

Evaluation of the Implementation of School Dental Health Program in Karangasem Regency, Year 2017

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Abstract- Data collected from Health Department of Karangasem Regency in 2016, result of dental examination to elementary school children in working area of Local Government Clinic in Karangasem Regency was 12.6%, this value was much lower than national target which reached for 50%. The Purpose of this research was to describe the quality of UKGS program implementation in Karangasem Regency viewed from context, input, process, product, and to describe what are the obstacles faced in the implementation of UKGS program in Karangasem Regency. Type of research used was the evaluative type. The sample used in this research was 25 people. Data collection made use of the Likert scale questionnaire. Data were analyzed by using the CIPP. Research result shows that the conversion of CIPP values in Glickman prototype (- + + +). When it was converted into the Glickman prototype quadrant, the quality of the school dental health effort program implementation in Karangasem regency in 2017 was located in the quadrant II (second) or it included as effective. It was recommended that there was transportation equipping to support dental health program operation. It needed to arrange education and training for medical staffs to improve the capability and knowledge in the field of dental and mouth health.

Keyword : Context, Input, Process, Product, UKGS

I. INTRODUCTION (HEADING 1)

Karangasem is one of the regencies in Bali province having 12 Local Government Clinics spread in eight sub districts. Based on data from the Health Department of Karangasem Regency in 2016, shows that dental and oral diseases rank 10 major diseases in working areas of Karangasem District Health Department, especially pulp disease and periapical tissue ranks second and gum disease and periodontal tissue on the order seven. The fixed gear / pie ratio in 2016 is 0.8, an increase compared to 2015 of 0.42 and 2014 (0.33). Until 2016 the results of dental and oral examination of elementary school children in the district of Karangasem have not reached the target of SPM (100%). To overcome these conditions, the School Dental Health Program known as UKGS (Usaha Kesehatan Gigi Sekolah) was developed as one of the development programs in all Local Government Clinic in Karangasem regency.

Based on data obtained from the Health Department of Karangasem Regency in 2016, the achievement of dental

examination results in primary school children in the working area of Local Government Clinic in Karangasem Regency was 12.6%. The value was much lower than the national target of 50% (Karangasem Health Department, 2016).

Until now, research on the evaluation of school dental health programs in terms of context, input, process, and product has never been done. Similarly, evaluation reports on the effectiveness of school dental health programs (UKGS) have never existed. Based on this background, the researcher would like to conduct an evaluation study about the implementation of school dental health programs in terms of context, input, process, and product. It is therefore necessary to develop an evaluation study that accompanies the implementation of the dental health program of the school, because there has been no comprehensive evaluation in order to assess the success of the program implementation. The evaluation study is expected to generate inputs and suggestions for improvement or of the implementation of the program in the future.

The purpose of this study is to describe the quality of the implementation of the UKGS Program in Karangasem Regency in terms of context, input, process, product. To describe any constraints faced in the implementation of the UKGS Program in Karangasem Regency.

II. RESEARCH METHOD

In the theoretical study it has been explained that of the many models of program evaluation, none of the best models. The application of the evaluation model needs to be adjusted to the evaluation plan and the program dimension to be evaluated. In connection with the evaluation study on the implementation of UKGS Program in Karangasem Regency 2017 selected CIPP model, with the following considerations:

1. The program to be evaluated is composed based on context, input, process, and product components.
2. Required information concerning the four components.
3. The policies taken as the implementation of this evaluation study were related to these four components.

This Research was conducted in all Local Government Clinics in Karangasem Regency. The Object this evaluation study were (1) the Implementation of UKGS Program in Karangasem Regency in 2017 in terms of Context, (2) the Implementation of UKGS Program in Karangasem Regency in 2017 in terms of in put, (3) the Implementation of UKGS Program in Karangasem Regency in 2017 in terms of process, (4) the Implementation of UKGS Program in Karangasem Regency in 2017 in terms of product, and (5) constraints faced during the implementation of UKGS Program in Karangasem Regency in 2017.

The population in this study were the managers or implementers of UKGS program in Local Government Clinic, Head of Local Government Clinic, and Program Holder in Karangasem Regency Health Department. The total population in this study was 25 people. The research used saturated sample method.

Evaluation of UKGS program with CIPP method were quantitatively analyzed by using Microsoft Excel on some data, especially data obtained through questionnaire survey on UKGS program implementation in Local Government Clinic.

The Characteristics of the data found were different, then before all the data were measured to figure out the average (mean) and standard deviation (SD) which then analyzed by transforming all data calculated by using the formula:

$$Z = \frac{X - M}{SD}, \text{ where } Z = \text{default value.}$$

T-score was a scale number using mean = 50 and standard deviation = 10. The T-score scale could be searched by multiplying the Z-score by 10, then 50 (Arikunto, 2006). Thus, the formula used to calculate the T-score was:

$$T = 10(Z) + 50 \text{ or } T = 50 + 10 Z \text{ (Arikunto, 2006).}$$

To find the T-score of each digit Z multiplied by SD, then added the mean. T-score changes to + and - used rules:

$$\text{T-score} > 50 = + \text{ (plus)}$$

$$\text{T-score} \leq 50 = - \text{ (minus)}$$

Next is the conversion (change) of the CIPP T-score into the Glickman quadrant.

For more details, the four categories of implementation of the UKGS Program in Karangasem Regency can be illustrated in the following prototype

CIPP Quadrant II (+++) (+++) (+-+) (-++) (Effective)	CIPP Quadrant I (++++) (Strongly Effective)
CIPP Quadrant IV (----) (Less Effective)	CIPP Quadrant III (+--)(-+-) (- - -)(- - +) (+- -)(+ - +) (- - +)(- + -) (- + +)(+ - +) (Enough Effective)

Picture 2. Prototype of the Effectiveness of the implementation of UKGS Program in Karangasem Regency (Adapted from Glickman, 1981)

III. FINDING AND DISCUSSION

In analyzing the data on evaluative study of School Dental Health (UKGS) Program in Karangasem Regency in 2017, it was to answer five problems: (1) how is the quality of School Dental Health Program implementation in Karangasem Regency in 2017 in terms of context, (2) the implementation of School Dental Health Program in Karangasem Regency in 2017 in terms of input, (3) how the quality of School Dental Health Program in Karangasem Regency in 2017 viewed from the process side, (4) how the quality of dental health effort program in Karangasem regency Year 2017 in terms of products, and (5) any constraints faced in the implementation of UKGS Program in Karangasem Regency in 2017.

The results of the analysis of context variables transformed into T-Scores could be summarized in Table 1, as follows:

Table 1 Recapitulation of Calculation Result of Context Variables

Variable	Frequency			Note
	f (+)	f (-)	Result	
Context	12	13	-	Negative
Result			-	Negative

Based on Table 1 above it sowed the context variable, S (+) = 13 < S (-) = 12, thus generating negative (-) (less effective). Thus, it could be stated that the quality of the implementation of UKGS Program in Karangasem Regency in 2017 in terms of context classified as less effective. It meant that the implementation of the UKGS Program in 2017 was not in accordance with the vision, mission, and geographical support because these components were used as benchmarks on the measurement of context variables.

In general context variables did not support the implementation of UKGS Program in Karangasem Regency in 2017. When viewed in each dimension, it showed that only dimensions of vision and mission were in effective category. While the geographical support dimension was not effective. This means that understanding and implementation of UKGS managers on the vision and mission of Local Government Clinic is good and support the implementation of School Dental Health Program in Karangasem Regency Year 2017.

Another dimension in the context variable could not support the implementation of UKGS Program in Karangasem Regency in 2017, which was a geographical support. This was due to the wide area of Karangasem, with the distance with the settlement of distant citizens and access to public transportation was not adequate, so the program was still not effective.

The results of the analysis of input variables transformed into T-Scores could be summarized in Table 2, as follows:

Table 2 Recapitulation of Calculation Result of Input Variables

Variable	Frequency			Note
	f (+)	f (-)	Result	
Input	13	12	+	Positive
Result			+	Positive

Based on Table 2 above it showed the input variables, S (+) = 13 > S (-) = 12, so as to produce (+) (effective). Thus, it could be stated that the quality of Dental Health School Business

Program implementation in Karangasem Regency in 2017 evaluated in terms of input was effective. This meant that the implementation of School Dental Health Program in Karangasem Regency in 2017 in terms of human resources, operational costs, facilities and infrastructure has been effective, because these components were used as benchmarks on the measurement of input variables.

In the input variables, $S (+) = 13 > S (-) = 12$, so as to produce (+) (effective). Thus, it could be stated that the quality of UKGS Program implementation in Karangasem Regency in 2017 was viewed from the aspect of input as effective. This means that the implementation of the UKGS in Karangasem Regency in 2017 in terms of human resources, operational costs, facilities and infrastructure has been effective. The results of the analysis of process variables transformed into T-Scores could be summarized in Table 3 as follows:

Table 3 Recapitulation of Calculation Result of Process Variables

Variable	Frequency			Note
	f (+)	f (-)	Result	
Process	13	12	+	Positive
Result			+	Positive

Based on Table 3 above it showed that the process variables, $S (+) = 13 < S (-) = 12$, so as to produce (+) (effective). Thus, it can be stated that the quality of Dental Health School Business Program implementation in Karangasem Regency in 2017 is reviewed in terms of process as effective. This means that the implementation of UKGS Program in Karangasem Regency in 2017 from the aspect of planning, implementation, monitoring and evaluation has been running well in supporting the quality of Dental Health Program implementation program in Karangasem Regency in 2017.

In the process variable, $S (+) = 16 < S (-) = 9$, so as to produce (+) (effective). Thus, it could be stated that the quality of the implementation of UKGS Program in Regency of Karangasem in 2017 reviewed in terms of process pertained effectively. This meant that the implementation of UKGS Program in Karangasem Regency in 2017 from the aspect of planning, implementation, monitoring and evaluation has been running well in supporting the quality of UKGS program in Karangasem Regency in 2017.

The results of the analysis of product variables transformed into T-Scores can be summarized in Table 4 as follows:

Table 4 Recapitulation of Calculation Result of Product Variables

Variable	Frequency			Note
	f (+)	f (-)	Result	
Product	14	11	+	Positive
Result			+	Positive

Based on Table 4 above it showed the product variables, $S (+) = 14$ and $S (-) = 11$, so as to produce (+) (effective). Thus, it could be stated that the quality of UKGS Program implementation in Karangasem Regency in 2017 viewed from

the aspect of the product as effective. This meant that the implementation of the UKGS Program in Karangasem Regency in 2017 already included the targets set by the Ministry of Health which included the coverage of mass toothbrushes, the scope of primary education, sufficient completion of dental and oral health care and the coverage of UKGS officers' guidance to SD.

In product variables, $S (+) = 15$ and $S (-) = 10$, so as to produce (+) (effective). Thus, it could be stated that the quality of UKGS program implementation in Karangasem Regency Year 2017 viewed from the aspect of the product pertained effectively. This meant that the implementation of the UKGS program in Karangasem Regency 2017 already included the targets set by the Ministry of Health which includes the coverage of mass toothbrushes, the scope of primary education, adequate finished dental and oral care and coverage of UKGS officer training to elementary.

When analyzed as a whole in the variables of context, input, process and product, the implementation of the UKGS Program in Karangasem Regency in 2017, after the data were transformed into T-score, the result of analysis as shown in the following table 5.

Table 5 Recapitulation of Calculation Result of Context, Input, Process and Product Variables Simultaneously

No.	Variables	Frequency			Note
		f (+)	f (-)	Result	
1.	Context	12	13	-	un Effective
2.	Input	13	12	+	Effective
3.	Process	13	12	+	Effective
4.	Product	14	11	+	Effective
Result				- + + +	Effective

From the above calculation results showed the value of CIPP (- + ++). If converted into Glickman prototype quadrant, then the quality of UKGS Program implementation in Karangasem Regency in 2017 was located in quadrant II (second) or classified as effective. This means that the context variables were not effective, on the effective input variables, on the effective process variables, and on effective product variables. Thus it could be concluded that the implementation of School Dental Health Program in Karangasem Regency in 2017 was effective.

To answer the fifth problem, the results of the analysis could be seen the constraints faced by the Local Government Clinic in Karangasem Regency in the implementation of UKGS Program in Karangasem Regency in 2017 were as follows:

The weak understanding of UKGS managers on the Local Government Clinic mission might be run so that not all UKGS managers understand the policy directions that might be pursued. This was supported by the findings of 44 percent of respondents were still in the category of ineffective.

1. The lack of support of the community around the existence of Local Government Clinic especially in the implementation of UKGS Program.

2. The formulation of the purpose of UKGS Program implementation was less clear, this meant that not fully managers of UKGS understand the essence of the purpose of

Dental Health Program implementation, so that the reference Local Government Clinic in implementing UKGS was also less directed.

3. Lack of geographic support in Karangasem regency, because the distance between Local Government Clinic and residents was slightly apart so that the socialization of UKGS Program was difficult to be done thoroughly.

IV. CONCLUSION

Based on the data above, it could be concluded as follows.

1. The quality of the UKGS Program implementation in Karangasem Regency in 2017 was viewed from the perspective of providing ineffective results (-), but the quality of UKGS Program implementation in Karangasem Regency in 2017 viewed from the aspect of input, process and product gave effective result (+).
2. The obstacles faced by the Local Government Clinic in Karangasem Regency in the implementation of UKGS Program in Karangasem Regency in 2017 were as follows: The weak understanding of UKGS management towards the mission might be run so that not all UKGS managers understand the policy direction that must be taken. The weak support of the community around the existence of Puskesmas especially in the implementation of School Dental Health Program. The formulation of the objectives of the UKGS Program implementation was not clear, it meant that the management of UKGS has not fully understood the purpose of Dental Health Program implementation so that the reference in implementing the Dental Health Program School was also less directed

Suggestion

1. For Karangasem District Health Department leaders, it is expected to conduct regular and planned dental and oral health care to UKGS program managers in the Local Government Clinic.
2. The Local Government Clinic needs to propose training for dental and oral health officers. And proposed to the District Health Office Karangasem for procurement of transportation and other support.
3. For the future researcher can expand the indicators used to dig information related to context, input, process, product.

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