

Logic Model Community Based Sanitation Program in Sumenep Regency

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Broadly, definition of sanitation includes management, human waste, solid waste and drainage. Sanitation is one significant challenge for government to reduce poverty in Indonesia. Community based sanitation program is a program launched by government to emphasize clean and healthy lifestyle for community. Sumenep regency is one of the regencies received the benefits of this Community based sanitation program, this Community based sanitation program implemented through the construction of MCK ++ in 6 villages-Sumenep. This study is a descriptive study with 6 villages as the location of study. Each village taken one hamlet as specific location of study and the hamlets are; Dungkek (village)-So'ongam (hamlet), SentolDaya-Nongbunter, Errabu-Bara'leke, Kertasada-Kerkop, Aengdake-Ponggul, and AmbuntenTimur-Jungtoro' Daya. Those all hamlets are in Sumenep regency. In 2013, villagers in Dungkek who used this Community based sanitation were 13 % and Sentol daya achieved 67 %. In 2014, Errabu achieved 23 %,Kertasada-Kerkop achieved 7 %. In 2015, Aengdake achieved 15 %, AmbuntenTimur achieved 84 %. Based on the logic model approach, Community based sanitation program in Sumenep still underutilized.

Keywords: Evaluation, community-based sanitation, logic model.

1. INTRODUCTION

Broadly, definition of sanitation includes management, human waste, solid waste and drainage. Sanitation is one significant challenge for government to reduce poverty in Indonesia. Handling and controlling on healthy sanitation in society will be complex problem if the growth of population increases continuously, development of settlements, narrowing of housing land, limited land for construction of sanitary facilities such as MCK (toilets), holes in the ground, septic tanks and leach, and the lack of funds allocation from government to provide sanitation facilities and infrastructure, these are the things caused sanitary condition deteriorated.

Community based sanitation program is a program launched by government to emphasize clean and healthy lifestyle for community. Sumenep regency is one of the regencies received the benefits of this Community based sanitation program, this Community based sanitation program implemented through the construction of MCK ++ in 6 villages-Sumenep.

2. METHODS

This study is a descriptive study with 6 villages as the location of study. Each village taken one hamlet as specific location of study and the hamlets are; Dungkek (village)-So'ongam (hamlet), SentolDaya-Nongbunter, Errabu-Bara'leke, Kertasada-Kerkop, Aengdake-Ponggul, and AmbuntenTimur-Jungtoro' Daya in Sumenep regency.

3. RESULTS

The evaluation of Community based sanitation program with logic model approach in Sumenep regency

The Results of evaluation with logic model can be seen table 1

No	Year	Location	Category
1.	2013	Dungkek	Less
2.		Sentol	Enough
3.	2014	Errabu	Less
4.		Kertasada	Less
5.	2015	Aengdake	Less
6.		Ambunten timur	Good
Total			Less

Implementation of Community based sanitation program in Sumenep was not maximal yet, evaluation at 'situation' achieved 'enough' category, its mean was not fulfilled all, and this was influenced by; less precise of Community based sanitation location selection or location was not solid and seedy, stakeholder engagement has no good category because stakeholder was only involved in planning such as election of location, preparing organizational structure, empowerment and mentoring but not involved in maintenance, monitoring and evaluation. At 'priorities' has enough category, this was caused by lack of objectives and targets of Community based sanitation program, less precise of target of Community based sanitation program selection, and it

was caused by land grant that allocated for construction of Community based sanitation infrastructure was not in a crowded environment and shabby, so the community was difficult to reach these facilities.

At 'input' has enough category, this was caused by staff criteria of Community based sanitation program was already appropriated with the guidelines of Community based sanitation program, facilitator of this program consisted of S1 economic empowerment and technique and this was fulfilled requirement that facilitator of Community based sanitation program should has a minimum D3. But, in this category there was lack of fund participation from local agency or community.

At 'output' (activity) has 'enough' category, because there was no counseling about clean and healthy lifestyle, there was no efforts to sensitize the public for using MCK (toilets), there was no monitoring of Community based sanitation program either from technical aspect, percentage aspect of infrastructure utilization, financial aspect such as dues or operation and maintenance fees, institutional aspect such as group management structure, group of custodians and beneficiaries, and regular meeting of KSM and administrator. In this activity was not carried out the evaluation at least once a year after implementation of Community based sanitation program, this evaluation included evaluation of physical system effluent quality, sanitation unit performance (Community based sanitation physic), institutional evaluation, financial evaluation and administrative evaluation.

At 'outcome' (short term) which included ability to maintain Community based sanitation facilities was still less, it was caused by lack of people who able to maintain Community based sanitation, it was just 10 % of total number of people as Community based sanitation target.

At 'outcome' (mid-term) which included behavior after Community based sanitation program was still less, this was caused by lack of awareness of public to use Community based sanitation facilities as substitute of facilities before. villagers in Dungkek who used this Community based sanitation were 13 % and Sentol daya achieved 67 %. In 2014, Errabu achieved 23 %,Kertasada-Kerkop achieved 7 %. In 2015, Aengdake achieved 15 %, AmbuntenTimur achieved 84 %

At 'outcome' (long term), this included a condition of society such as social, economic, environment and social behavior after Community based sanitation program. And in this case, Community based sanitation program was not significantly affect to the social, economic, and environment as the target of Community based sanitation.

4. CONCLUSION

1. Component 'situation' in Community based sanitation program in Sumenep achieved 'enough' invalue,and there were some that was not qualified yet: there was no involvement of stakeholder after Community based sanitation program in Sumenep.
2. Component 'priorities' in the implementation of Community based sanitation program in Sumenep has good value, because it was in accordance with guidelines of Community based sanitation program implementation.
3. Component 'input' in the implementation of Community based sanitation program in Sumenep has less value, it was caused by the quality of staff especially empowerment facilitator has no a diploma (D3) of empowerment or social. Beside this, there was a problem especially about component 'fund', because the fund for implementation of Community based sanitation program in Sumenep just comes from APBN, not from APBD or non-governmental.
4. Component 'output', the activity of Community based sanitation program in Sumenep still has less value. There weresome that was not qualified: counseling, monitoring and assessment.
5. Component 'output', the activity of Community based sanitation program in Sumenep has enough value, and the component that was not qualified: the lack of community participation after Community based sanitation program.
6. Component 'outcome' (short-term), which included ability to maintain Community based sanitation facilities, was still in less value; it was caused by the lack of public awareness to maintain and manage Community based sanitation facilities.
7. Component 'outcome' (mid-term), which included behavior after Community based sanitation program was still in less value, it was caused by the percentage about the use of Community based sanitation facilities still quite minimal, the highest achievement was only about 60 % and it just in one village.
8. Component 'outcome' (long-term), which included social, economic and environment was still in less value, because there was no social activities in social aspect, there was no influence between Community based sanitation facilities with local economy in economic aspect, Community based sanitation area still around the houses that has a gutter, there was little feces and still a lot of garbage.

5. RECOMMENDATION

1. Doing routine monitoring as well as on Community based sanitation physic facilities or non-physic such as monitoring on financial aspect

included maintenance funds for Community based sanitation facilities and administrative aspect included institutional of Community based sanitation program, so there was an expectation to continue and improve the next Community based sanitation program.

2. Cooperating with management of community group (non-governmental) at each target location of Community based sanitation program to evaluate Community based sanitation program at least once a year for identifying the effectiveness and benefits of Community based sanitation program for community.
3. Doing regular meeting with the community group (non-governmental) to discuss the sustainability of the program, such as the construction of Biogas facilities to increase economic aspect of community.
4. Cooperating with the related department (health authority) to promote or counsel about clean and health lifestyle with in coordination with local health center.
5. Coordinating between the committee of community group (non-governmental) from Community based sanitation program with the custodian and beneficiary group or with community as the target of Community based sanitation program to perform routine maintenance on Community based sanitation facilities.

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