

ABSTRAK

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Evaluasi Pelaksanaan Program Pemberdayaan Masyarakat dalam Penyediaan Air Bersih dan Jamban Sehat Rumah Tangga pada Masyarakat Pesisir di Puskesmas Kota Jayapura Tahun 2014

xv + 152 halaman + 5 tabel + 7 gambar + 11 lampiran

Penyakit akibat lingkungan yang berkaitan dengan vektor born, water born dan food born pada masyarakat pesisir di Puskesmas Kota Jayapura Tahun 2012 adalah DBD 2 kasus, diare 4 kasus, kulit 4 kasus dan deman thyfoid 2 kasus, serta cholera 12 kasus dan diare 367 kasus tahun 2013. Tujuan penelitian adalah mengevaluasi pelaksanaan program pemberdayaan masyarakat dalam penyediaan air bersih dan jamban sehat rumah tangga pada masyarakat pesisir.

Penelitian dilakukan dengan metode kualitatif. Informan utama adalah (6 orang) petugas promkes. Informan triangulasi yaitu (6 orang) Kepala Puskesmas, (1 orang) Kepala Bidang SDM, (1 orang) Kepala Seksi Promkes (6orang) Tokoh Masyarakat dan (1 orang) LSM. Pengumpulan data dilakukan dengan wawancara mendalam. Analisis data dilakukan dengan *content analysis*.

Hasil penelitian ini menunjukkan bahwa: 1. Indikator masukan: a). SDM petugas promkes belum sesuai namun telah mengikuti pelatihan tentang PHBS dan STBM, pengetahuan dan kemampuan petugas promkes tentang Pemberdayaan Masyarakat Belum baik. b). Ada dana program yang bersumber dari dana otsus.c). Sarana tersedia namun belum mencukupi, Prasarana disediakan oleh instansi teknis lainnya dan lembaga donor. d). Tidak ada Metode yang digunakan dalam pelaksanaan program. 2. Indikator proses; a). Perencanaan: Belum dilakukan dengan baik karena tidak ada keterlibatan pihak lain b). Pengorganisasian dan penggerakan: belum baik dilaksanakan karena belum adanya struktur organisasi c). Kerjasama: Sudah berjalan dengan baik antara pelaksana program dengan pihak terkait d). Pengawasan dan Pembinaan: Sudah baik namun belum terformat. 3. Indikator keluaran; Belum terbentuknya UKBM, ada peningkatan status kesehatan di masyarakat, beberapa keluarga telah mempunyai usaha, tersediannya fasilitas umum di masyarakat yang dibantu oleh pihak lain dan bukan swadaya masyarakat.4. Dukungan unsur lingkungan sosial, antara Tokoh Masyarakat dan LSM sudah baik.

Disimpulkan bahwa pelaksanaan program pemberdayaan masyarakat belum dilaksanakan baik karena fungsi sistem pelaksana program terhadap input, proses dan output belum berjalan baik namun, dukungan lingkungan sosial turut berpengaruh terhadap keberhasilan program.

Disarankan agar dapat ditingkatkan fungsi manajemen baik SDM, dana dan metode serta perbaikan kembali fungsi administrasi program pemberdayaan masyarakat.

Kata Kunci : Pemberdayaan Masyarakat, Penyediaan Air Bersih dan
Jamban Sehat Rumah Tangga, Indikator masukan, Indikator
Proses, Indikator keluaran, Dukungan Lingkungan Sosial.
Kepustakaan : 40 (1990-2014).

ABSTRACT

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Evaluation of Program Implementation of Community Empowerment in Supplying Clean Water and Healthy Latrine for Households in Coastal Community at Health Centres in Jayapura City in 2014

xv + 152 pages + 5 tables + 7 figures + 11 enclosures

Environment-related diseases such as vector borne, waterborne, and foodborne diseases among coastal community at health centres in Jayapura City in 2012 were as follows: Dengue Haemorrhagic Fever (2 cases), Diarrhoea (4 cases), Dermatitis (4 cases), and Typhoid Fever (2 cases). In 2013, there were Cholera (12 cases) and Diarrhoea (367 cases). The aim of this study was to evaluate implementation of a community empowerment program in supplying clean water and health latrine for households in coastal community.

This was a quantitative method. Main informants consisted of six health promotion officers. Informants for triangulation purpose consisted of six heads of health centres, head of human resource department, head of health promotion section, 6 public figures, and member of Non-Government Organisation. Data were collected by conducting indepth interview. Furthermore, data were analysed using content analysis.

The results of this research showed that 1) aspects of input were as follows: a) health promotion officers were not qualified but they had followed trainings of PHBS and STBM, knowledge and skills of them about community empowerment were not good; b) There was any budget for the program from otsus funds; c) Available facilities were not sufficient, means were provided by other technical and donor institutions; and d) There was no method used in implementing the program. 2) Aspects of process were as follows: a) Planning had been well conducted because there was no involvement of other sectors; b) Organising and actuating had not been well implemented because there was no structure of organisation; c) Cooperation had been well made between the program implementers and other sectors; and d) Monitoring and supervising had been well conducted even though they were unstructured. 3) Aspects of output were as follows: UKBM had not been formed, there was any improvement of health status in a community, some families had own businesses, public facilities were provided by other sectors not by the community. 4) Supports from social environment such as public figures and NGO were good.

In conclusion, the community empowerment program had not been well implemented because the system functions of the implementers particularly

for aspects of input, process, and output were not good. Supports from social environment contributed to the success of the program.

As suggestions, functions of management such as human resource, funding, and methods and functions of program administration of community empowerment need to be improved.

Key Words : Community Empowerment, Supplying Clean Water and Healthy Latrine for Households, Aspects of Input, Process, Output, Social Environment Supports

Bibliography : 40 (1990-2014)