmas in Health Office of Landak Regency.

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