

# An Evaluation Study of Kampung KB in Denpasar City with Working Partners

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ORIGINAL ARTICLE

# An Evaluation Study of Kampung KB in Denpasar City with Working Partners

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## ABSTRACT

**Background:** The National Population and Family Planning Agency (BKKBN) is a non-ministerial institution. The problem is that there is stagnation in program achievements and the weak implementation of the KKBPK Program. The BKKBN established the Kampung KB as a strategic innovation for the full implementation of the KKBPK Program.

**Methods:** The goal is to know the evaluation of the establishment and implementation of the Kampung KB as a miniature family planning program, grounding, bringing services closer, actualizing 8 family functions, revitalizing KKBPK. Since it was launched in 2016, it has never been evaluated, the criteria for establishing, using Family Data Collection, participation, implementation of regional and cross-sectoral Government commitments, forms of activity, coaching and mobilization, support for facilities and infrastructure, achievement of indicators, knowledge and community participation.

**Result:** Quantitative studies in-depth interviews are input, process, implementation, monitoring, evaluation, reporting and achievement of program success indicators.

**Conclusion:** Careful planning so that the program runs effectively, emphasizes the quality of the Kampung KB according to the input and process, not only the quantity target. The program must refer to the needs of the community, so an analysis of community needs is important before determining the program.

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## Introduction

The Kampung KB program is expected to be a “miniature family planning program” at the lowest level and prioritized for poor areas, densely populated and lacking access to health services. Kampung KB is also designed as an effort to ground the family planning program to bring closer access to services to families in actualizing the 8 family functions and as an effort to revitalize the KKBPK program. Since the Kampung KB was declared in every provincial district in 2016, it has never been evaluated starting from the declaration stage to the implementation stage of Kampung KB. In general, this study aims to determine the implementation of Kampung KB. In particular, to determine the suitability of the criteria for the establishment of the Kampung KB, the extent to which the use of data sourced from the Family Data Collection (PK) in the Kampung KB area, the participation and commitment of local and cross-sectoral Governments in the implementation of the Kampung KB Program, the existing forms of activities, guidance and mobilization by managers programs, support for facilities and infrastructure in the Kampung KB, achievement of program indicators, knowledge and community participation related to activities and programs.

The research framework for the evaluation study of Kampung KB uses a systems approach, where success can be seen from the success of the input, process and output aspects. The input aspect is indicated by the support of human resources (proportionate number of PLKB/PKB); availability of demographic data, family planning data, socio-economic data, data on family members/individual data and other data; Availability of operational facilities, both contraceptives and other supporting facilities, such as: KKBPK KIE media (banners, back drop, banners, Family Planning Information Unit Car, Family Planning Service Unit Car;

availability of operational support (budget) for the KKBPK program from the APBD and APBN as well as other sources. other funds, such as: PNPM, Kampung Fund Budget (ADD), Family Hope Program (PKH), Jamkesmas or Jamkesda, where this budget assistance is not only intended at the time of declaration but for the sustainability of activities in the Kampung KB; The existence of regulations/policies from the local government and stakeholder commitments related to the implementation of Kampung KB Furthermore, the success of the Kampung KB program Process aspects: training related to Kampung KB; utilization of PK data and other cross-sectoral data; Kampung KB working group meetings including cross-sectoral coordination meetings (agencies) government and private) which can be in the form of workshops, mini-workshops at the sub-district and Kampung levels; workshops with the community akat; home visits; coaching as well as monitoring and evaluation, both carried out before the declaration and carried out routinely after the declaration. Evaluation of meeting activities will be seen from the number of times the meetings are held, where, who the participants attend and what the results of the meeting/rehearsals are. Aspects of output, the success of the Kampung KB study is marked by an increase in the achievement of the KKBPK program and an increase in the achievement of other related sector programs, by comparing the data before and after the declaration of the Kampung KB. Indicators of achievement of other sector programs, can be different between Kampung KB areas, this really depends on which program focus is the most priority to improve the quality of life of the people in the Kampung. It is hoped that this research can provide input and consideration for policy makers, to improve the development of the implementation of Kampung KB.



**Figure 1.4. Operational framework of evaluation studies of Kampung KB**

## Methods

This study is an evaluative study with data collection carried out through a qualitative approach as a whole with in-depth interviews from various informants which aims to obtain in-depth information about the inputs, processes, outputs of implementation, monitoring, evaluation and reporting as well as the achievement indicators of the success of the Kampung KB Program involving various cross-sectional areas. sector, local government, TOGA/TOMA, Kampung KB managers and community participation.

## Location

Research sites. The Family Planning Kampung Evaluation Study for the Province of Bali was conducted in Denpasar City. The research locus is located in Dusun Wanasari, Dauh Puri Kaja, North Denpasar.

## Analysis

Collecting qualitative data through primary data will be analyzed by processing the data from the transcripts of the informants' interviews. In addition to primary data, this study also uses secondary data obtained through processing family

data from the 2015 Family Data Collection (PK). The PK data provides additional information from primary data obtained through structured questionnaires so as to validate the results of family data collection and primary data collected.

Data collection was carried out from August to the first week of October 2017. Furthermore, data analysis was carried out in the second week to the fourth week of October 2017. After the data analysis, the results were presented by the Research Team.

## Results

This study is an evaluative study with data collection carried out through a qualitative approach as a whole with in-depth interviews from various informants which aims to obtain in-depth information about the inputs, processes, outputs of implementation, monitoring, evaluation and reporting as well as the achievement indicators of the success of the Kampung KB Program involving various cross-sectional areas. sector, local government, TOGA/TOMA, KB village managers and community participation.

**Table.1 Details of Respondents/Informants per District/City and Province**

Respondent	Per District/City
<b>Responden Kualitatif dengan Wawancara:</b>	
- Perwakilan BKKBN Provinsi	7 org
- OPD KB Kab/Kota	4 org
<b>OPD Lintas Sektor Lainnya</b>	
- Bapeda	1 org
- Dinas Kesehatan	1 org
- Dinas Sosial	1 org
- Dinas Pemukiman	1 org
- Dinas Pendidikan dan budaya	1 org
- Dinas Lingkungan Hidup	1 org
- Dinas kependudukan dan pencatatan sipil	1 org
<b>Perangkat Kecamatan, Desa/Kelurahan, RW:</b>	
- Camat	1 org
- Kepala Desa/Lurah;	1 org
- Ketua RW;	1 org
<b>Tenaga Penggerak</b>	
- PLKB/PKB)	1 org
- Kader (minimal 4 org)	4 org
<b>Pengurus Kampung KB</b>	
- Ketua Kampung KB	1 org
- Ketua PKK	1 org
- Tokoh Masyarakat/Tokoh Agama	1 org
- Seksi-seksi	8 org
<b>Total</b>	<b>87 org</b>

## Discussion

The Kampung KB Evaluation Study is located in Dusun Wanasari, Denpasar City, including Dauh Puri Kaja Kampung, North Denpasar. Northern boundaries; Banjar Lumintang, east; Banjar Puncak Sari, south; Banjar Wangaya Kaja, west; Badung River. The distance from the North Denpasar District Center is around 2 km, while the distance from Denpasar City is around 1 km and the distance from Bali Province (Governor's office) is 2.5 km consisting of 8 RT, with a population of 5,376 people, with male 2,777 men and 2,599 women. The number of existing KK is 1,494 KK. Data on education level: Not yet in school: 420 people, Kindergarten (TK) : 696 people, No/not yet finished elementary school: 74 people, Junior high school graduates: 547 people, High school graduates: 626 people, Higher education: 130 people. The number of Pre-KS and KS-1 (poor) is above the average of Pre-KS and KS-1. Kampung/Kelurahan Level or as many as 18 KK. Of the total PUS of 1,236 people, only 709 people are PUS who are active family planning participants due to lack of public knowledge in family planning participation and low participation in Tri Bina Plenary activities, including in urban poor areas, high population density, and is included in the Watershed (DAS). Most of the population works in the Trade Services sector.

Qualitative data was collected at three levels, namely: Province, Regency/City, and Kampung/Dusun with group interviews with a number of informants. Primary data were obtained from in-depth interviews and focus group discussions (FGD) which were conducted by analyzing the results of interviews with predetermined respondents. FGD Respondents (Form 1) : Head of Bali Province BKKBN Representative, Head of Family Planning Division, Head of KS Division, Head of ADPIN Division, Regional Apparatus Organization for Family Planning (OPD KB Denpasar), OPD of other related sectors (Dukcapil Denpasar, Denpasar Health Office, Denpasar Social Service), and Respondents. In-depth interviews: Head of the Bali Province BKKBN Representative, Denpasar PLKB, Kampung Apparatus, Cadre, Wanasari Kampung KB Manager, while group interviews include: Form 2 OPD to the Head of Population Control, Counseling, and Mobilization, City P3A-PPKB Office Denpasar, Form 3 PKB to PKB, Form 4 Cadres to two cadres, Form 5 Kampung KB Management to the Head of Dusun Wanasari as a Community Leader, Form 6 Kampung Apparatus to the Kampung Head Dauh Puri Kaja, East Denpasar, Form 7 OPD Other Sector, namely

Dinas Denpasar City Population and Civil Registration, Denpasar City Social Service, Denpasar City Health Office.

a. Input Aspect. The basis for the formation of the Kampung KB: not all respondents understand the basis for the formation of the Wanasari Kampung KB in Denpasar. In the ranks of representatives of the Bali Province BKKBN, most of them know and understand the basis for the formation of Kampung KB, but not in the ranks below them. The process of establishing a Kampung KB: not all respondents know the process of forming a Kampung KB. Only representatives of the Bali BKKBN, Denpasar KB OPD, and Cadres. There is information that is disconnected from Cadres, Kampung Apparatuses, Kampung KB administrators, and other related OPDs. The criteria for the formation of Kampung KB were only known by respondents at the Provincial, Regency and PLKB levels, while most of the other respondents did not know for sure what the criteria for the establishment of Kampung KB were. Availability of supporting documents for Kampung KB Activities (guidelines, guidelines, operational guidelines, technical guidelines, instructions, circulars, etc.) to implement the program in Kampung KB. Most of the respondents said they did not have supporting documents for Kampung KB activities. The document was stopped at the Kampung level and was not followed up again. There is use of 2015 PK data, although not all ranks related to Kampung KB understand the use of 2015 PK data for the Kampung KB program. Sources of funds and their allocation in the process of establishing Kampung KB come from various different sources, such as: APBN, APBD, APBDes, ADD. The Kampung KB Working Group has not yet been formed, because there is no SK Kampung KB so that the organizational structure and management of the Kampung KB does not yet exist. There is no cross-sectoral OPD involvement in Kampung KB activities, because there are no activities or programs that clearly involve cross-sectoral involvement. Involvement in Kampung KB (Camat, PLKB, Cadre, etc.). The Pokja Kampung KB is not running, there are no activities, because there is no clear program. There is a difference in answers between the Province and Denpasar City OPD regarding commitment. According to OPD KB, there is no cross-sectoral commitment, due to unclear information on Kampung KB. It is not known that there are integrated activities



between KKBPK and cross-sector. There is no discussion about Kampung KB yet. Kampung KB funds come from various sources (APBN, APBN, ADD/APBDes, etc.), but only at the time of socialization/establishment, temporarily because there are no activities/work programs in Kampung KB so the funds do not yet exist.

- b. Process Aspect. The training/socialization of the Kampung KB in Wanasari Denpasar Dusun had been carried out before and after the declaration of the Kampung KB, but it was not felt until the ranks of the Kampung KB below. There is use of Family Data Collection (PK), which is updated/updated (1-5 years), but in Kampung KB this does not exist. There is no POKJA KB meeting, because there are no programmed activities in this Kampung KB. There has been no meeting / workshop that discusses the specifics of Kampung KB, because there are no activities and there is no Kampung KB program. There is monitoring carried out by the Bali Province BKKBN, but Evaluation, Recording, Reporting does not exist because in Kampung KB there are no organized programs and activities.
- c. Output Aspect. Activities in Kampung KB have not run as they should, because there is no understanding of the program in Kampung KB. The existing activities carried out in Kampung KB are more for health programs from posyandu and Kampung, not specific activities for Kampung KB. Based on Secondary Data According to the Matrix of Needs. The number of Pre-Prosperous Families (KPS) and Prosperous Families (KS) I in Kampung KB before the declaration was 19, after 19, meaning there was no change. Contraceptive Prevalence Rate (CPR) before declaration was  $884: 2395 \times 100\% = 36.9\%$  and after proclamation CPR 941:  $2538 \times 100\% = 37\%$ . This means that out of 100 PUS in the Kampung KB of Dusun Wanasari, 37 were using family planning methods at the 2016 declaration. The use of MKJP at the Kampung KB level increased from 181 to 209 (86%), while Unmet need 171 decreased to 105 (1.6). Based on Secondary Data According to the Matrix of Needs. There are reports regarding the forms of activities carried out in the Kampung KB, but there has been no report on the achievement of targets from across sectors.

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### Conclusion

1. Indicator: Programs in the Kampung KB Wanasari Denpasar area were not achieved.

2. Input: Human resource support that functions as program officers for the Wanasari Kampung KB program is not optimal. PK data is available, but this data is not understood by almost all Kampung KB apparatus. There are no operational facilities (Contraception, KIE KKBPK). There is no regulation from the local government that supports its implementation. Cross-sectoral commitments are not working as they should.
3. Process: No training. There is no optimal use of PK and cross-sector data. There is no POKJA meeting activity. There are no cross-sectoral coordination meetings (government and private agencies), workshops, sub-district and Kampung mini-workshops, workshops, home visits. There is no coaching because there are no activities. There has never been monitoring and evaluation because there are no activities/programs in Dusun Wanasari.
4. Output: There was no effective increase in the achievement of the KKBPK program and an increase in the achievement of other cross-sectoral programs in Dusun Wanasari.

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### Conflicts of Interest

There are no conflicts of interest declared by the author.

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### References

1. BKKBN. 2017. Petunjuk Teknis Kampung KB. Jakarta: Direktorat Bina Lini Lapangan.
2. Cohen, John & Uphoff, Norman T. 1977. Rural Development Participation: Concept and Measures for Project Design-Implementation and Evaluation. New York: Cornell University Press.
3. Dawam, M & Fadila, W. 2016. Penelitian Operasional Pengembangan Model Pengelolaan Kampung KB "Integrasi Program Kependudukan Keluarga Berencana dan Pembangunan Keluarga (KKBPK) di Kampung KB. Jakarta: Puslitbang Kependudukan BKKBN.
4. Djalal, F & Supriadi, D. 2001. Reformasi Pendidikan dalam Konteks Otonomi Daerah. Yogyakarta: Adicita.

5. Dunn, William N. 1994. Public Policy Analysis: An Introduction. New Jersey: Prentice-Hall International, Englewood Cliffs.
6. Dye, Thomas R. 2002. Understanding Public Policy. New Jersey: Prentice-Hall, 2002
7. Hermawati, dkk. 2006. Pengkajian Keswadayaan Desa dalam Pendayagunaan Sumber Kesejahteraan Sosial. Yogyakarta: Balai Besar Penelitian Dan Pengembangan Pelayanan Kesejahteraan Sosial.
8. Moeljarto, T. 1987. Politik Pembangunan: Sebuah Analisis, Konsep, Arah dan Strategi. Yogyakarta: PT Tiara Wacana.
9. Nugroho, Riant. 2009. Public Policy. Jakarta: PT. Elex Media Komputindo.
10. Nurdin, Fadhil. 1990. Pengantar Studi Kesejahteraan Sosial. Bandung: PT Angkasa.
11. Purwanto, Erwan Agus dkkk. 2012. Implementasi Kebijakan Publik, Konsep dan Aplikasinya di Indonesia. Yogyakarta: Gava Media.
12. Rambe, A. 2004. Alokasi Pengeluaran Rumah Tangga dan Tingkat Kesejahteraan (Kasus di Kecamatan Medan, Kota Sumatera Utara) Tesis. Bogor: Sekolah Pascasarjana IPB.
13. Sudjarwo & Basrowi. 2009. Manajemen Penelitian Sosial. Bandung: Mandar Maju.
14. Sumaryadi, I. N. 2010. Sosiologi Pemerintahan. Dari Perspektif Pelayanan, Pemberdayaan, Interaksi dan Sistem Kepemimpinan Pemerintahan. Jakarta: Ghalia Indonesia.
15. Widodo, Joko. 2001. Good Governance: Telaah dari Dimensi Akuntabilitas dan Kontrol Birokrasi pada Era Desentralisasi dan Otonomi Daerah. Surabaya: Insan Cendikia.
16. Winarno, Budi. 2012. Kebijakan Publik: Teori, Proses dan Studi Kasus. Yogyakarta: CAPS.

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