TRANSFORMASI: Jurnal Manajemen Pemerintahan Vol 15, No. 2, 2023, pp. 151-163
Website:http://ejournal.ipdn.ac.id/JTP, **e-ISSN 2686-0163, p-ISSN 085-5192**
Faculty of Government Management, Governance Institute of Home Affairs (IPDN)

Implementation Of Infrastructure Policies to Support Safe and Sanitary Housing in Depok City Area

Author:
Dudi Mi'raz Imaduddin[1], Ismail Nurdin[2], Muchlis Hamdi[3], Hadi Prabowo[4], Kusworo[5], dan Amelia Shafa Ath Thaariq[6]

Affiliation:
Institut Pemerintahan Dalam Negeri, Jl. Raya Bandung-Sumedang KM. 20 Jatinangor 45363, Indonesia[1,2,3,4,5,6]

E-Mail:
dudiimaduddin412@gmail.com[1], ismailnurdin@gmail.com[2]
muchlis.hamdi@ipdn.ac.id[3], hadiprabowo@ipdn.ac.id[4], kusworo@ipdn.ac.id[5],
ameliashafaaththaariq@gmail.com[6]

***Corresponding author**
Dudi Mi'raz Imaduddin
Institut Pemerintahan Dalam Negeri (IPDN)
Email: dudiimaduddin412@gmail.com

Received: Sep 13, 2023
Revised : Oct 20, 2023
Accepted: Nov 23, 2023
Available Online: Des 8, 2023

Abstract

Depok City in an effort to create a clean, comfortable, safe and healthy area, it is necessary to form and organize a Healthy City. Depok City area, especially areas that have slum settlements, are polluted by polluted soil, water and the environment. This condition occurred in 73 areas where soil and water samples were taken for laboratory tests.In order to realize the implementation of Healthy Cities, it is necessary to support physical quality, social environment, changes in people's behavior through the active role of the community and the private sector as well as the Regional Government in a directed, coordinated, integrated and sustainable manner. The goal is to know about the implementation of Settlement Infrastructure Policy in Depok City, what are the inhibiting and supporting factors of the implementation, and what is the suitable implementation Model to achieve Proper and Safe Sanitation in Depok City Area. The method used is qualitative with data triangulation. The data were obtained from interviews conducted with beneficiaries of sanitation development, sub-district officials, sub-district officials, and officials assigned to the Depok City Government. The research findings indicate the implementation of Settlement Infrastructure Policy in Depok City exhibit a commendable level of overall adherence and garners a favorable response from the beneficiary community; sanitation development lacks public interest and funding, resulting in poor community facilities and limited awareness about clean sanitation; and the suitable model draws heavily from Grindle's model.

DOI: https://doi.org/10.33701/jtp.v15i2.3693

Keywords: *Adequate and Safe Sanitation; Infrastructure; Slum Area.*

INTRODUCTION

Indonesia is the fourth most populous country in the world, where uneven access to clean water is a critical issue that affects all aspects of life, from health to the well-being of the community. Easy access to clean water is also believed to be a way to break the cycle of poverty. Water is a basic human need, and its availability is regulated in the constitution, specifically in Article 33, Paragraph 3 of the 1945 Constitution: " Bumi dan air dan kekayaan alam yang terkandung di dalamnya dikuasai oleh negara dan dipergunakan untuk sebesar-besar kemakmuran rakyat". This rule is a clear contract between the government and its citizens, guaranteeing every individual's right to access water for their daily essential needs, as well as regulating water rights (Akpabio and Rowan 2021:1), (Victral and Heller 2021:5).

According to the census data from the Central Bureau of Statistics (BPS) in 2020, out of 80 million people in Indonesia, only 70.04% have access to safe drinking water, leaving 29.96% without adequate access. Additionally, there has been an increase of 16.14% in community sanitation (Community-Based Total Sanitation / STBM, 2020), rising from 62.6% to 78.74%. Although it is projected that by 2030, West Java Province will be able to achieve 100% access to safe drinking water, it still falls short of the Sustainable Development Goals (SDGs) target for safe drinking water. These figures are below the SDGs target of 100%.

Table 1. Poverty Rates in West Java Province from 2020 to 2022

No	West Java Area	Poverty Rates in Year (Thousands)		
		2020	2021	2022
	West Java Province	3399	3920	4195
1	Bogor	395	466	491
2	Sukabumi	153	175	194
3	Cianjur	207	235	260
4	Bandung	223	264	269
5	Garut	235	263	281
6	Tasikmalaya	160	182	201
7	Ciamis	79.4	91.4	96.6
8	Kuningan	123	139	143
9	Cirebon	218	248	271
10	Majalengka	121	138	151
11	Sumedang	104	118	126
12	Indramayu	192	220	229
13	Subang	129	150	159
14	Purwakarta	71.9	80.2	84.3
15	Karawang	174	195	211
16	Bekasi	149	186	203
17	Bandung Barat	159	180	191
18	Pangandaran	30.7	36.1	39.1
19	Bogor City	64	75	80.1
20	Sukabumi City	21.9	25.4	27.2
21	Bandung City	84.7	100	113
22	Cirebon City	26.8	30.6	32
23	Bekasi City	114	134	144
24	Depok City	49.4	60.4	63.9
25	Cimahi City	26.9	31.6	32.5
26	Tasikmalaya City	77	86.1	89.5
27	Banjar City	10.1	11.2	13.4

DOI: https://doi.org/10.33701/jtp.v15i2.3693

Source: BPS, Provinsi Jawa Barat Dalam Angka Tahun 2022, 2022

An analysis of poverty rates in West Java Province reveals a concerning trend. The data indicates a consistent rise in the number of impoverished individuals over the years. Between 2020 and 2021, there was a notable 15.33% surge in the poverty rate, followed by a 7.02% increase from 2021 to 2022. The city of Depok mirrors this trend, experiencing its own surge in impoverished residents. The numbers show a substantial 22.27% rise in poverty from 2020 to 2021, followed by a 5.80% increase from 2021 to 2022. This escalation in poverty rates not only places strain on the broader government of West Java Province but also specifically impacts the local government of Depok. Meeting the needs and enhancing the welfare of the community has become an increasingly challenging task.

The escalating number of impoverished inhabitants in Depok not only poses a burden on the government but also leads to the proliferation of slum areas. Consequently, the government is faced with the urgent task of providing access to clean, safe, and potable drinking water. Additionally, the need for sanitation infrastructure is bound to increase. The Depok City government has undertaken a comprehensive data collection and mapping initiative of slum areas by region. This assessment has revealed substantial areas of slums that require significant improvements, encompassing soil quality, water quality, and overall environmental conditions. These enhancements are crucial to ensuring comfort and health for the city's residents.

Addressing the existing slum settlements within Depok's territory necessitates innovative measures. This challenge extends beyond the slum areas themselves and encompasses environmental concerns, particularly the management of wastewater. The vital rivers flowing through Depok, namely the Ciliwung and Citarum rivers, currently face severe pollution, rendering the water unsuitable for consumption. These rivers play a pivotal role in social, agricultural, and industrial activities, but their alarming state is primarily attributed to domestic waste from households and industries. Recognizing the critical importance of sustainable water use and efforts to mitigate environmental impacts from water-dependent industries, it is imperative that all stakeholders collaborate to ensure the continued availability of fresh water. Providing free basic sanitation access for the poor, especially in urban areas, is an unachieved goal for the country, as urban policy implementation is worse than national policy (Taing 2019:1).

The West Java Provincial Government has a sanitation program, outlined in six objectives in the Sustainable Development Goals (SDGs). Each city/regency is expected to achieve 100% access to sanitation, 100% access to clean water, 0% slum areas, and 100% stop open defecation for its residents by

DOI: https://doi.org/10.33701/jtp.v15i2.3693

2030(Emil 2018:77–78). In 2018 to 2019 Medium-Term Regional Plan (RPJMD), Indonesia set an earlier target for 2019, but the government's target was clearly not achieved. Sanitation is defined as efforts to dispose of domestic liquid waste and waste to ensure cleanliness and a healthy living environment, both at the household level and in housing environments. Sanitation is divided into three sub-sectors: wastewater, solid waste, and drainage. The provision of access to clean water and sanitation is a national development priority that must be considered, as clean water and sanitation have been included in 2018 to 2023 RPJMD. The water and sanitation sector are also part of the Governor's work program, as seen in the West Java Province Government's 2018 to 2023 RPJMD Priority Programs, under the Environmental Resilience and Disaster Management sector. The sub-sector focuses on handling urban floods, supporting clean water supply, and improving sanitation services, as well as implementing and managing slum area improvements. Based on the above figures, it is clear that there is still a lot of work to be done in order to achieve these objectives.

In conclusion, addressing the issue of water access and sanitation in Indonesia, particularly in regions like West Java Province and the city of Depok, is a complex challenge that requires coordinated efforts from various stakeholders. While there have been efforts and initiatives from the government to improve access to clean water and sanitation, there is still much work to be done to meet the Sustainable Development Goals targets. This includes not only improving infrastructure and services but also addressing broader issues related to poverty, environmental sustainability, and urban planning. Additionally, community engagement and education are key components in achieving long-term success in this area. By working together and prioritizing this issue, progress can be made towards ensuring that all Indonesians have access to safe and clean water for their basic needs.

Previous research plays a foundational role in comprehending research methodologies and outcomes. Presented below are summarizing the outcomes of prior research.

Recent multi-country analyses reported that low-income countries face difficulties accessing clean water and sanitation, especially in Water, Sanitation, and Hygiene (WASH) policies that should support disability and gender inclusion but often overlook these issues(Scherer et al. 2021). In Nigeria, to understand how effective the implementation of economic policies on providing sustainable water and sanitation facilities, binary logistic model is adopted and the results show that expenditure on social and community service leads to an increase in the use of unsafe sanitation facilities in the country (Ugwu et al. 2022). A case study in Nepal, in order to assesses the inclusion of disability policy and

DOI: https://doi.org/10.33701/jtp.v15i2.3693

guidance relevant to WASH and menstrual hygiene management (MHM) in comparison to gender reported mostly covered within the policy documents, and MHM policy commitments for disability were almost non-existent(Wilbur et al. 2021). Adoption of national WASH policy and financing of evidence-based WASH interventions are also recommended in primary schools to improve educational outcomes(Ahmed et al. 2022). The provision of facilities through the Free Basic Sanitation (FBSan) policy should consider the multiple and varied needs of residents, practices and conditions of their settlements prior to the selection and deployment of facilities to informal settlements in South Africa(Muanda, Goldin, and Haldenwang 2020).

This research is built upon the theoretical framework of Grindle's public policy implementation model, which encompasses two key analytical dimensions: the Analysis of Policy Content and the Analysis of Implementation Context. These dimensions are employed to delve into and dissect the execution of policies outlined in Mayor's Regulations Number 40 of 2019 regarding Healthy City Management, Number 64 of 2019 concerning Community-Based Total Sanitation, and Mayor of Depok's Decree 591/250/Kpts/Bapp/Huk/2015 regarding the Designation of Urban Slum Housing and Settlements in Depok.

In this research, the policy for settlement infrastructure to achieve proper and safe sanitation can be formulated as follows:

1. How is the Implementation of Settlement Infrastructure Policy to Achieve Proper and Safe Sanitation in the Depok City Area?
2. What are the inhibiting and supporting factors for the implementation of Settlement Infrastructure Policy to Achieve Proper and Safe Sanitation in the Depok City Area?
3. What is the suitable Model of Settlement Infrastructure Policy Implementation to Achieve Proper and Safe Sanitation in the Depok City Area for community development?

This study addresses the pressing issue of sanitation in Depok City by evaluating the implementation of Housing Infrastructure Policy. By examining the challenges faced and proposing a context-specific implementation model, this research endeavors to contribute to the advancement of adequate and safe sanitation practices in the city. The findings of this study hold the potential to inform policy revisions and improve the overall quality of life for Depok City's residents.

METHODS

In qualitative research, a researcher must select the appropriate type of study. In this research, the chosen approach is qualitative. In this context, the researcher aims to describe the implementation of Infrastructure Policies to Support Safe and Sanitary Housing in the Depok City area. The

DOI: https://doi.org/10.33701/jtp.v15i2.3693

study relies on the insights and viewpoints of the research participants. The informant selection technique in this research uses purposive sampling.

RESULT AND DISCUSSION

World Health Organizations (WHO) defines environmental health as an ecological balance that must exist between humans and the environment in order to ensure the overall well-being of humans. This well-being encompasses not only physical health but also mental health and optimal social relationships within their environment. A disease can arise when there is a disturbance in the balance caused by changes in an environmental factor in a particular location. This environmental factor is one of the components of the epidemiological triangle (Bahtiar 2006:11). Sanitation is a public health effort that focuses on monitoring techniques related to various environmental factors that can affect or potentially affect human health(Azwar 1990:88).

In conducting this research, all responses from the informants are in the form of interview results with all relevant parties involved. Several facts are identified in efforts to accelerate access to clean water and proper sanitation. The Depok City Government has issued a number of policies as the basis for implementation, in the form of regulations and provisions to guide the execution of activities, namely: (1) Regional Regulation Number 17 of 2017 on Regional Health System; considering the absence of Law Number 12 of 2011 regarding the Formation of Legislation; (2)Regional Regulation Number 8 of 2018 on Domestic Wastewater Management; considering Law Number 12 of 2011 regarding the Formation of Legislation; (3) Mayor of Depok Regulation Number 40 of 2019 regarding Healthy City Implementation; considering Mayor of Depok Regulation Number 64 of 2019 regarding Community-Based Total Sanitation, and Regional Regulation Number 8 of 2018 on Domestic Wastewater Management; (4) Mayor of Depok Regulation Number 64 of 2019 regarding Community-Based Total Sanitation; considering Mayor of Depok Regulation Number 64 of 2019 regarding Community-Based Total Sanitation, and Regional Regulation Number 8 of 2018 on Domestic Wastewater Management.

Interview results from the Legal Department state that the creation of Regional Regulations necessitates the prior formulation of an academic manuscript. Similarly, responses from the Bappeda and Environmental Agency affirm that the creation of Regional Regulations mandates an academic manuscript. This highlights their awareness and agreement that the initiation of a Regional Regulation is preceded by an academic manuscript. However, in the case of Regional Regulation Number 17 of 2017 on Regional Health System, it does not include a reference to Law Number 12 of 2011 regarding the Formation of Legislation in its considerations. This indicates that the presence of an

DOI: https://doi.org/10.33701/jtp.v15i2.3693

academic manuscript may not be deemed necessary or is overlooked. This is in violation of legal provisions, as policy-makers do not have a clear guide for the creation of policies that are both continuous and potentially overlapping in their articles, potentially lacking a clear objective.

Furthermore, in the implementation of policies for clean water provision and sanitation construction for the community, no feasibility studies are conducted by the government. This deficiency fails to provide a comprehensive overview of the policy implementation. Feasibility studies should ideally ensure that policy implementation aligns with regional goals and priorities. A comprehensive feasibility study typically includes data or information on: a. Existing wastewater treatment system planning and sanitation construction; b. Estimated wastewater or solid waste volume to be processed in sanitation construction; c. Characteristics and quality of wastewater to be processed in sanitation construction; d. Social, cultural, and economic conditions (based on actual needs surveys); e. Institutional arrangements; f. Development program and implementation strategy; g. Environmental impact analysis; h. Operation and maintenance plan; i. Estimated investment, operation, and maintenance costs; j. Financial and economic analysis; k. Financing source study. Additionally, several experts are needed in the preparation of feasibility studies. The required experts in the preparation of a Feasibility Study are as follows: a. Environmental and AMDAL Engineering Experts, b. Civil Engineering Experts, c. Health Experts, d. Hydrology / Geohydrology Engineering Experts, e. Economic and Social Experts, f. Finance Experts, and g. Management/Institutional Experts.

Regarding sanitation construction, the Housing and Settlement Agency has conducted socialization and education on the issuance of several Mayor's Regulations. Additionally, water quality tests, for both clean water, surface water, and wastewater, as well as soil and air quality tests have been performed, through third-party service providers such as laboratories, and the majority of results comply with the specified Standard Quality Test tolerance values. For areas that do not meet the required Standard Quality Test tolerance values, improvements are made to sanitation and clean water construction. In the construction process, the Housing and Settlement Agency has coordinated with relevant agencies. The key point is to always coordinate, especially with several programs and activities that are planned and have been carried out in synergy with relevant Regional Apparatus Organizations (OPD) as well as village and sub-district officials, in order to accelerate sanitation development and implementation at the community level for maximum benefit to be felt by the residents.

DOI: https://doi.org/10.33701/jtp.v15i2.3693

In sanitation construction and clean water provision, there are several obstacles and challenges, namely: a. Sanitation construction is not popular among the public, unlike other types of infrastructure development; b. The lack of public awareness in managing a clean and healthy environment effectively; c. The environmental facilities and infrastructure are still minimal and in poor condition, requiring additional financing; d. The minimal socialization on the importance of hygienic sanitation and proactive community and business involvement in sanitation management sustainability; and e. Budget allocation for sanitation work is still limited. Due to the extremely limited budget, sanitation development requires prioritization according to regions that are in dire need.

One of the decisive factors in improving the health status of an area is Environmental Health, where Environmental Health contributes as much as 40%. When Environmental Health is good, it leads to a decrease in disease prevalence. Therefore, in order to improve environmental quality, one of the methods is through the provision of infrastructure in settlements, making it highly significant.

In sanitation development, quality tests have been conducted through laboratories on the condition of water, soil, and air in the area, using approximately 200 samples per year. Upon reviewing the test results, they do not fully represent the actual conditions due to the extensive coverage.

The policy model in this study uses the Grindle model (1980). This model emphasizes several variables to achieve successful policy implementation, and the level of success encompasses indicators of these variables, namely policy content and policy environment (Grindle 1980:95). The content of the policy asks several questions that must be answered for the policy to proceed as planned, including:

1. How should stakeholder targets be involved and allocate their budget in the policy?
2. Are there benefits received by stakeholder targets or community groups, for example, communities living in slums, remote or isolated areas who are in greater need of sanitation and clean water than receiving a motorbike credit program?
3. What changes are desired by stakeholders from a policy?
4. How appropriate is a program's placement?
5. How does a policy specify the relevant Department as the executor in detail?
6. How is a policy program supported by adequate resources?

On the other hand, the policy environment variables from the Grindle model are: (1) The extent of authority, interests, and strategies held by the actors involved in policy implementation; (2) The characteristics of government institutions as the implementers; (3) The level of

DOI: https://doi.org/10.33701/jtp.v15i2.3693

compliance and response from stakeholders.

Based on interviews conducted with the Depok City Health Department regarding the implementation of policies on water and sanitation, for the policy to be effectively implemented as planned, resulted several key factors should be considered:

1. Allocation of annual budgets for sanitation development implementation is crucial. Sanitation development stands as a top-priority program aimed at enhancing the environmental health of the Depok City community.
2. Residents should experience tangible benefits following sanitation development, such as improved water quality meeting consumption standards, the elimination of Open Defecation (ODF), and a reduction in illness rates.
3. Observable changes in the community due to sanitation development policy should encompass the following aspects:
   a. Communities ceasing open defecation practices.
   b. Proper usage of toilets for defecation and disposing of baby feces.
   c. Absence of visible human waste in the surroundings.
   d. Elimination of unpleasant odors resulting from human waste disposal.
   e. Maintenance of healthy toilet facilities in the vicinity.
   f. Consistent monitoring to enhance the quality of community toilets.
   g. Enforcing strict sanctions against individuals practicing open defecation.
   h. Provision of sanitary toilet facilities and handwashing stations in all schools.
4. The sanitation development program policy should be meticulously and comprehensively planned during the Musrenbang (National Development Planning Meeting), ensuring resource allocation aligns with urgent priorities.
5. Policies should explicitly designate relevant Departments responsible for implementation, outlining their roles and responsibilities.
6. Executed policy programs must be supported by available resources within the Depok City Government and must foster synergy with stakeholders.

Moving on to contextual policy implementation variables:

1. The Depok City Government wields significant authority and has a vested interest in implementing sanitation development policies to improve community health and environmental well-being.
2. The characteristics of government institutions as policy executors are reflected in their organizational structures, tasks, and functions.
3. The sanitation development policy enjoys high overall compliance levels and receives a positive response from the beneficiary community.

There are also several factors founded that hinder community-based sanitation development:

a. Sanitation development is not very appealing to the public's eye. It's not considered a monumental project or one that signifies an area's progress. Unlike infrastructure like neighborhood

DOI: https://doi.org/10.33701/jtp.v15i2.3693

roads or other projects that have a monumental aspect. As a result, proposals related to sanitation development, such as septic tanks, wastewater treatment plants (IPAL), infiltration wells, and drainage, are still minimally suggested during Musrenbang activities.
b. There is a lack of awareness among the public regarding proper management of a clean and healthy environment.
c. Environmental facilities and infrastructure are still minimal in the community, and their condition is poor. This requires a relatively large allocation of funding.
d. There is a shortage of awareness-raising about the importance of hygienic sanitation and efforts towards sustainable sanitation management, both from the community and the business world.
e. The budget from the local government for sanitation work is limited.
f. There is a lack of funding and private sector participation in building sanitation, which means the envisioned healthy community has yet to be realized.

The implementation of policies draws heavily from Grindle's model, which emphasizes key variables for achieving successful implementation. The level of success encompasses indicators related to both policy content and policy environment. Policy content refers to whether the policy's substance aligns with its objectives, while policy environment pertains to whether the policy is supported by the surrounding conditions.

Two major variables influence implementation success:
a) Content of policy, and
b) Context of implementation.

In terms of policy content, several crucial considerations come into play:
1. The extent to which the interests of target groups are reflected in the policy.
2. The type of benefits received by target groups, considering their preferences and needs.
3. The scope of intended changes brought about by the policy.
4. The appropriateness of the program's placement within the governing institution.
5. The clarity in specifying the implementers of the policy.
6. The availability of adequate resources to support the program.

On the other hand, the variables associated with the context of policy implementation include:
1. The power, interests, and strategies of the actors involved in the implementation process.
2. The characteristics of the governing institutions and regime in power.
3. The level of compliance and responsiveness of the target groups.

Grindle's Model of Implementation emphasizes the critical role played by both policy content and contextual factors. These elements interact

DOI: https://doi.org/10.33701/jtp.v15i2.3693

dynamically in shaping the outcome of policy implementation. The context in which administrative action takes place influences the decision-making process, involving various actors with distinct roles and interests.

Furthermore, Grindle underscores that the type of policy formulated significantly impacts the political activities it stimulates. Additionally, the degree of behavior change envisioned for the program's beneficiaries plays a vital role in influencing policy content.

In conclusion, the interplay between policy content and context is integral to the success of implementation initiatives. The specifics of policy content, the political and administrative environment, and the responsiveness to target group needs all contribute to shaping the outcome of policy implementation. Recognizing these dynamics is essential for effective policy design and execution.

CONCLUSION

In conclusion, policy implementation in water and sanitation involves two key aspects: content and context. The low coverage of adequate sanitation and open defecation issues require stakeholder involvement, public education, and reevaluating groundwater pollution levels. Leveraging the banking and business sectors, reallocating funds, and establishing technical regulations are essential. Policy adjustments are needed for septic tanks, land acquisition, and comprehensive feasibility studies. Ensuring access to safe drinking water, addressing incomplete data, and regulating groundwater use are vital. Maximizing the potential of the community and corporate sector through CSR can significantly benefit sanitation. Protecting raw water sources, promoting water conservation, and implementing policies for water recycling and wastewater treatment are imperative. Enhanced regulation of run-off and action plans for slum housing and settlements are needed. Ongoing monitoring and evaluation, along with feasibility studies, are crucial for successful sanitation development. Despite challenges, there is support from the central government, departmental involvement, and a community-driven approach aimed at effective and community-aligned policy implementation for improved sanitation.

DOI: https://doi.org/10.33701/jtp.v15i2.3693

REFERENCES

1. Ahmed, Jamil, Li Ping Wong, Yan Piaw Chua, Muhammad Zafar Iqbal Hydrie, and Najeebullah Channa. 2022. 'Drinking Water, Sanitation, and Hygiene (WASH) Situation in Primary Schools of Pakistan: The Impact of WASH-Related Interventions and Policy on Children School Performance'. *Environmental Science and Pollution Research* 29(1):1259–77. doi: 10.1007/s11356-021-15681-w.
2. Akpabio, Emmanuel M., and John S. Rowan. 2021. 'The Political Economy of Coordinating Water, Sanitation and Hygiene Management Policies and Programmes for Nigeria'. *Water International* 46(3):365–82. doi: 10.1080/02508060.2020.1867454.
3. Azwar, Azrul. 1990. *Pengantar Ilmu Kesehatan Lingkungan*. Yogyakarta: Mutiara Sumber Widya.
4. Bahtiar. 2006. 'Kondisi Sanitasi Lingkungan Kapal Penumpang KM. Lambelu Miliki PT. PELNI'. Makassar: STIK Tamalatea.
5. Emil, S. 2018. *Tujuan Pembangunan Berkelanjutan Indonesia*. Bandung: Unpad Press Graha Kandaga.
6. Grindle, Merilee S. 1980. *Politics and Policy Implementation in The Third World*. New Jersey: Princeton University Press.
7. Muanda, Christophe, Jacqueline Goldin, and Rainer Haldenwang. 2020. 'Factors and Impacts of Informal Settlements Residents' Sanitation Practices on Access and Sustainability of Sanitation Services in the Policy Context of Free Basic Sanitation'. *Journal of Water, Sanitation and Hygiene for Development* 10(2):238–48. doi: 10.2166/washdev.2020.123.
8. Scherer, Nathaniel, Islay Mactaggart, Chelsea Huggett, Pharozin Pheng, Mahfuj-ur Rahman, Adam Biran, and Jane Wilbur. 2021. 'The Inclusion of Rights of People with Disabilities and Women and Girls in Water, Sanitation, and Hygiene Policy Documents and Programs of Bangladesh and Cambodia: Content Analysis Using EquiFrame'. *International Journal of Environmental Research and Public Health* 18(10):5087. doi: 10.3390/ijerph18105087.
9. Taing, L. 2019. 'Policy Implementation Considerations for Basic Services: A South African Urban Sanitation Case'. *Water SA* 45(4 October). doi: 10.17159/wsa/2019.v45.i4.7533.
10. Ugwu, Paschaline Nkeiruka, Divine Ndubuisi Obodoechi, Agu Chukwuagoziem Samuel, and Ekeocha Davidmac Olisa. 2022. 'Does Economic Policy in Nigeria Enhance Sustainable Water and Sanitation Facilities?' *Journal of Water, Sanitation and Hygiene for Development* 12(1):23–31. doi: 10.2166/washdev.2021.094.
11. Victral, Davi Madureira, and Léo Heller. 2021. 'The Human Rights to Water and Sanitation in Policy Responses to the COVID-19 Pandemic: An Analysis of Brazilian

DOI: https://doi.org/10.33701/jtp.v15i2.3693

States'. *Water* 13(2):228. doi: 10.3390/w13020228.

12. Wilbur, Jane, Nathaniel Scherer, Islay Mactaggart, Govind Shrestha, Thérèse Mahon, Belen Torondel, Shaffa Hameed, and Hannah Kuper. 2021. 'Are Nepal's Water, Sanitation and Hygiene and Menstrual Hygiene Policies and Supporting Documents Inclusive of Disability? A Policy Analysis'. *International Journal for Equity in Health* 20(1):157. doi: 10.1186/s12939-021-01463-w.

DOI: https://doi.org/10.33701/jtp.v15i2.3693