

Analisis pelaksanaan kebijakan standar pelayanan minimal bidang kesehatan di 5 wilayah DKI Jakarta th. 2002

Siswanti, Tanti

Deskripsi Lengkap: <https://lib.fkm.ui.ac.id/detail.jsp?id=12159&lokasi=lokal>

Abstrak

Penelitian ini bertujuan untuk mengetahui pelaksanaan Standar Pelayanan Minimal Bidang Kesehatan (SPM-BK) serta faktor-faktor yang berkaitan dengan Pelaksanaan SPM-BK oleh Suku Dinas Kesehatan di 5 (lima) Wilayah DKI Jakarta. . SPM-BK adalah standar yang digunakan untuk menjamin dan mendukung pelaksanaan kewenangan wajib daerah, sekaligus merupakan akuntabilitas daerah kepada Pemerintah dalam penyelenggaraan pemerintah daerah. Penelitian yang dipergunakan adalah survey deskriptif dengan pendekatan kuantitatif dan kualitatif. Data diperoleh dengan cara wawancara mendalam kepada 10 informan di Suku Dinas Kesehatan 5 (lima) wilayah DKI Jakarta. Setiap Suku Dinas terdiri dari 2 informan yaitu Kepala Suku Dinas Pelayanan Kesehatan dan Kepala Suku Dinas Kesehatan Masyarakat. Dipilih Kepala Suku Dinas Kesehatan karena Kepala Suku Dinas adalah penanggung jawab program pembangunan kesehatan di wilayah kerjanya, dan karena itu dipandang yang paling mengetahui tentang pelaksanaan SPM-BK. Hasil penelitian menunjukkan bahwa sekalipun Pedoman SPM-BK belum diterima oleh para informan akan tetapi secara umum kewenangan yang tercantum dalam SPM-BK telah dilaksanakan oleh seluruh Kepala Suku Dinas Kesehatan. Jika pelaksanaan kewenangan SPM-BK dikaitkan dengan karakteristik informan , didapat kesan bahwa makin tinggi umur informan makin baik pelaksanaan kewenangannya, selanjutnya jika pelaksanaan kewenangan SPM-BK dikaitkan dengan tingkat pengetahuan dan pemahaman informan didapat kesan bahwa informan yang pernah mendengar SPM-BK serta yang memiliki pemahaman yang lebih baik tentang SPM-BK, cenderung menyelenggarakan kewenangan SPM-BK yang lebih baik. Ditemukan adanya dukungan untuk penyelenggaraan kewenangan SPM-BK, baik dari Dinas Kesehatan Propinsi maupun dari Pemerintah Daerah. Namun ada atau tidaknya dukungan tersebut agaknya tidak mempengaruhi baik atau tidaknya penyelenggaraan kewenangan SPM-BK. Pada dasarnya SPM-BK di daerah akan terlaksana apabila adanya kerjasama dari semua pihak yang berkaitan. Oleh karena itu sebelum disusun SPM-BK di setiap wilayah, maka terlebih dahulu perlu diselenggarakan pertemuan untuk menyamakan persepsi terhadap pedoman SPM-BK, agar pada waktu pelaksanaannya dapat berjalan dengan lancar. Perlu pula segera disusun SPM-BK secara tertulis untuk setiap wilayah kota, yang di satu pihak mengacu pada SPM-BK yang dikeluarkan pusat, serta dipihak lain sesuai dengan situasi dan kondisi kesehatan wilayah kota masing-masing. Selanjutnya perlu dikembangkan dasar teori yang lebih kuat tentang perlunya SPM-BK sehingga dapat dipatuhi oleh setiap penanggung jawab program kesehatan di daerah dalam rangka desentralisasi, disamping perlu dilakukan penelitian serupa yang lebih mendalam di berbagai propinsi serta kabupaten/kota lain sehingga didapatkan gambaran yang lebih riil tentang pelaksanaan SPM-13K. Daftar Pustaka 41 (1987 -- 2002)

The Analysis of the implementation of Minimum Services Standard Policy on Health in 5 (five) Municipalities in Jakarta Year 2002 This study aims to understand the implementation of the Minimum Service Standard on Health (MSS-H) and the influential factors in five Municipalities in Jakarta. MSS-H is a standard that can be used to guarantee and support the implementation of obligatory regional responsibilities and also can be used as a

tool to measure the accountability of the region (province and district/municipality) to the central government in implementing their responsibilities. The study design used is a descriptive survey with a qualitative approach. The collection of data was done through in depth interview with ten- (10) informants from five (5) municipalities in Jakarta. Each municipality has two informants which are Head of the Municipality Health Services and Head of Municipality Public Health. These informants were chosen because all of them are responsible person for the health development program in their respective areas and are therefore well informed about the implementation of the minimum service standards for health. The findings revealed that although the minimum service standards manual for health was not received yet by the informant, the implementation of the compulsory responsibilities that are in the minimum service standards for health, in general, has been implemented. If the implementation of the compulsory responsibilities are viewed from the informants personal characteristics, it was found that the oldest informant was implemented the compulsory responsibilities better than the youngest and the informant that had already heard and about were more experienced about minimum service standards for health are better in the implementation of these standards. This study also found that there was support from the provincial health office as well as local government in the implementation of minimum service standards for health. However the present of this support did not influences the quality of the implementation of the standards. In general, it can be said that the minimum service standards for health can be implemented if there is a good working relationship with all stakeholders. Therefore, it is recommended that as part of the development of minimum service standards for health, a meeting of all stakeholders should be conducted, with the aim to establish the same perception on minimum service standards for health and facilitate the implementation. It is also recommended that written minimum service standards for health for each municipality be developed soon, that on one hand is based on the minimum service standards for health prepared by the central government and on the other hand is adjusted to the local situation and condition. Another recommendation that would help guarantee the good implementation of the standards is to develop a theoretical basis for minimum service standards for health so the concept can be easily understood and accepted by each person responsible for health in the region. Last but not least it is also recommended that similar studies should be conducted in others provinces and districts/municipalities so this real picture of the implementation of minimum service standards for health can be better understood and documented. References: 4 1 (1987 - 2002)</div>