

Context, Input, Process & Product (CIPP) Program Stop Defecation in the District Banjarnegara

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Submission date: 02-Sep-2020 12:44PM (UTC+0800)

Submission ID: 1378054519

File name: 7.pdf (124.25K)

Word count: 2697

Character count: 14585

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**Context, Input, Process & Product (CIPP) Program Stop
Defecation in the District Banjarnegara**

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Abstract-Community access to healthy latrines region Banjarnegara District in 2015 was the lowest in Central Java province, namely 44.9 %, the efforts made since 2008 is with the stop defecation program are implemented by Banjarnegara District Health Office through its health centers in the region. This study aimed to evaluate the stop defecation program approach to CIPP (Context , Input , Process & Product) . Evaluative research was an observational study descriptive , conducted in March 2016 in 12 health centers with the number of respondents 63 people. The results showed that in the context evaluation program goals and still have a juridical basis of very poor category . In the evaluation input latrine builder tool in the category very less and still have a policy program that category less . the evaluation process is still in the category of less assistance , this happens because nearly all the health centers do not carry out assistance activities after triggering stop defecation. On the evaluation of product performance villages stop open defecation is still in the poor category , it means that nearly all the health centers do not have a village open defecation free. The conclusion of this research is the implementation of the stop defecation program in the working area of District Health Office Banjarnegara 2015 in general in both categories , but there must be improvements and improvements in some variables program and almost the components Context , Input , Process , and Product there should be improved and upgraded , needs to be improved is still in the category enough and needs to be improved is still in the category of less and very less .

Keywords : evaluation , CIPP , stop open defecation

1. INTRODUCTION

Community Based Total Sanitation (STBM) is an approach that invites the public to participate in analyzing their sanitary conditions through a process triggered , so that the public are invited to think and take actions to leave their bowel habits are still in any place. stop open defecation program is part of the program STBM , stop open defecation program focuses on improving people's access to healthy latrines and as an indicator of success is their village stop open defecation ^[3] .

Residents access to latrines in Banjarnegar District from 2012 to 2015 the proportion rose to 10% increase in 2013 , 7 % in 2014 and 9.7 % in 2015. Although each year has increased but the total coverage is still does not meet the expected targets of the Medium Term Development Plan (RPJMD) Banjarnegara ^[7] .

Necessary to evaluate the stop open defecation program guided by the Minister of Health RI No. 3 of 2014 on Community-Led Total Sanitation so it can be formulated as recommendations for program improvements in realizing village stop open defecation program and increase access to healthy latrines in the region of Banjarnegara District Health Office .

Stop open defecation program evaluation activities , results-oriented and people who handle the stop open defecation program , so research evaluation is performed using CIPP Evaluation Model ^[9] . Evaluation of the CIPP approach is to evaluate the

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program based on the components of the system (context , input, process , and product) of the stop open defecation program in Banjarnegara district ^[1] .

2. METHODS

This study was an observational study with a draft form of summative evaluation research . Evaluative research is an evaluation of the implementation and results of the stop open defecation program evaluation examines is contexts , input , process , and product stop open defecation program ^[3] . This research was conducted in the district of Banjarnegara in Central Java province by taking primary health centers began implementing the stop open defecation program ranging from 2008 to 2013 , so that was conducted in 12 community health centers with the total number of respondents is 63 people consisting of the Head of Puskesmas , Sanitarian , Officer Promotions health , coupled with the Chief medical Officer , Head of P2PL , Section Head of Environmental Health and the representatives of the village and the health kader. The primary data obtained from interviews structured program managers using an open questionnaire and observations using the observation sheet . Secondary data were collected in the form of a general overview of Banjarnegara and results of program activities stop open defecation in Banjarnegara district .

Collected data through the editing process , then made entry and proceed with the cleaning data. The data collected were processed and analyzed by descriptive

quantitative data analysis techniques to describe the circumstances of a region based on interviews and observations environments . The results of data processing are presented in tabular form . This study has received approval from the ethics committee of the Faculty of Public Health Airlangga University No. 64 - KEPK .

3. RESULTS

Banjarnegara is a regency in Central Java province that is located at a distance of 155 km to the west of the capital city of the province. In Astronomy located between 70.12 ' - 70.31 ' South latitude and 1090.29 ' - 1090.45'50 ' ' east longitude. Bounded by four districts in the north and Batang Pekalongan , Wonosobo regency East , South Kebumen and Western District Purbalingga and Banyumas.

With an area of approximately 1,069.71 km² or 106,970.997 ha, or approximately 3.29% of the area of Region Central Java Province (3.25 million ha) . Banjarnegara is administratively divided into 20 districts , 266 villages and 12 urban villages. The widest area is the District with an area of 102.1 km² Punggelan or approximately 9.54 % of the total area Banjarnegara Work Area . While the District Purworejo Klampok is the smallest region that only an area of 21.87 km² , or approximately 1.6 %^[6] .

Respondents in this study are implementing programs in health centers and community representatives directly involved in the implementation of the program from the district level to the village level .

After the evaluation approach to CIPP it can be seen on the evaluation context the program's objectives and legal basis still has a category that is lacking, it means that the implementation of the stop open defecation program working area of District Health Office Banjarnegara still do not have a target achievement that clearly outlined the target 5 year , In addition to the annual target of 5 working area of District Health Office Banjarnegara not have a legal basis in the form of local laws and regulations regent of stop open defecation program implementation, so that this condition makes the rule below it also has not been made , only one village alone already made .

In the evaluation input latrine builder tool in the category very less and still have a policy program that category is less , it means that nearly all the health centers working area Banjarnegara District Health Department does not have the means or tool for creating healthy latrines as an attempt to boost the achievement of a healthy community access to latrines . In addition to the tool -making pit stop open defecation program policies also nearly all the health centers is not yet complete , because they only have a long-standing policy of the program that is

Kepmenkes No. 852 of 2008 on STBM , though they should already have the latest Permenkes 3 of 2014 on STBM^[5].

In the evaluation process is still in the category of less assistance , this happens because nearly all the health centers do not carry out assistance activities after triggering stop open defecation . That means that after the events triggering the program manager did not come again targeted assistance program to do hygienic behavior change.

On the evaluation of product performance villages stop open defecation is still in the poor category , it means that nearly all the health centers do not have a village open defecation free with 5 categories. Only a few health centers that own village open defecation free and even then not meet the 5 indicators open defecation free villages , only one health center that has one village with 5 indicators open defecation free villages .

Health Center have the status of rural areas open defecation free is based on the research results have a very good and excellent categories , while health centers in the territory works does not have a village open defecation free category of assessment is good and sufficient. This means that based on the assessment by the CIPP approach , the better the valuation category the better the achievements of the implementation of the program that is the village of open defecation free^[7] .

The results of the evaluation with CIPP approach can be seen in **Table 1** , below

No	Name Health Center	Category Rating Evaluation CIPP
1	Puskesmas Susukan 2	Very good
2	Puskesmas Bawang 2	Good
3	Puskesmas Punggelan 2	Good
4	Puskesmas Pagentan 2	Good
5	Puskesmas Pejawaran	Good
6	Puskesmas Madukara 1	Good
7	Puskesmas Rakit 2	Good
8	Puskesmas Batur 2	Enough
9	Puskesmas Pagedongan	Good
10	Puskesmas Kalibening	Enough
11	Puskesmas Mandiraja 1	Enough
12	Puskesmas Wanadadi 2	Enough

Variables that have enough categories , less and much less after the evaluation with a CIPP approach can be seen in **Table 2** .

No	Component Evaluation	Category Rating		
		Enough	Less	Very less
1	Context	-	-	Program Objectives
		-	-	The cornerstone of the Juridical Program
2	Input	Technical Guidelines Program	Policy Program	Tool Making healthy Latrine
3	Process	Monitoring and evaluation trigger behavior	Accompaniment	-
4	Product	-	The village Open Defecation Free (ODF)	-

After the evaluation by the CIPP approach can be seen in all components: context , input, process and product variables all have yet to be repaired because included in the category enough , less and very less as shown in Table 2

4. DISCUSSION

Evaluation is the assessment activities that are an integral part of the function manajemen and are based on management information systems , evaluation was conducted because of the urge or desire to measure the achievement of the results of the implementation of a program to its intended purpose . Evaluation is intended to obtain the relevant information for decision-making ^[8] . Evaluation is the assessment procedures work practices and work thoroughly with a systematic way by comparing the criteria or goals set for decision-making ^[4] .

In the context evaluation of program objectives and legal basis still has a very poor category , this is because almost all health centers do not have a target program achievements and yet have the program legal basis for a legal basis in the implementation of the program . Context a program is crucial owned and executed well , because a program without context clear , the direction and purpose and foundation of program implementation will affect the success of the program , so the program stop open defecation in Banjarnegara district should have a purpose and a clear foundation for implementation

On the input evaluation , program policy still has less category and tool manufacture latrines still have very

poor category . Puskesmas as a manager and executor of activity it shall also update the policy on the programs implemented so that there is always a guideline updates and innovations , stop open defecation program territory. The existence of these policies , stop open defecation program as a reference and guidance in the implementation of the , stop open defecation program in Banjarnegara district , ranging from planning, implementation to monitoring and evaluation.

Regulation of the Minister of Health, 3 Year 2014 About the Community-Led Total Sanitation mention that the increase in the provision of sanitation is specifically prioritized to improve and develop the acceleration of the provision of access and proper sanitation services in order to open and develop rural sanitation market , one of which is to develop technological options sanitation facilities and affordable needs . Ketersediann tool manufacture healthy latrines in health centers is a manifestation of the increased provision of access to sanitation for the people ^[5] .

In the evaluation process, mentoring becomes a variable that has less category . This shows that the post- mentoring program of activities stop open defecation is not implemented by the program manager . Health Minister Regulation No. 3 of 2014 on Community-Led Total Sanitation mention the mentoring activities should be carried out by health workers , cadres , volunteers and / or communities in the implementation of community action plans according to the needs of society . This assistance activities aimed at supporting stop open defecation program in forming a group and make a work plan implementation stop open defecation program.

In product evaluation , what resulted from the implementation of the program stop open defecation is still lacking , it is because the achievement of free villages open defecation has not been shared by all health centers . Program stop defecation target each year every health center has free village defecation ^[7] . The cause is not tercapainya targets based on the results of research is the lack of assistance by the management program causing the community 's willingness to change behavior becomes very low.

5. CONCLUSION

The conclusion of this study based on the results of the evaluation approach CIPP is the implementation of the program stop open defecation in Banjarnegara District 2015 in general in both categories , but there must be improvements and improvements to some program variables and virtually all components Context , Input , Process , and Product there should be improved and enhanced , which needs to be improved is still in the

category enough that the input component is the Technical Guidelines Program and the process components that trigger behavior monitoring and evaluation . As for the need to be repaired is still in the category less on input components , namely Policy and Assistance Program , while in the process components that must be improved is the achievement of the Village open defecation free . Category sorely lacking and must be corrected immediately is the component that context platform program objectives and juridical Program as well as the input components namely Tool Making healthy toilets.

Recommendations for Banjarnegara district government to increase access to healthy latrines are as follows :

1. The District Government immediately issued a local regulation or regulation regents about the stop open defecation program.
2. Make the target achievement stop open defecation program. execution in the area of community health centers, so that all health centers have a clear program achievement targets .
3. Assistance continuously engage the community and across sectors so that there is an acceleration of post triggering behavioral changes in society .
4. Monitoring and periodic evaluation of the villages that have not open defecation free and open defecation free villages which have for the sustainability of behavior change

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