Evaluation of The Input of The CIPP Stuflebeam Model the Training of Trainer for The National Health Program Indicator Investmen Health

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Article Info

ABSTRACT

The achievements of related unit health programs are less than optimal, due to several factors, one of the supporting resources is human resources, namely trainers. This study aims to describe the input components of the Health Program Trainer Training Program (TPPK) to improve national indicators of health using the CIPP Stuflebeam model. This study used an evaluation research method through a qualitative descriptive approach using the CIPP Stuflebeam model. Methods of data collection using interviews, document study, observation, and questionnaires. The research respondents were structural officials of the Indonesian Ministry of Health's Apparatus Education and Training Center and 44 training participants. The Milles Model and the Interactive Huberman Model were used to analyze the research results. This study found 1. Participants met education and experience criteria, 2. Trainers met qualification & competency standards, 3. Curriculum objectives: clarity of level of knowledge, skills, and attitudes were very good, Appropriateness of material with training objectives, good GBPP, Program Structure: proportion of time adequate theory and practice, Conformity of methods with learning objectives, Training Aids by methods, Evaluation of curriculum relevant to objectives; 4. Available print learning materials are very good: The content and sequence of printed materials are very good, the writing of printed materials is very good, and the physical quality of printed materials is very good while audio-visual learning materials are absent; 5. Good & very good facilities, enough case banks; 6. Funding: APBN. These findings indicate the importance of evaluating the TPPK training program to improve national health indicators after improvements have been made by referring to the recommendations from the research results.

INTRODUCTION

The achievements of related unit programs have not been maximized, this is due to several factors, including the supporting resources, one of the supporting resources is human resources, namely trainers. To improve health program outcomes, program units should

conduct program technical training and related program functional training where the trainers, besides being proficient in substance, have knowledge, skills, and training principles and the appropriate criteria required for accreditation. This study is different from the research by Tandon et al. (2008); Pereira (2013); and YLKI (2011).

The performance of health services is still not satisfactory. The WHO health agency released statistical data showing ranking 92 out of 191 countries where health services were not encouraging, for the ASEAN region it is still far from Singapore, Brunei Darussalam, Thailand, and Malaysia. Meanwhile, according to the World Vision report, which examines the performance of health services in 176 countries around the world referring to the large gap that exists between people who can access health services properly and those who still have difficulty accessing them, Indonesia is ranked 100th on this global index. (Pereira, 2013). The data above show that the success of health development in Indonesia, especially in the performance of health services, is still not satisfactory. This can be seen from the many public complaints about health services. Based on the records of the Indonesian Consumers Foundation, during 2010 various public complaints about hospital services, both through print media and through YLKI, obtained the following results: information and service problems, were the most common problems consumers complained about (YLKI, 2011). This means that the information and services provided by health workers in the hospital environment are still considered insufficient, even disappointing. Various studies show that health workers are the main key to the success of achieving health development goals. Health workers contribute up to 80% to the success of health development. In the 2006 WHO report, Indonesia was one of 57 countries facing a crisis of health human resources, both in terms of insufficient numbers and distribution (Kesra, 2011).

According to these data, the need for training programs for energy instructors for health programs (TPPK) is in line with Kepmenkes 725 of 2003 regarding guidelines for organizing training. For more than ten years of the TPPK training, there has been no study examining the success of the TPPK training program. The formulation of the problem in this study needs to emphasize solving and obtaining the answer.

Referring to the description above, the formulation of the research problem is how is the suitability of the training participants; trainers; curriculum; learning materials; infrastructure; as well as financing training with training standards Implementation of Training for Health Workers and Communities in the Health Sector?

The components in the CIPP evaluation model can be described as follows: 1. Context Evaluation: The main orientation of context evaluation is to identify the strengths and weaknesses of some object, such as an institution, program, target population, or person, and to provide direction for repair. The main purpose of this type of evaluation is to assess the overall status of the object, identify deficiencies and existing strengths that can be used to correct these deficiencies, and diagnose problems whose solution is to increase the effectiveness of the evaluation object. Context evaluation also aims to assess whether existing goals and priorities are aligned with the needs of whoever is being served. Whatever the focus of the evaluation object, the results of the context evaluation must provide a solid basis for adjusting existing goals and priorities and targeting the changes needed (Stufflebeam & Coryn, 2014). According to Stufflebeam and Coryn, in context evaluation, evaluators assess needs, problems, assets, and opportunities, plus relevant contextual conditions and dynamics. decision-makers use context evaluation to define objectives and set priorities and ensure program objectives are directed to address, needs and significant issues assessed; 2. Input Evaluation: The main orientation of input evaluation is to help explain whether the program can bring about the required changes. Input evaluation identifies and assesses relevant approaches, and identifies barriers, constraints, and potential available resources that are worth taking into account in the process of making the program effective. The overall intent of input

evaluation is to help clients consider alternatives in the context of their needs and environmental conditions to develop plans that truly work so that clients can save their resources (Madaus, Scriven, & Stufflebeam, 1993).

Stufflebeam and Coryn explained that in input evaluation, evaluators assist program planning by identifying and assessing alternative approaches and then assessing procedural plans, staff management, and appropriate budgets to meet the needs of achieving the desired targets. Decision makers use the input evaluation results to identify and select alternative plans, develop financing proposals, allocate resources, assign staff, and work schedules, and assess program plans and financing (Stufflebeam & Coryn, 2014); 3. Process Evaluation: Process evaluation is an assessment of the implementation of the plans that have been prepared. One of the goals of process evaluation is to provide feedback to managers and staff on the extent to which the program is on schedule, implemented as planned, and using available resources efficiently. Another purpose of process evaluation is to guide modifying or clarifying the plan as needed because not all aspects of the plan can be determined in advance. In addition, this evaluation also regularly assesses the extent to which program participants accept and can carry out their roles (Madaus, Scriven, & Stufflebeam, 1993).

Stufflebeam and Coryn explained that in process evaluation, evaluators monitor, document, assess, and report on the implementation of program plans. In addition, the evaluator provides feedback on all aspects of program implementation which then reports the extent to which the program is running as desired. At the end of the program or after the program cycle, program managers, supervisors, and constituents can use process evaluation documentation to assess how well the program is being implemented. They can also use this documentation to assess deficiencies in the program either due to weak intervention strategies or inadequate implementation strategies (Stufflebeam & Coryn, 2014); 4. Product Evaluation: The purpose of product evaluation is to measure, interpret, and assess program achievements. The important thing in this evaluation component is the feedback on what was achieved during the program cycle and on the conclusions. In addition, product evaluations often have to be expanded to assess the long-term effects of the program being evaluated.

The main purpose of product evaluation is to ascertain the extent to which the program has met the desired needs. In addition, product evaluation must look broadly at the effects of the program, including the desired and unwanted effects as well as the positive and negative results of the program. In product evaluation, evaluators identify and assess costs and outcomes—intended and unintended, short-term and long-term. They provide feedback during program implementation on the extent to which program objectives are being addressed and achieved. At the end of the program, product evaluation helps identify and assess various program achievements. Program staff uses interim product evaluation feedback to maintain focus on achieving key results and to identify and address program ongoing deficiencies to achieve key outcomes. Ultimately, product evaluation involves assessing and reporting the undesired and intended results of the program (Stufflebeam & Coryn, 2014).

In this study, we limited the CIIP input evaluation from Stuflebeam to include: 1. training participants, 2. trainers, 3. curriculum, 4. learning materials, 5. facilities and infrastructure, and 6. financing. While the purpose of this study was to describe the input components of the Health Program Trainer Training Program which include: 1. training participants, 2. trainers, 3. curriculum, 4. learning materials, 5. facilities and infrastructure, and 6. Funding for improvement of national health indicators using the CIPP Stuflebeam model.

RESEARCH METHODS

This research is evaluation research with a qualitative descriptive approach using the CIPP Stuflebeam input design model. Likewise, research by Widiyaka et al (2013). used a descriptive qualitative method. For data collection methods using interviews, document

studies, observations, and questionnaires with data collection tools, namely interview guidelines; document study guidelines; checklist; list of questionnaire statements using a Likert scale. Before the research was carried out, concept validation was first carried out through expert and panel studies as well as revising the instrument, then conducting empirical validation by conducting validity and reliability tests and selecting valid item lists of questionnaire statements, and finally assembling the instrument. Then score the instrument's answers into numbers. Perform data analysis using the interactive Milles & Huberman model which includes: 1. Data collection; 2. Data reduction; 3. Presentation of data; 4. As well as drawing conclusions and verifying data (Miles & Michael, 1994). This research resembles Furi Andriyani's research which is a type of program evaluation research but uses the Kirkpatrick model (reaction, learning, behavior, result) using a descriptive qualitative method (Andriyani, 2019).

This study differs from the study of Didik Budijanto and Turniani Laksmiarti (2010) (2011) who used a cross-sectional data collection method using questionnaires and structured interviews. Sampling was carried out by cluster random proportional sampling from a total of 373 respondents who were health workers. The collected data were analyzed descriptively. Likewise, Angela Morgan's research used mixed research (Morgan, 2011). It is also different from Eva Riza's 2014 research, which uses a qualitative approach with the case study method. The model used is Kirkpatrick's Four Level model (Reaction, Learning, Behavior, and Result) (Riza, 2014). This research was conducted at the Health HRD Center at the end of March 2017-February 2018, using the research materials as structural officials of the Health HR Center and 44 training participants.

RESULTS AND DISCUSSION

The visualization of the results of this study is limited to the results of the questionnaire which found good and very good means as:

Table 1. Infrastructure Based on Participant Questionnaire

No	Pernyataan	Jumlah Respd	Jawaban Responden					Hasil
			1	2	3	4	5	
1	I use the Hall for the opening of the training	44	23	18	3	0	0	4,45
2	I used the hall for closing events training	44	20	20	4	0	0	4,36
3	I can use the classroom to study while attending the training and used the hall for closing events	44	28	15	1	0	0	4,61
4	I can use the discussion room to work in groups	44	21	18	3	2	0	4,32
5	I can use the seminar room to present my work/work papers during follow the training	44	20	20	2	2	0	4,32
6	I can use computer room during the training	44	15	18	7	4	0	4,00

No	Pernyataan	Jumlah Respd	Jawaban Responden					Hasil
			1	2	3	4	5	
7	I was provided with a hostel while attending the training	44	29	15	0	0	0	4,66
8	I can use a library that provides books and services according to the purpose of the training while attending the training	44	13	15	10	5	1	3,77
9	I can use the sports facilities and fitness center for as long follow the training	44	11	16	9	5	3	3,61
10	I can use places of worship according to my religious requirements while attending the training	44	25	16	2	0	1	4,45
11	I have breakfast, lunch, and dinner in the dining room provided while attending the training	44	27	16	1	0	0	4,49
12	I can use health services while attending the training	44	12	11	16	3	2	3,64
13	I can use the blackboard to support learning while attending the training	44	17	21	3	3	0	4,18
14	I can use flipcharts to support learning	44	31	11	1	1	0	4,64
15	I can use multimedia facilities (laptop, LCD projector TV) to support learning while attending the training	44	29	13	2	0	0	4,61
16	I can take advantage of the Wi-fi network while attending the training	44	25	13	3	3	0	4,36
17	I can take advantage reference book during the training	44	16	14	12	1	1	3,98
18	I can use printed modules/teaching materials to support the achievement of training objectives while attending the training	44	30	10	2	1	0	4,61

Of the 18 statements submitted, 12 respondents' statements gave very good answers and 6 respondents' statements gave good choices.Table 1.1 Infrastructure based on Participant Questionnaire

This study found: 1. Participants met education and experience criteria, 2. Trainers met qualification & competency standards, 3. Curriculum objectives: clarity of level of knowledge, skills, and attitudes were very good, Material suitability with training objectives, GBPP was good, Program Structure: proportion adequate theoretical and practical time, Appropriateness of methods with learning objectives, Training Aids by methods, Evaluation of curriculum relevant to objectives; 4. Available print learning materials are very good: The content and sequence of printed materials are very good, the writing of printed materials is very good, and the physical quality of printed materials is very good while audio-visual learning materials are absent; 5. Good & very good facilities (Table 1), enough case banks; 6. Funding comes from APBN funds.

The input components related to participants, trainers, curriculum, and learning materials are good, but based on the study of documents there are still trainers who are rigid in delivering the material. class.

According to Colin Beard, and John P. Wilson, a good coach must be able to create an environment that is conducive to learning and it is their attitude that allows interaction to occur successfully. A successful trainer is a trainer who: a) can break away; b) is accessible; c) credible; a good communicator; d) a good listener; and e) is interested and attentive (Beard & W., 2002). Meanwhile, Rogers, as quoted by Buckley and Caple (2010), identified several criteria for a quality trainer, including a) being able to listen to the trainees, especially their feelings; b) being able to accept the ideas of the trainees even if they look troublesome, c) able to ignite the enthusiasm of the trainees, d) able to devote a lot of time to developing relationships with individuals and groups and e); able to receive positive and negative feedback.

Based on the results of this study there are still trainers who do not meet the criteria for an effective trainer as stated above, so it is necessary to improve. Related The results of the evaluation of curriculum learning materials in this research, it is supported by research findings in London England, which mention patient safety, designing effective curricula, and providing training, as well as creating an environment for learning and caring (Yu, Fontana, & Darzi, 2016).

Referring to the results of the document study, it was found that there were no audio-visual learning materials/materials. The audio-visual material considered to be the result of the participant's checklist relates to the learning material delivered by the trainer via power point which is supplemented by audio and visuals.

The digital era has hit the current generation, where the internet has become part of their life process, causing changes in learning patterns. This moment is both a challenge and an opportunity for education and training organizers as providers of learning resources. If this is not addressed wisely, TPPK training and learning will be abandoned by its customers this TPPK training (Yu, Fontana, & Darzi, 2016) participants, who are generally the millennial generation, therefore the provision of audio-visual learning materials is important to meet customers, in this case, TPPK training participants.

This is stated by the Head of Leadership and Management Education and Training that training materials should be designed so that trainees can learn independently because training materials like this will promote high-level active learning, develop a sense of "ownership" of trainees, allow different perspectives, and minimize costs. training and maximizing comfort. For trainees to be self-directed, they need well-organized and professionally designed learning packages that not only have clear and useful content but also contain instructions for active learning activities that promote engagement, retention, and application (Silberman, 2006).

Another alternative to learning materials for the millennial generation in the 21st century is a serious game, according to research at the Pennsylvania State University in the United States, serious games are an effective teaching tool with a broad application of

behavioral science. Because the classroom exercise is both interesting and counterintuitive, it challenges students to generate interesting explanatory ideas from multiple perspectives (John Wiley & Sons, 2018).

Based on the study of the documents, it was found that the participants thought that infrastructure facilities were generally good and supported the implementation of education and training, need attention to sound systems, rooms should be equipped with wall clocks, menus should be more varied, and cleanliness of the dormitories should be further improved. Based on the participant's questionnaire, sufficient results were obtained for the case bank.

Regarding the case bank facility, it should be equipped and utilized. Several supporting components determine the success of learning, these supporting components determine the quality to achieve ideal learning outcomes, namely education and training graduates who have the competencies expected in the learning objectives. With these supporting components competent graduates are expected to be able to work in the world of work.

The supporting components are appropriate equipment, a library full of reference sources, conducive study space, adequate prayer facilities, a dining room with a varied menu, sports facilities provided, art facilities provided, and training management personnel who are responsive. , training managers with managerial skills.

Sound system facilities should be checked before the event starts and the implementation of the education and training is checked for its functioning, the facility may be old and there is damage, if the damage is minor, it needs to be serviced, while the damaged is severe, of course, the facility needs to be replaced. Other facilities, including a clock on the wall, need to procure these facilities.

The findings of the research results above are supported by the results of the research by Shipra Sharma, Shalini Garg, and Sanjiv Mittal (2015). Utilization of ICT-based media in employee training can increase the reach and improve the quality of delivery of training materials it helps in increasing the efficiency of trainers. This explains that with the right message delivery media the trainer can more effectively convey the training material in a more meaningful way which of course has an impact on increasing the training participants' understanding of the material presented.

In addition to the use of ICT-based learning media, the case bank provides sufficient results, this is due to the background of the training participant's institution, on average the participants are generally functional staff from their home institution, so they are rarely in contact with cases that must be resolved. the problem is different from the leadership training where the participants are honed with cases that must be found a solution to the problem.

The case bank is an important tool to complement and utilize because it is with these cases that training participants learn to hone their problem-solving skills, which will be of benefit to TPPK training participants when they become trainers in their respective program units.

The findings of this study regarding case banks with sufficient results need to be considered since case banks train participants to solve program problems, this is supported by research in Cyprus which concludes the need for problem-solving skills in treating patient symptoms in emergencies Human Resources for Health (Nicolaidou, Experiential Learning : A Handbook for Education, Training and Coaching, Third edition, 2002)(Nicolaidou et al, 2015).

Research findings in the Iran Nicolaidou (2002) Interactive method that participants preferred to learn about health planning and management. They find specific skills most useful, such as problem-solving. Evaluation results should be designed to confirm and inform training activities, which invest in the development of their staff (Omar, et al., 2009).

Funding for education and training is supported by a sufficient budget for the implementation of one class consisting of 30 people, but the implementation of the entire Indonesian budget is not sufficient.

The budget is a determining factor in the implementation of education and training, therefore managers must be careful in seeing opportunities, be smart in seeing market share, to sort out training programs that have great leverage for programs that are beneficial for the implementation of education and training so that it results in a money follow function.

With the above information, it is appropriate that the budget is sufficient for the implementation of one force consisting of 30 people and the implementation of the whole of Indonesia is worth considering.

CONCLUSION

The results of this study found: 1. Participants met education and experience criteria, 2. Trainers met qualification and competency standards, 3. Curriculum objectives: clarity of level of knowledge, skills, and attitudes were very good, There was the suitability of the material with training objectives, good GBPP, Program Structure: adequate proportion of theory and practice time, Appropriateness of methods with learning objectives, Training Aids by methods, Evaluation of curriculum relevant to objectives; 4. Available printed learning materials are very good: The content and sequence of printed materials are very good, the writing of printed materials is very good, and the physical quality of printed materials is very good while audio-visual learning materials are absent; 5. Good & very good facilities, enough case banks; 6. Funding through APBN.

The TPPK training program is a breakthrough program, as a transformational tool for training participants so that the program units obtain optimal program achievements. To produce professional health program trainers, apart from being proficient in technical substance, they must also master the knowledge, skills, and training principles as required.

The results of the evaluation of the TPPK training program are important for improving the future implementation of the TPPK training program, which will affect improving the health program so that it will have an impact on improving the National Health Indicators.

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