

# Development Of Health Management In Kindergartens in Mataram City to Support The Clean and Health Living Behavior (PHBS) Program

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## Abstract:

This study aimed to examine effective health management in supporting the Clean and Healthy Living Behavior (PHBS) program in kindergartens in Mataram City. The study employed a qualitative approach with a case study method. Data were collected through interviews, observations, and documentation. The data were analyzed through the stages of data reduction, data presentation, and conclusion drawing. The results showed that the planning stage included the formulation of goals and objectives, implementation methods, activity schedules and locations, as well as collaboration among stakeholders. However, there is still a need to establish clear and measurable indicators, prepare contingency plans, and select more child-friendly implementation locations. Planning involving principals, teachers, parents, public health centers, and the health department from the outset also needs to be strengthened to prevent disparities between institutions. In the organizing aspect, task division, authority delegation, and resource management were present, but detailed task descriptions, budget allocation based on actual needs, and transparency in resource utilization are still required. The implementation of the program has been carried out according to the established schedule and utilized available resources, yet integrated inter-institutional planning and equitable facility distribution are still needed. In the controlling aspect, there has been a lack of performance monitoring, measurement, evaluation, deviation identification, and corrective actions. Therefore, program control needs to be conducted more routinely and structurally, with clear and detailed indicators, consistent evaluations, early parental involvement, and comprehensive corrective measures.

**Keywords:** *Management, Health, Clean and healthy living behavior program, Kindergarten*

## I. INTRODUCTION (HEADING 1)

Kindergarten (TK) is the first level of formal education for children aged 4–6 years, playing a vital role in shaping children's character foundations and life habits, especially in cleanliness and health behaviors. Children at this age are highly vulnerable to disease due to their underdeveloped immune systems.<sup>1</sup> Despite this, many children still lack understanding about the importance of clean and healthy living behaviors (PHBS), such as hand washing, tooth brushing, and personal hygiene.<sup>2</sup> Kindergarten becomes a strategic place to instill healthy behaviors as part of character education and the formation of long-term lifestyle patterns.

The problem that arises is the suboptimal implementation of the PHBS program in several kindergartens, which impacts the low awareness and habit of clean living among children. Even though PHBS is part of a government initiative regulated under the Minister of Health Regulation No. 2269/MENKES/PER/XI/2011, its field implementation remains inconsistent and unsustainable. This inconsistency is largely due to weak school health management systems, including lack of planning, supervision, coordination, as well as limited budget and supporting resources.

A preliminary study conducted in several kindergartens in Mataram City in January 2024 found that several school areas were unhygienic, sanitation facilities were limited, there was no special budget allocation, and the roles of teachers and principals were not optimal due to unclear division of duties and the absence of technical guidelines. Interviews with teachers revealed their confusion in carrying out the PHBS program due to the lack of assistance from health institutions such as puskesmas, and the weak evaluation mechanisms that were not conducted regularly. Although Mataram City's PHBS achievement data shows a success rate of up to 93%, this quantitative data does not guarantee sustained behavior change without a strong and systematic management foundation.<sup>3</sup> Effective management will help integrate the values and practices of Clean and Healthy Living Behavior (PHBS) into the school culture, so that it is not merely regarded as a temporary

obligation but becomes part of students' daily habits. With proper integration, PHBS can be implemented consistently within the school environment, fostering long-lasting behaviors and continuously raising awareness of the importance of clean and healthy living. To support this, it is essential for schools to have a comprehensive and structured guideline for planning, organizing, implementing, and controlling the PHBS program.

To address this issue, a comprehensive development of school health management systems is necessary, including the aspects of planning, organizing, implementation, monitoring, and evaluation of the PHBS program.<sup>4</sup> An effective management system will integrate PHBS into the school's culture and ensure it is consistently practiced by the school community, from principals and teachers to students.<sup>5</sup> This approach must also be supported by clear guidelines and cross-sector funding and collaboration, including from the health department.

Theoretically, health education at the early childhood school level is a critical investment in children's character development.<sup>6</sup> A healthy school environment, support for clean living habits, and nutritious diets will foster optimal conditions for child growth and development.<sup>7</sup> Therefore, the development of school health management is a strategic factor in ensuring the success of the PHBS program and building healthy habits from an early age.

Based on this background, this study aims to examine and develop school health management in kindergartens to support the sustainability of the PHBS program in Mataram City. This research is also expected to fill the gap in studies that specifically address school health management in the context of early childhood education and provide a replicable model for other regions.

## II. FINDING AND DISCUSSION

This section discusses the research findings related to the **management of the Clean and Healthy Living Behavior (PHBS) program** in kindergartens, covering the aspects of **Planning, Organizing, Implementation, and Controlling**, as follows:

### A. PLANNING

#### - *Planning of Goals and Objectives*

The study found that the planning of goals and objectives in the PHBS program involved key stakeholders, including principals, teachers, public health centers, and the health department. The main goal of the program was to instill healthy habits in kindergarten students, such as brushing teeth, handwashing, and consuming nutritious food. Children were clearly identified as the primary target of the program. effective goals should follow the SMART principles (Specific, Measurable, Achievable, Relevant, Time-bound). In this context, the planning of the PHBS goals and objectives fulfilled several SMART criteria: the goals were specific, achievable, relevant, and time-bound<sup>8</sup>. However, the research also revealed that the measurable aspect was not fully addressed, as there were no clear indicators developed to evaluate the success of the program. This lack of measurable benchmarks made it difficult to assess progress objectively and limited the effectiveness of decision-making and evaluation processes<sup>9</sup>. Therefore, improvements are needed in the planning aspect by formulating more measurable goals through the development of clear and observable indicators. This step is crucial to ensure accurate evaluation and provide meaningful feedback for the future development of the PHBS program.

#### - *Planning of Methods and Implementation Techniques*

The study revealed that the planning of methods and implementation techniques in the PHBS program was characterized by several key practices: (1) Principals and teachers held meetings to formulate work programs, calculate budgets, determine facilities and infrastructure, set activity schedules, and organize program implementation. (2) The PHBS program in kindergartens applied direct habit-forming methods such as handwashing, maintaining environmental cleanliness, and consuming healthy food. (3) The facilities and infrastructure required were adjusted to each activity, such as toothpaste, toothbrushes, and cups for toothbrushing, or soap, running water, and hand towels for handwashing. (4) The principal organized meetings with teachers to collaboratively plan the implementation methods and techniques.

The findings further indicated that while the planning of tools, materials, and methods was generally complete and appropriate to the program, there was still a lack of contingency plans for situations where certain materials or tools were unavailable. Method and technique planning should include backup plans to minimize unproductive activities<sup>10</sup>. The importance of preparing alternatives when essential materials are missing to ensure smooth program implementation<sup>11</sup>. For example, if soap runs out or a toothbrush breaks, quick solutions should be available so that activities can continue without disruption. Therefore, in addition to detailed and well-prepared planning, it is essential for schools to have backup or contingency plans in place to ensure that the PHBS program can continue effectively and sustainably.

#### - *Planning of Schedules and Time Allocation*

The study found that the planning of schedules and implementation timing in PHBS activities varied across kindergartens. (1) Each school had different schedules and execution times. (2) Kindergartens in Selaparang and Mataram districts conducted tooth brushing activities twice a week, while those in Ampenan and Cakranegara did so once a month. (3) In some schools, such as those in Mataram and Selaparang, parents contributed input that influenced the scheduling—for instance, the “Jumarsihlingsek” activity, initially held once a month, was increased to every week. (4) Scheduling and timing plans were discussed in internal meetings between principals and teachers. (5) However, the planning process was conducted solely by school staff without involving local health centers (puskesmas) or the health department.

Scheduling and implementation timing refer to determining when an activity begins and ends. Each task should have a clear time frame and performance standard so that all parties understand their responsibilities and priorities<sup>10</sup>. In this context, the scheduling done by each kindergarten helped guide the implementation of PHBS activities in a more organized manner. The findings also revealed inconsistencies in the frequency of PHBS activities between schools, indicating a need for stronger consistency to ensure the program’s effectiveness. Importance of active involvement from higher-level policy stakeholders in ensuring consistent and effective program implementation<sup>22</sup>. Therefore, it is recommended that the health department and local health centers provide continuous guidance and supervision, along with clear implementation standards. This support would enable all kindergartens to conduct PHBS activities regularly and sustainably, ultimately fostering healthy and clean living habits among children in a more comprehensive manner.

#### - *Planning of Activity Locations*

The study found that the planning of implementation locations in the PHBS program was characterized by the following: (1) Locations were determined based on the type of activity; (2) Toothbrushing activities were conducted in the school yard; (3) Handwashing facilities were available both inside and outside the classroom; (4) Healthy food consumption activities took place inside the classroom; (5) The “Jumarsihlingsek” activity was held in both the school yard and classrooms; (6) There was no involvement from external parties such as local health centers (puskesmas) or the health department in planning the implementation locations.

The selection of locations should consider accessibility, safety, comfort, and the ability to support smooth implementation<sup>10</sup>. Locations must also meet logistical needs and provide child-friendly spaces. However, the research showed that the selection of PHBS implementation locations in kindergartens did not fully align with the principles, particularly in terms of accessibility, safety, comfort, and operational support<sup>10</sup>. Locations were chosen situationally and flexibly based on the type of activity, without standardized guidelines for optimal space utilization. Who stated that inappropriate locations can hinder implementation and reduce program effectiveness<sup>12</sup>. Therefore, improvements in planning PHBS activity locations are necessary to ensure that selected areas are not only functional but also child-friendly, supportive of learning, and meet safety and comfort standards.

#### - *Planning for Collaboration and Task Distribution*

The study found that collaborative planning and task distribution in the PHBS program were characterized by several key findings: (1) Planning actively involved school principals and teachers by seeking input and suggestions; (2) There was no specific task distribution planned for individual teachers; (3) Parents were not involved in the initial planning stages of the PHBS program; (4) Only two kindergartens involved school committees and parents, and even then, only after the internal

planning was completed by principals and teachers; (5) Kindergartens in Mataram District sought feedback on the already-designed program; (6) Local health centers (puskesmas) and the health department were not involved in the early planning stages; (7) The health department provided direction and support through the puskesmas, which conducted guidance, education, and monitoring. The study highlighted that stakeholder involvement in the early stages of PHBS planning was very limited. Initial planning primarily involved principals and teachers, with minimal participation from parents—only two kindergartens involved parents after the internal plans had already been drafted. Yet, parental involvement is critical for the success of early childhood education programs. that parents play a strategic role in contributing ideas, feedback, and constructive support to enhance educational effectiveness<sup>13</sup>. Additionally, external institutions such as the health department responsible for health policy, including PHBS implementation were not actively engaged in the planning process. The puskesmas, as the technical arm of the health department, should serve as a strategic partner in designing PHBS programs that align with health standards and are targeted to children's needs. Based on these findings, it is essential to involve all relevant parties principals, teachers, parents, puskesmas, and the health department from the beginning of the planning process. Collaborative discussions and idea sharing are key to designing well-prepared, sustainable, and effective PHBS programs.

## **B. ORGANIZING**

### **- Organizing Duties, Authority, and Responsibilities**

The study found that the organization of tasks, authority, and responsibilities in the PHBS program was marked by several conditions: (1) There was no formal or planned task distribution by the principal, nor were there clear written descriptions of roles; (2) Teachers were aware of their duties; (3) Teachers served as program implementers; (4) Teachers acted as liaisons to parents by maintaining communication about program activities; (5) Teachers also served as assistants and supervisors in PHBS implementation; (6) Teachers acted as student mentors during activities; (7) Parents supported the program by providing children's needs, such as supplies, food, and personal hygiene items; (8) The principal of a kindergarten in Mataram issued an official decree (SK) appointing a teacher as the UKS (School Health Unit) coordinator; (9) The health department did not carry out any direct role in PHBS implementation; (10) The local health center (puskesmas) operated in three areas: PROMKES (health promotion and behavior change), UKS (health screenings, weight/head circumference/ear/tooth checks), and KESLING (school environment health inspections); (11) The health department and puskesmas were not involved in school-level organizational planning; (12) Puskesmas staff only performed tasks within their assigned domains.

task assignment should be based on individuals' skills and capacities. This aligns with the issuance of a formal decree to assign responsibility to a UKS coordinator, which strengthened teacher accountability<sup>10</sup>. Terry also states that organizing involves determining, grouping, and arranging necessary activities to achieve goals, assigning people to these activities, providing the physical resources needed, and defining authority relationships to ensure proper execution. The importance of job descriptions to improve teacher performance and program quality<sup>14</sup>. However, the study revealed that there was no detailed, written division of tasks and authority among the involved parties. This lack of clarity can lead to role confusion and inefficiencies during implementation. Therefore, in the organizational stage, it is essential to clearly define tasks, responsibilities, and authority from the planning phase. Each individual involved must fully understand their role to minimize overlap, avoid confusion, and promote effective collaboration. This clarity will support the successful and sustainable implementation of the PHBS program in kindergartens.

### **- Organizing Resources**

The study found that the organization of resources in the implementation of the PHBS program in kindergartens was characterized by the following: (1) Budget allocation was made for PHBS supplies such as soap, hand towels, and healthy food; (2) Some resources were contributed by parents, including lunch boxes, toothbrushes, toothpaste, and other child necessities; (3) Funding sources included the school committee, Operational Assistance Funds (BOP), and both central and regional government support; (4) The budget for soap, hand towels, and food was classified under consumable items; (5) Allocation was made according to activity needs; (6) Healthy food budgets were often covered by parents; (7) Some funds were taken from students' monthly school fees; (8) Teachers informed parents about required supplies for the next day's PHBS activities, both in person and through messaging groups.

The allocation of resources—including budget, facilities, and infrastructure—should be aligned with actual needs and program objectives<sup>10</sup>. Efficient resource organization allows an institution to achieve its goals more effectively. That effective school resource management, including both teaching personnel and infrastructure, significantly contributes to educational quality improvement<sup>15</sup>. The findings indicate that kindergartens have utilized a variety of internal and external funding sources to support the PHBS program. Budget allocations for essential supplies were generally available and distributed according to need. However, the resource organization mechanism remains basic and lacks systematic documentation. Furthermore, reliance on parental contributions for items such as healthy food and personal hygiene supplies introduces potential equity gaps, particularly for children from lower-income families. Therefore, a more structured and data-driven planning approach to resource allocation is needed. Transparency in fund management is also essential. Data based resource planning helps identify educational challenges, allocate resources effectively, and enhance transparency and accountability<sup>16</sup>. These improvements aim to ensure equitable access to PHBS activities for all children, supporting the program's success and sustainability.

### C. IMPLEMENTATION

#### - *Implementation According to Schedule*

The study found that the implementation of the PHBS program according to schedule was marked by the following: (1) Activities were scheduled by each school, including toothbrushing twice a week, CIMAGO once a week, JUMARSIHLINGSEK every Friday, growth monitoring once every three months, and deworming every six months; (2) Each kindergarten developed its own schedule—for example, toothbrushing was done twice a week in kindergartens in Selaparang and Mataram Districts, while in Cakranegara District it was conducted only once a month. Similarly, communal clean-up activities were held once a week in Mataram and Ampenan Districts, but only once a month in Cakranegara; daily handwashing was consistently practiced across schools; (3) The kindergarten in Ampenan followed only the programs provided by the local health center, such as height and weight measurements and polio vaccinations; (4) Health centers (puskesmas) were not involved in executing school schedules; (5) The health department was also not involved in implementation.

Emphasizes that implementation is about mobilizing group members through structured efforts, including having clear and detailed schedules, to foster motivation and goal achievement<sup>10</sup>. However, inconsistencies were found among schools in implementing certain activities. For example, the frequency of toothbrushing varied from twice a week to once a month depending on the school. This inconsistency highlights the need for standardized minimum activity frequencies and cross-sector monitoring by schools, health centers, and the health department to ensure more equitable, sustained, and impactful PHBS implementation for young children. That program consistency and frequency are crucial to long-term effectiveness. Without regular and consistent implementation, the program risks losing its sustainability and impact<sup>17</sup>. The active involvement of health centers and the health department in guiding and mentoring PHBS implementation plays a key role in ensuring standardized and sustainable practices in schools<sup>18</sup>. Therefore, there is a strong need for integrated implementation planning among key stakeholders, including schools, health centers, and the health department. This collaboration should be based on shared standards and agreed minimum activity frequencies to ensure the PHBS program achieves lasting and meaningful outcomes for early childhood health development.

#### - *Implementation Based on Resources*

The study found that the implementation of the PHBS program in kindergartens involved both internal and external resource utilization. Key findings include: (1) The local health centers (puskesmas) served as external human resources, conducting supervision, child growth monitoring every three months, environmental health checks, and deworming every six months; (2) Physical resources used included handwashing stations, toilets, cleaning tools, and toothbrushing kits; (3) Kindergartens in Selaparang and Mataram had well-equipped facilities, with handwashing stations and soap in each room and toilets in every classroom; (4) In contrast, Ampenan had only two faucets and one toilet, while Cakranegara had three faucets and one toilet, indicating significant facility gaps; (5) Teachers actively took initiative—such as replacing empty soap, finding creative ways to engage students when they became bored, and ensuring continuity of PHBS activities; (6) Parents participated by preparing

their children's supplies and engaging in PHBS-related activities; (7) Kindergartens in Ampenan and Cakranegara faced limitations due to insufficient resources; (8) The health department did not directly participate in the program's implementation; (9) However, the health department set policy directions, collaborated with puskesmas, provided training to health center staff, and distributed educational materials through them.

Optimal management of human, material, and physical resources is essential for achieving organizational goals. Effective resource use ensures that each stakeholder performs their role properly, and facilities are utilized efficiently to support smooth operations<sup>10</sup>. The research findings reflect this principle: while some kindergartens had adequate infrastructure and active involvement from teachers and parents, others lacked basic facilities, creating disparities. Motivation drives individuals to fulfill their responsibilities, thereby improving educational quality. The need for efficient management of all resource elements including teachers, parents, soap, toilets, and handwashing areas to support program effectiveness<sup>10</sup>.

Given these findings, it is necessary to ensure equitable access to facilities across all kindergartens. Efforts should also focus on enhancing motivation and participation among school members, particularly teachers and parents. Moreover, coordination between schools, families, health centers, and the health department must be strengthened. The roles of external institutions should extend beyond occasional visits to routine and comprehensive engagement, ensuring the PHBS program is implemented consistently, effectively, and sustainably across early childhood education settings.

#### **D. CONTROLLING**

##### **- Performance Monitoring**

The study found that performance monitoring in the implementation of the PHBS program at kindergartens was weak, as evidenced by the following findings: (1) School principals did not maintain any specific reports related to PHBS activities; (2) No routine reports on the program were prepared by school principals or teachers; (3) Parents did not receive any periodic updates or reports; (4) Monitoring from the local health center (puskesmas) was conducted only every three months.

Effective performance monitoring should be structured and conducted regularly whether daily, weekly, or monthly<sup>10</sup>. However, the lack of consistent reporting by teachers and school principals, as well as the absence of updates provided to parents, indicates that no systematic and written monitoring process was in place. This shortcoming hinders the ability to track whether activities are progressing as planned and whether the expected outcomes are being achieved. Without regular monitoring, deviations or problems cannot be detected early, leading to delayed corrective action. As a result, the continuity and effectiveness of the PHBS program in kindergartens are compromised.

Therefore, it is essential for kindergartens to establish a routine monitoring system for PHBS implementation. Regular reporting allows schools to detect problems or deviations early and to take timely corrective measures before issues become more complex. Who emphasize that effective and routine monitoring enables early identification of challenges, facilitating prompt and informed interventions that maintain the effectiveness and sustainability of educational programs<sup>19</sup>.

##### **- Performance Measurement**

The study found that performance measurement control in the PHBS program was insufficient in kindergartens. Specifically: (1) School principals did not have clear performance assessment indicators; (2) Teachers also lacked specific indicators for evaluating PHBS activities; (3) Some teachers relied on general teaching indicators that were not tailored for the PHBS program; (4) Only the local health center (puskesmas) had established indicators for measuring PHBS program outcomes.

Organizational or program performance should be measured using clear and relevant indicators to accurately assess progress and achievements<sup>10</sup>. However, the absence of focused indicators at the school level made it difficult to monitor the effectiveness of the PHBS program. Without specific benchmarks,

evaluation becomes unfocused, and improvement efforts lack direction. This condition risks the program running without systematic evaluation and without knowing whether its objectives are being met. Therefore, schools need to develop targeted and structured performance indicators for the PHBS program. These indicators would enable accurate monitoring of each component, support informed decision-making, and ensure continuous improvement. Systematic and structured measurement allows for the identification of strengths and weaknesses, and provides a clear picture of the program's success in achieving its educational goals<sup>20</sup>.

#### - *Performance Evaluation*

The study found that performance evaluation related to the PHBS program in kindergartens was not conducted consistently or in a structured manner. (1) School principals and teachers conducted monthly evaluations, but PHBS was not specifically discussed; (2) Evaluations were also held during report card distribution or at the end of learning topics; (3) TK in Mataram District held meetings with parents every three months; (4) TK in Ampenan District conducted evaluations as needed, without a fixed schedule; (5) The health center (puskesmas) did not participate in PHBS performance evaluations, only conducting limited assessments during occasional field visits within their specific areas of focus.

Evaluation assesses the extent to which organizational outcomes align with predefined targets, identifies causes of deviation, and provides a basis for strategic decision-making to achieve optimal results<sup>10</sup>. However, the findings showed inconsistencies in evaluation frequency and lack of stakeholder involvement—particularly the absence of puskesmas in school evaluations—which hindered the effectiveness of the PHBS program review process. Therefore, it is essential for schools to conduct regular and structured performance evaluations specifically focused on PHBS. The active participation of puskesmas is also crucial to ensure accurate assessments, identify challenges, and implement timely improvements. Performance evaluation is a critical tool in enhancing educational quality<sup>21</sup>. With stakeholder collaboration and appropriate methods, schools can ensure continuous development and foster clean and healthy behaviors among early childhood students.

#### - *Deviation Identification*

The study found that the identification of deviations in the PHBS (Clean and Healthy Living Behavior) program was conducted informally and primarily through direct observation or verbal reports. (1) School principals and teachers identified deviations directly based on what they observed or heard; (2) Teachers immediately reported any issues or shortcomings in PHBS activities to the principal; (3) Parents only became aware of problems or deviations during report card distribution and were not involved in daily monitoring; (4) The health center (puskesmas) identified deviations only once every three months during scheduled field visits.

Identifying deviations is crucial to ensuring that a program runs according to its intended goals<sup>10</sup>. An effective system is needed to detect any deviations from established standards, such as delays in implementation, budget overruns, or poor-quality execution. The study showed that while teachers and principals acted quickly upon noticing deviations, the lack of structured reporting systems and the limited involvement of parents hindered broader corrective actions. Early identification of deviations is critical for the success and sustainability of the program, as it enables timely and accurate corrective measures. Who emphasized that early detection of deviations allows swift interventions and supports overall program effectiveness<sup>22</sup>. Furthermore, involving parents in identifying and responding to deviations early on is essential to strengthening improvement efforts and ensuring the continuity of the program in early childhood education settings. Affirmed the vital role of parents in early childhood development. Therefore, it is important for schools to involve parents as early as possible in recognizing and addressing deviations in the PHBS program. Their involvement can significantly contribute to timely follow-up and improved outcomes for children.

### - *Corrective Action*

The study found that corrective actions in the implementation of the PHBS (Clean and Healthy Living Behavior) program were primarily carried out by internal school stakeholders. (1) Principals and teachers took immediate corrective actions, such as adjusting healthy food options when students were reluctant to eat certain fruits—for example, replacing melon with watermelon, which was more favored by the children. (2) Corrective actions from parents tended to be delayed and were usually only addressed during scheduled parent meetings every three months or at report card distribution. (3) Teachers provided suggestions or feedback to parents about their children's health-related behavior that needed improvement at home. (4) The local health center (puskesmas) offered corrective measures only based on predefined health indicators and did not provide comprehensive feedback regarding the overall PHBS program implemented in kindergartens.

Corrective actions are essential to ensure that programs continue to run according to plan and established standards<sup>10</sup>. Any deviations identified through monitoring and evaluation must be addressed promptly to prevent them from hindering the achievement of program goals. The findings suggest that while school principals and teachers demonstrated prompt, adaptive responses to issues in the field, parental involvement in corrective actions was still limited and reactive, occurring only during formal meetings. Furthermore, the puskesmas's role in corrective actions was minimal, restricted to general health indicators rather than addressing specific PHBS activities within the kindergarten context. Therefore, a more structured and inclusive corrective action system is needed one that actively involves internal stakeholders (school staff and parents) as well as external partners (health centers and health departments). Regular meetings and open communication between schools, parents, and health authorities are crucial to ensure that any challenges can be addressed effectively and in a timely manner. Effective corrective actions require the active participation of all stakeholders, which can improve educational quality and ensure the long-term success of school programs<sup>24</sup>.

### III. CONCLUSION

Based on the results of the research conducted, it can be concluded that effective health management in supporting the Clean and Healthy Living Behavior (PHBS) program in Kindergartens throughout Mataram City encompasses four main aspects: planning, organizing, implementation, and control. In the planning aspect, the PHBS program involves formulating goals and objectives, methods and implementation techniques, scheduling, activity locations, as well as collaboration and task division. However, to ensure more effective health management, it is necessary to establish clear and observable indicators to facilitate the measurement of program success, prepare contingency plans to anticipate potential constraints, and select implementation locations that are child-friendly, safe, comfortable, and supportive of program success. Moreover, the initial planning process should involve all stakeholders including teachers, principals, parents, community health centers, and the health department to prevent inequality between kindergartens. In terms of organization, although responsibilities and resource allocation have been arranged, the roles and responsibilities still require more detailed and clearly written descriptions. Budget and resource management must also be based on actual needs and supported by transparent reporting. Regarding implementation, although the activities are generally carried out according to the schedule and with available resources, an integrated plan between institutions is still needed based on jointly agreed minimum standards. Disparities between urban and suburban schools indicate the need for equitable access to facilities, while active participation from all stakeholders must be consistently enhanced. Coordination between schools, parents, and external agencies should go beyond occasional supervision and be conducted regularly and comprehensively. As for control, the management of the PHBS program should include regular and structured monitoring supported by routine reporting, the use of focused and detailed indicators to measure the success of each component, and consistent evaluations that actively involve the health center. Parents should be engaged as early as possible so they can promptly take follow-up action. Corrective actions must be more structured and involve the active participation of both internal and external stakeholders to ensure the sustainability and effectiveness of the PHBS program in early childhood education settings.

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