

## Implementation of Community-Based Total Sanitation Policy In Bengkayang District

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### Abstract

*Law of the Republic of Indonesia No. 36 of 2009 concerning Health, Article 17 paragraph 1 states that the government is responsible for the availability of access to information, education, and health service facilities to improve and maintain the highest possible degree of health. In addition, Article 168 states that to carry out effective and efficient health efforts, health information is needed, which is carried out through information systems and through cross-sector cooperation, with further provisions even regulated by Government Regulations. Meanwhile, Article 169 states that the government provides convenience to the public to gain access to health information in an effort to improve the degree of public health. Community-Based Total Sanitation (STBM) is an approach to change hygienic and sanitary behavior through community empowerment by triggering. The implementation of STBM aims to realize hygienic and sanitary community behavior independently in order to improve the highest degree of public health (Permenkes RI No. 3 of 2014). In this research method, researchers use a type of descriptive research with qualitative analysis because it is considered more appropriate in describing various phenomena, facts, and existing data in order to be more detailed about the implementation process, implementors / officials involved, target group responses and provide an accurate picture of the various obstacles faced. The results of the study explained that villages that implement STBM, within the scope of villages in Bengkayang District, STBM is still very low,*

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*this is due to the lack of frequency of triggering carried out by puskesmas and health offices, limited funds and low community response. The lack of success of the STBM program from the triggering process to post-triggering is because the community is difficult to collect so that the monitoring and monitoring process is hampered.*

**Keywords: Policy, Community-Based Total Sanitation, Puskesmas Bengkayang District.**

## **INTRODUCTION**

Law of the Republic of Indonesia No. 36 of 2009 concerning Health, Article 17 paragraph 1 states that the government is responsible for the availability of access to information, education, and health service facilities to improve and maintain the highest possible degree of health. In addition, Article 168 states that to carry out effective and efficient health efforts, health information is needed, which is carried out through information systems and through cross-sector cooperation, with further provisions even regulated by Government Regulations.

Meanwhile, Article 169 states that the government provides convenience to the public to gain access to health information in an effort to improve the degree of public health. One of the outputs of the implementation of the national health information system is the Indonesian Health Profile, which is one of the relatively complete health information data presentation packages, containing information on health degrees, health efforts, health resources, and other related information, and published annually.

Profile of Puskesmas Bengkayang is a description of the health situation in Bengkayang District which is published regularly every year. This profile includes activities and reports in Puskesmas, Pustu, Poskesdes Polindes, which contain various data about health and other supporting data related to the health sector for one year. In each issue of this Health Profile, data is analyzed with simple analysis and displayed in the form of tables and graphs.

In every publication of the Bengkayang Health Center Profile, various efforts are always made to improve, both material, analysis and the form of physical appearance, in accordance with technical instructions from the Data and Information Center of the Ministry of Health of the Republic of Indonesia. Thus, the purpose of publishing the Bengkayang Health Center Profile in 2020 is to be a means of evaluating the achievements of the Bengkayang District Health Development program in 2020.

Indicators listed in the preparation of the Health Profile and health-related health



indicators include 1 Health Degree Indicator consisting of indicators for mortality, morbidity, and nutritional status, 2 Health Effort Indicators consisting of health services, healthy living behavior and environmental conditions, and 3 Health Resource Indicators consisting of health facilities, health workers, and health financing and 4 other indicators related to health. A major factor that is very important in the preparation of this profile is the availability of accurate and timely health data and information.

For this reason, there must be an arrangement of Data Collection through one door to provide SIK Health Information System Data at the Bengkayang Health Center so that data is available that is up to date, complete and ready at any time when needed. This is also reflected in the SKN in 2009, where there is a Health Management and Information subsystem, which oversees the Development of Health Information Systems. With the compilation of the Bengkayang Health Center Profile in 2021, it is hoped that it can be used as one of the media to monitor and evaluate the results of the implementation of health development in Bengkayang District. The profile of the Bengkayang Health Center in 2021 is compiled based on data and information obtained from the sub-district office, the Puskesmas Education Office, PustuPoskesdes in Bengkayang District, as well as other data and information sources.

Health is a wealth owned by humans and is priceless. Indeed, health is not everything for mankind, but without health everything will mean nothing. To maintain and maintain our bodies fresh and healthy, it takes an in-depth study from each individual, society, and government to get it. Therefore, every Indonesian citizen has the right to get health services and live a healthy life regardless of social, economic, ethnic, racial, and religious status. In this regard, the government must carry out its role and function in guiding Indonesian citizens to continue to strive to always live healthy and fresh at all times. Healthy and fresh is a slogan that is very easy to say but very difficult to do even though it is not difficult to get.

The implementation of health in Indonesia refers to the SKN National Health System in 2012, which has a vision, mission to achieve the fulfillment of human rights. Health management carried out by all components of the Indonesian nation must be integrated to support each other to achieve the highest degree of public health. The implementation of the 2012 SKN is stated in the 2005-2025 Long-Term Development Plan for the Health Sector RPJP-K and is synergistic with the nine Nawacita Change Agendas of the 2015-2019 Working Cabinet, especially in the health sector. Health development policy is focused on strengthening quality Primary Health Care basic health efforts, especially through increasing health insurance, increasing access and quality of



basic and referral health services supported by strengthening the health system and increasing health financing.

The Healthy Indonesia Card is one of the main means in encouraging health sector reform in achieving optimal health services, including strengthening promotional and preventive efforts. STBM Community-Based Sanitation Program is one of Nawa Cita's 5th agenda programs, namely improving the quality of life of Indonesian people. STBM's Community-Based Sanitation Program has subsequently become the main program in health development. To fulfill the program, it is planned to achieve it through the Strategic Plan of the Ministry of Health Strategic Plan for 2015-2019, which is supported by the enactment of the Decree of the Minister of Health R. I. Number HK. 02. 02 Minister of Health 522015 Ministry of Health of the Republic of Indonesia, 2016. STBM's Community-Based Sanitation Program is implemented to improve the degree of public health through health efforts and community empowerment supported by financial protection and equitable distribution of health services.

In its implementation, Indonesia's health development program refers to 3 pillars. STBM's Community-Based Sanitation Program includes promoting a healthy paradigm, strengthening health services and fulfilling universal health cover through the National Health Insurance. The implementation of the three pillars of the STBM Community-Based Sanitation Program has a target target of all total age coverage following the life cycle so that the integration of health service implementation can be carried out more effectively if through a family approach. Sanitation is very important to support and maintain health. The existence of a clean environment, a healthy lifestyle and good community habits will certainly support health programs.

The nationally launched Sanitation Program is guided by STBM Community-Based Total Sanitation The Government of Indonesia has launched Community-based Total Sanitation which is implemented in all regions in Indonesia through Ministerial Decree No. 852 of 2008 concerning the STBM national strategy. Based on the decree, all Regional Governments through BAPPEDA and DINKES as well as related agencies and agencies have tried to implement STBM in their respective regions. STBM is an integrated action to reduce the incidence of environment-based infectious diseases including diarrhea and improve hygiene behavior and quality of life of the Indonesian people.

This STBM program is one of the efforts to achieve the Millennium Development Goals and universal access in 2019, which is achieved through environmental modifications including open defecation reduction, hand washing with CTPS soap, PAM RT household drinking water



management, household waste and liquid waste management, which is formulated with 5 pillars of STBM. Based on health database per district, 2019. Bengkayang only has 55.58 households with healthy latrines, while the incidence of diarrhea is 22.24 per 1000 people. The incidence of diarrhea can be reduced by the first pillar approach, changing the behavior of STOP BABS. Changing the behavior of STOP BABS in the community is not as easy as turning the palm of the hand, it requires joining hands from all elements of the Central Government, Bengkayang Regency Local Government Agencies and also the community. The most important component in realizing the behavior of STOP BABS is the commitment from the district leaders to the sub-district.

## **METHOD**

This study wants to analyze and describe the implementation of health and protection policies in meeting the basic needs of public health in Bengkayang Regency. In this study, the author uses a type of descriptive research with qualitative analysis because it is considered more appropriate in describing various phenomena, facts, and existing data in order to be more detailed about the implementation process, implementors / officials involved, target group responses and provide an accurate picture of the various obstacles faced. The location of the research taken by researchers is in Bengkayang District, Bengkayang Regency. Data collection techniques used by researchers are using observational research techniques, interviews, and documentation.

## **RESULTS AND DISCUSSION**

### **Communication**

The purpose of national development in the health sector is to increase awareness, ability and ability to live healthy for everyone in order to realize an optimal society through the creation of communities, nations and countries characterized by their residents who live with healthy behavior and environment, have the ability to reach quality health services, fairly and equitably and have an optimal degree of health. The STBM program is a program that must be implemented at every health service center in the community, so far the efforts made have only been limited to socialization because the location is the farthest place, difficult water and electricity are difficult and a trigger because the majority of people are sick with diarrhea. Efforts to communicate STBM to the community in the form of direct socialization, campaigns, smart STBM applications, and village updates to raise behavioral awareness and sanitation development. Nevertheless, the community's response was very enthusiastic about the STBM socialization that had been carried



out.

The results of an interview with the head of the Health and Family Planning Office of Bengkayang Regency stated that: This compulsory health effort must be organized by every puskesmas in the territory of Indonesia. STBM efforts in puskesmas include water health, food and beverage hygiene and sanitation, garbage and waste disposal sites, STBM settlements and family latrines, sanitary supervision of public and industrial places, security of pesticide management sites, puskesmas sanitation clinics and vector control. Indicators of STBM efforts in 2014 include the percentage of people who have access to quality drinking water of 67%, the percentage of drinking water quality that meets health requirements of 100%, the percentage of residents who use healthy latrines as much as 75% and the coverage of houses that meet health requirements as much as 85% (Ministry of Health of the Republic of Indonesia, 2014).

The implementation of STBM aims to realize hygienic and sanitary community behavior independently in order to improve the highest degree of public health (Permenkes RI No. 3 of 2014). The implementation of STBM is carried out independently by the community. STBM consists of 5 pillars, namely: Stop Open Defecation (Stop-BABS). At the time of the Bengkayang STBM program, there were obstacles that lay in the misalignment of coordination of the main tasks and functions, the existence of communities who were actually able to make sanitation to septic tanks but were reluctant because they were affected by the environment, and the difficulty of providing water to the community. Stop open defecation is the condition of every individual in a community no longer carrying out open defecation behavior that has the potential to transmit disease. Stop-defecation behavior is followed by the use of sanitary facilities in the form of healthy latrines. Wash hands with soap (CTPS). Handwashing with soap is the behavior of washing hands using clean running water and soap. CTPS facilities must have the main criteria, namely clean water that can be flowed, soap and safe reservoirs or wastewater channels.

## Resources

Human resources in the puskesmas environmental health program manager are seen from educational qualifications and participation in training. The results of interviews with staff at the Bengkayang Health Center stated that the educational qualifications of environmental health program managers still have program managers whose educational qualifications are not in accordance with the established standards.

The availability of personnel in health facilities both in puskesmas and Pustu and Poskesdes



in general is quite good. In carrying out its functions and duties in Bengkayang District, it can be carried out by employees both with the status of Civil Servants (PNS), Civil Servant Candidates (CPNS), Daerah Contract Employees. Human Resource Improvement aims to increase the availability and affordability of Health Resources and the effective use of Health Resources in Bengkayang District which includes: General practitioners, nurses, midwives, health promotion personnel, environmental sanitation personnel, nutritionists, pharmacists / pharmaceutical technical personnel, and other health workers.

Information on health workers is needed for planning and procurement of personnel and employee management so that employee placement can be evenly distributed throughout villages and villages. In 2021, Civil Servants (PNS) numbered 48 people, Regional Contract Employees numbered 35 people. Bengkayang Puskesmas employees are spread from 67 Puskesmas, 16 Auxiliary Puskemas and Poskesdes.

However, health service facilities in Bengkayang District in 2020 are still insufficient, so improvements still need to be made. Basic health service facilities owned by the government (Pustu/Poskesdes) have reached all villages and villages in Bengkayang District. Of the 6 villages/villages in Bengkayang District, 3 Pustu and 6 Poskesdes have been spread, although some Pustu/Poskesdes are still in the stage of waiting for improvement from the Bengkayang Regency Government, but health services to the community are still running.

The number of auxiliary Puskesmas 3 pieces and Poskesdes 6 pieces with a ratio of 31.64 per 100,000 population or each Auxiliary Puskesmas and Poskesdes serves approximately 3,164 residents. Puskesmas Bengkayang has facilities such as: 1 unit of Mobile Puskesmas cars and 10 units of 2-wheeled vehicles. Related resources come from sharing funding from villages, Wahana Visi Indonesia Foundation, Sub-districts, Puskesmas.

### **Disposition/Attitude of Executors**

Every reporting activity is expected to enter every month or every completion of activities from the program implementer to the Puskesmas and the Health and Family Planning Office of Bengkayang Regency. The attitude of field implementers in Bengkayang Regency is only a trigger, the rest is directly handed over to the community directly who make sanitation places so that awareness arises in the community itself.

The results of an interview with the Head of the Health and Family Planning Office of Bengkayang Regency stated that: However, not all puskesmas report activities on time. According



to the researcher's analysis, this is due to inadequate supporting tools for reporting, inconsistency between the POA that has been prepared and the schedule of activities, so that reports to the Health and Family Planning Office are late.

Monitoring or monitoring is part of the management function. Monitoring will provide information about the status and trends that measurements and evaluations are completed repeating over time. Activities that have been carried out are monitored regularly based on community agreements, every month monitoring of activities that have been carried out and reported during meetings or mini-workshops.

This is in accordance with an interview with the Head of the Bengkayang Health Center stating that after the triggering is carried out we will go back down as scheduled to see if there are people who have built latrines or not. The output of the STBM program at the puskesmas level is to increase the scope of STBM efforts, especially the coverage of family latrines. The results of the study found that in general the coverage of family latrines is still below the national target, this is due to the lack of community response, and considers it not yet a necessity.

A village that implements STBM is a village said to have implemented STBM if there has been an intervention through triggering in one of the hamlets in the village/kelurahan, there is a community that is responsible for continuing the STBM intervention action as mentioned in the first point, either individuals (natural leaders) or forms of community groups.

The results of interviews with Community Leaders stated that in response to the STBM intervention action, community groups prepared an action plan for activities in order to achieve the commitment to change the behavior of the STBM pillar, which had been mutually agreed. Based on the results of the study, it was revealed that only a few villages have implemented STBM.

The scope of Stop Defecation villages in the Bengkayang Regency Health Center, that only 4 villages that have stopped defecation have implemented the STBM program, this is due to the low public awareness to make and use latrines.

Based on the results of interviews with Bengkayang Health Center officers, it is stated that triggering activities have been carried out, it's just that the community, if it has been triggered, the hope is to make a simple latrine according to their ability, sometimes the number of times researchers visit the latrine in question has not been made. This means that people still defecate in any place. This is in accordance with the narrative of Stop BAB informants in Bengkayang Regency which is still very low in scope other than because it is expensive and the community needs direct assistance.



Humans in this case are the spearhead in implementing the STBM program. Their role and existence greatly determine the success of program implementation in puskesmas. Therefore, the support of skilled and qualified health workers is urgently needed. Health workers who serve as program implementers at the puskesmas level are mostly health workers that human resources are very important to be studied in order to improve effective and efficient health services. For this reason, health workers who are in accordance with educational qualifications are needed so that they can carry out the program professionally. Training on the STBM program is provided so that program implementation officers can carry out their duties professionally with optimal results. Training is an important organizational investment in human resources. Training involves all human resources to gain knowledge and learning skills so that they will immediately use them in work.

This is in accordance with the results of interviews with Research states that training is very important to improve abilities and skills and thus employee performance increases Financing support is something that must be met so that the program can be implemented properly.

The results of an interview with the Head of the Bengkayang Puskesmas stated that the operational funds used at the puskesmas service level were funds sourced from Health Operational Assistance (BOK). BOK is a financial assistance from the government through the Ministry of Health in assisting the Regency / City government to carry out health services according to the Minimum Service Standards (SPM) in the health sector towards the Millennium Development Goals (MDGs) by improving the performance of puskesmas and jaringannya. This is in accordance with the results of research stating that funds have a very important role in implementing the PMT Balita program with funding sources obtained from the APBD.

Financing is needed in the implementation of activities, so that if there is a delay in disbursing funds, activities will be hampered. The cause of the delay in disbursement of BOK and JAMKESMAS funds is due to two factors including the delay in allocation from the central government and the ability and capacity of human resources in puskesmas in making a Plan of Action (PoA)<sup>10</sup>. This uncertainty in financing makes it difficult for health workers at the basic service level in sub-districts and villages/posyandu.

Health workers incur their own expenses or owe debts to others. In this uncertain condition of financing, it is very difficult to carry out routine activities and make innovations at the village or puskesmas level. As a result of the delay in disbursement of funds, it will disrupt the implementation of health programs and reduce the morale of employees.



### **Bureaucratic Structure**

The bureaucratic structure in STBM Bengkayang is in the form of a working group with roles as trigger, monitoring, and person in charge. The authority of the program management officer is a power that is owned, but the authority must be accountable to the leadership of the organization. Authority is basically formal or legitimized power. In an organization, a person appointed or chosen to lead an organization, has legitimate authority or power. Authority is the formal power possessed by the implementer of the STBM program at the puskesmas level. With authority, they can carry out programs and activities in accordance with the objectives contained in the form of a decree issued by the leadership. Activities and programs are carried out based on planning that has been prepared together with the Head of the Puskesmas.

Based on the results of an interview with the Head of Bengkayang stated that Sarana is a tool to expedite and facilitate a job. The availability of facilities and infrastructure in the implementation of the STBM program is inadequate, some puskesmas do not have KIT sanitary ware, latrine prints and operational vehicles for program managers. The guidebook is a basic guideline in implementing the STBM program. In the book, it is explained in detail related to the activities to be carried out in order to obtain maximum results.

STBM program managers at the puskesmas level who do not have a program implementation guidebook so they do not have guidelines in implementing the program. STBM puskesmas program management personnel who do not come from environmental health science backgrounds will have difficulty in implementing the program. Based on research that there are puskesmas that do not have a guidebook because the officer did not obtain it from the previous program officer and there is also a guidebook that has been lost and there has never been an update to the guidebook so that if there is a new officer, there is no guidebook owned.

Based on the results of an interview with the Head of the Health and Family Planning Office stated that planning at the puskesmas level is the process of preparing an annual plan for the puskesmas to overcome health problems in the puskesmas work area, the steps taken in planning are preparing activity proposals, submitting activity proposals and preparing implementation plans. Compulsory health efforts, especially the STBM program at puskesmas in this study, have basically been implemented according to the provisions. Program holders prepare activity proposals, then submit activity proposals at puskesmas level mini-workshops and prepare activity implementation plans.

Organizing is the arrangement of a number of personnel owned to enable the achievement



of an agreed goal by allocating each function and responsibility for the implementation of activities, all personnel involved in the efforts of the STBM program are given functions and responsibilities stated in the decree of the head of the puskesmas and the letter of assignment at the time of the activity. The organization of the BOK program is adequate because in the Decree it is clearly regulated who does what. PMT Balita activities are coordinated by puskesmas nutrition officers and the determination of the type of food is agreed upon together with the head of the puskesmas and puskesmas health officers.

Based on the results of an interview with the Head of the Bengkayang Puskesmas stated that the review of the documents, it can be concluded that the implementation of the STBM program involves cross-sector and cross-programs in the puskesmas work area, there is a commitment from the leadership and implementers of the program. The implementation of the puskesmas sanitation clinic program has not been carried out as expected, because there is still a lack of understanding of health workers related to sanitation clinic program activities to carry out standard operational procedures (SPO) for sanitation clinics, this is because health workers in puskesmas have never been trained about sanitation clinic programs. The STBM program implemented at the puskesmas level is health counseling, triggering, data collection of families who carry out the program and direct monitoring to the field to see the extent of the activities that have been carried out.

The function of driving the implementation is the process of guidance to staff so that they carry out their main duties in accordance with the skills they have. Based on data from informants and document review, researchers obtained information about the achievements of the STBM program at the Bangka Regency Health Center, which includes family latrines, villages that implement STBM and Stop Defecation is still low.

Healthy Latrines are effective fecal disposal facilities to break the chain of disease transmission. Based on the results of an interview with the Head of the Health and Family Planning Office, data on family latrine coverage has been obtained, namely the highest coverage at the Bengkayang Health Center of 73.04% when compared to the strategic plan of the Ministry of Health 2010-2014 the target is 75%, meaning that there are still puskesmas whose achievements are still below the target that has been set, this is due to the lack of frequency of triggering and low public awareness. There is a meaningful relationship between health workers, knowledge and attitudes and latrine ownership, that community education influences defecation in its place.



## **CONCLUSION**

Based on data and information on the results of health development in Bengkayang District in 2020 which have been successfully collected through the Bengkayang Health Center report, BPS data, Bengkayang District data and Program reports, it can be concluded that the indicators of Public Health Degrees in Bengkayang District that have been implemented are:

1. The infant mortality rate (AKB) in 2021 there is 1 case of Infant Mortality.
2. Infant Mortality Rate (AKABA) in 2021 there were no cases of deaths of toddlers
3. Maternal Mortality Rate in 2021 found 2 cases of maternal mortality
4. The number of dengue cases in 2021 was 63 cases and 2 cases died.
5. The number of diarrhea cases in 2021 was 84 cases at all ages and 20 cases at the age of toddlers
6. The number of undernourished cases in 2021 was 318 (14.5%) cases and all have been handled.

With various obstacles and limited data that can be presented in the 2021 Bengkayang Health Center Profile book, it can finally be resolved. Hopefully this book can provide an overview of various health conditions in Bengkayang District to support health program management at all levels of administration. The participation of the community and sectors outside health has a very large role in efforts to achieve optimal Public Health Degrees in a quality family atmosphere. So that the results of activities from 2020 to 2021 are able to help efforts to achieve the vision of an Independent and Just Healthy Society which is an ideal that can be achieved by making optimal use of the remaining time. Development and improvement of the quality of cross-sector cooperation needs to be further improved. The continuity of development activities in the health sector at all levels of administration must unite and support each other in an effort to realize the agreed common goals. Based on the description in the previous chapters in the implementation of STBM Program Policy in Puskesmas in Bengkayang Regency as follows:

Communication in the STBM program at the Bengkayang Health Center that villages/villages intervene in the STBM approach and are used as intermediate targets to achieve the total sanitation conditions needed in achieving the five pillars of STBM. Villages that implement STBM, meaning that the coverage of STBM villages is still very low, this is due to the lack of frequency of triggering carried out by puskesmas and health offices, limited funds and low community response. The lack of success of the STBM program from the triggering process to post-triggering is because the community is difficult to collect so that the monitoring and



monitoring process is hampered.

Resource policy in Stop Village Defecation is a condition when every individual in the community or village does not defecate openly. Only 5 have implemented Stop Defecation, this is due to the low coverage of latrines and the low level of public awareness, that knowledge, attitudes and actions are included in the sufficient category but do not yet have latrines. Disposition/Attitude of Implementers in inadequate components, namely input components on indicators of facilities and infrastructure and operational funds for activities. Process components on implementation and monitoring indicators. The output component of all indicators has not met the national targets set. Bureaucratic Structure in the implementation of the STBM program which aims to realize hygienic and sanitary community behavior independently in order to improve the highest degree of public health (Permenkes RI No. 3 of 2014). The implementation of STBM carried out independently by the community has not been able to be carried out properly in the field.

## REFERENCES

- Agustino, Leo. (2006). Dasar-Dasar Kebijakan Publik. Bandung: Alfabeta
- Badjuri, Abdulkahar dan Yuwono, Teguh. (2003). Kebijakan Publik Konsep dan Strategi. Semarang: Jurusan Ilmu Pemerintahan Fisip Undip
- Basrowi dan Sukidin. (2002). Metode Penelitian Kualitatif Perspektif Mikro. Surabaya : Insan Cendekia
- Denzin, Norman, K. and Lincoln, Yvonna, S. (2009). Hand Book of Qualitative Research. Yogyakarta: Pustaka Pelajar.
- Dunn, William, N. (2003). Pengantar Analisis Kebijakan Publik Edisi Kedua. Yogyakarta: Gajah Mada University Press.
- Jones, Charles O. (1996). Pengantar Kebijakan Publik (Public Policy). Jakarta: Rajagrafindo Persada
- Kementerian Kesehatan RI. (2013). Buku Pegangan Sosialisasi Jaminan Kesehatan Nasional Dalam Sistem Jaminan Sosial Nasional. Jakarta: Kemkes RI
- Kementerian Kesehatan RI. (2013). Buku Saku FAQ (Frequently Asked Questions) JKN. Jakarta: Kemkes RI
- Masyhuri dan Zainudin, M. (2008). Metodologi Penelitian Pendekatan Praktis dan Aplikatif. Bandung : Refika Aditama.
- Moleong, Lexy J. (2007). Metodologi Penelitian Kualitatif Edisi Revisi. Bandung : Remaja Rosdakarya.



- Moleong, Lexy J. (2000). Metodologi Penelitian Kualitatif. Bandung : Remaja Rosdakarya.
- Parson, Wayne. (2008). Public Policy Pengantar Teori dan Praktik Analisis kebijakanm. Jakarta : Kencana.
- Pasalong, Harbani. (2010). Teori Administrasi Publik. Bandung : Alfabeta.
- Patilima, Hamid. (2005). Metode Penelitian Kualitatif. Bandung : Alfabeta.
- Subarsono. (2005). Analisis Kebijakan Publik Konsep Teori dan Aplikasi. Yogyakarta : Pustaka Pelajar.
- Sugiyono. (2005). Memahami Penelitian Kualitatif. Bandung : Alfabeta.
- Sugiyono. (2006). Metode Penelitian Kuantitatif, Kualitatif dan R&D. Bandung : Alfabeta.
- Sugiyono. (2010). Metode Penelitian Administrasi. Bandung : Alfabeta.
- Suharto, Edi. 2007. Kebijakan Sosial Sebagai Kebijakan Publik. Bandung : Alfabeta
- Suharto, Edi. (2009). Kemiskinan dan Perlindungan Sosial di Indonesia Menggagas Model Jaminan Sosial Universal Bidang Kesehatan. Bandung : Alfabeta.
- Suwitri, Sri. (2009). Konsep Dasar Kebijakan Publik. Semarang: Badan Penerbit Universitas Diponegoro.
- Tachjan, H. (2008). Implementasi Kebijakan Publik. Bandung: Truen RTH.
- Winarno, Budi. (2002). Teori dan Proses Kebijakan Publik. Yogyakarta: Media Pressindo.
- Government Documents :
- Undang-Undang Dasar tahun 1945 pasal 28 H
- Undang-undang nomor 40 tahun 2004 tentang Sistem Jaminan Sosial Nasional (SJSN). Jakarta
- Peraturan Menteri Kesehatan nomor 71 tahun 2013 tentang Pelayanan Kesehatan Pada Jaminan Kesehatan Nasional. Jakarta.
- Peraturan Menteri Kesehatan nomor 28 tahun 2014 tentang Pedoman Pelaksanaan Program Jaminan Kesehatan Nasional. Jakarta.
- Peraturan Bupati Bengkayang Nomor 25 Tahun 2014 tentang Ketentuan Distribusi Jasa Sarana dan Jasa Pelayanan atas Pelayanan Kesehatan yang Bersumber dari Program Jaminan Kesehatan Nasional dan Daerah pada Rumah Sakit Umum Daerah Kabupaten Bengkayang.

