

Analisis Implementasi Pelayanan Akupresur di Puskesmas Kota Jakarta Selatan Tahun 2018

Rini, Sandra Octaviani Dyah Puspita

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Abstrak

Kementerian Kesehatan melaksanakan program peningkatan kinerja sumber dayakesehatan melalui pendidikan dan pelatihan, khususnya pelatihan tenaga pelayanankesehatan tradisional, melalui pelatihan pelayanan akupresur bagi Puskesmas, namunpelayanan akupresur belum berjalan di Puskesmas. Di Kota Jakarta Selatan Puskesmasyang sudah menyelenggarakan pelayanan akupresur hanya dua (2). Penelitian ini adalahpenelitian kualitatif, dan bertujuan untuk menganalisis kebijakan dan implementasipelaksanaan pelayanan akupresur di Puskesmas serta hambatnya. Informan dalampenelitian berjumlah 11 orang, yaitu Kementerian Kesehatan, Sudinkes Jakarta Selatan,Kepala Puskesmas, Dokter poli, pelaksana program. Metode pengumpulan data melaluiWM dan telaah dokumen. Hasil penelitian dari komponen input sudah berjalan, adanyadukungan Kepala Puskesmas, SOP pelayanan, dan SK penugasan namun belum optimalrotasi staf menjadi salah satu kendala, komponen output dan outcome belum optimal.Aspek komunikasi (kejelasan dan konsistensi) belum efektif tentang informasi regulasikebijakan yang ada dari penentu kebijakan kepada pelaksana, aspek pembiayaan belum didukung peraturan daerah, aspek birokrasi masih kurang koordinasi dan sosialisasikebijakan dari Dinas Kesehatan ke Sudinkes dan Puskesmas.<hr />The Ministry of Health is implementing programs to improve the performance of healthresources through education and training, especially training of traditional health careworkers, through the training of acupressure services for Primary Health Care, butacupressure service has not been run in Primary Health Care. In South Jakarta, PrimaryHealth Care that have been providing acupressure service are only two (2). Thisresearch is a qualitative research, and aims to analyze the policy and implementation ofacupressure service in Primary Health Care and its obstacles. Informants in the studyamounted to 11 people, namely the Ministry of Health, Sudinkes South Jakarta, Head ofPrimary Health Care, Doctor, program implementer. Methods of data collection throughWM and document review. The result of research of input component have beenrunning, existence of support of Head of Puskesmas, service SOP, and SK ofassignment but not optimal rotation of staff become one of obstacle, component ofoutput and outcome not yet optimally. The communication aspect (clarity andconsistency) has not been effective about the existing policy regulation informationfrom the policy makers to the implementers, the financing aspect has not been supportedby local regulations, the bureaucratic aspects are still lacking coordination and thepolicy socialization from the Health Service to tribe of health service and PrimaryHealth Care.