Pusat Informasi Kesehatan Masyarakat >> S2 - Tesis

Evaluasi Kebijakan Pemenuhan Sembilan Jenis Tenaga Kesehatan Puskesmas Berbasis Standar Ketenagaan Minimal di Kabupaten Sukabumi

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Abstrak

Pemenuhan sembilan jenis tenaga kesehatan strategis di Puskesmas merupakan pilar utama pelayanan kesehatan primer. Kabupaten Sukabumi, sebagai wilayah terluas di Jawa Barat, menghadapi tantangan besar dalam pemenuhan standar ketenagaan minimal akibat kendala geografis dan fiskal daerah. Penelitian ini bertujuan mengevaluasi implementasi dan dampak kebijakan pemenuhan tenaga kesehatan di Kabupaten Sukabumi. Penelitian ini merupakan penelitian kualitatif dengan menggunakan pendekatan evaluasi kebijakan Model George C. Edward III (komunikasi, sumber daya, struktur birokrasi, disposisi) dan Teori William N. Dunn (kecukupan dan pemerataan). Pengumpulan data dilakukan melalui wawancara mendalam dan telaah dokumen di Dinas Kesehatan serta 3 Puskesmas sampel. Selain itu dilakukan analisis spasial sederhana sebagai visualisasi distribusi nakes menggunakan Geographic Information System (GIS). Hasil evaluasi menunjukkan proses komunikasi berjalan baik, namun terdapat inkonsistensi target nasional (sembilan nakes) dengan regulasi terbaru (tiga belas nakes) serta penutupan aplikasi rencana kebutuhan (Renbut). Hambatan kritis bersumber dari alokasi anggaran daerah (financial resources) yang terikat batas belanja pegawai APBD 30% berdasarkan Undang-Undang Hubungan Keuangan antara Pemerintah Pusat dan Pemerintahan Daerah (UU HKPD). Struktur birokrasi belum memiliki SOP mikro daerah untuk redistribusi nakes lokal, sementara aspek disposisi menunjukkan komitmen pelaksana yang tinggi namun terhambat skala prioritas formasi pemerintah daerah. Ditinjau dari aspek dampak, tingkat kecukupan sangat rendah, di mana hanya 12,07% Puskesmas memenuhi standar, dengan kekosongan kritis pada posisi Dokter Gigi dan Tenaga Gizi. Dari aspek pemerataan, terjadi ketimpangan distribusi nakes yang tajam antara wilayah perkotaan dan pelosok akibat hambatan geografis dan ketiadaan regulasi retensi. Penelitian ini disimpulkan implementasi kebijakan belum optimal dalam menjamin kecukupan dan pemerataan nakes. Disarankan kepada pemerintah daerah untuk menerbitkan Peraturan Bupati terkait redistribusi, mengoptimalkan program inovasi regional, dan membuka kuota formasi CASN berbasis pemetaan geolokalitas terpencil. <hr /> The provision of nine strategic health workers in Community Health Centers (Puskesmas) is a key pillar of primary health care. Sukabumi Regency, as the largest region in West Java, faces significant challenges in meeting minimum staffing standards due to regional geographic and fiscal constraints. This study aims to evaluate the implementation and impact of health worker provision policies in Sukabumi Regency. This study is a qualitative study using the George C. Edward III Model of policy evaluation (communication, resources, bureaucratic structure, disposition) and William N. Dunn's Theory (sufficiency and equity). Data collection was conducted through in-depth interviews and document reviews at the Health Office and three sample Community Health Centers. A simple spatial analysis was also conducted to visualize the distribution of health workers using a Geographic Information System (GIS). The evaluation results showed that the communication process was running well, but there were inconsistencies between the national target (nine health workers) and the latest regulation (thirteen health workers) and the closure of the needs plan

(Renbut) application. Critical obstacles stem from regional budget allocations (financial resources) that are bound by a 30% APBD employee spending limit based on the Law on Financial Relations between the Central Government and Regional Governments (HKPD Law). The bureaucratic structure does not yet have a regional micro SOP for the redistribution of local health workers, while the disposition aspect shows a high commitment of implementers but is hampered by the priority scale of local government formations. In terms of impact, the adequacy level is very low, where only 12.07% of Community Health Centers meet the standards, with critical vacancies in the positions of Dentists and Nutritionists. From the aspect of equity, there is a sharp imbalance in the distribution of health workers between urban and remote areas due to geographical barriers and the absence of retention regulations. This study concludes that policy implementation is not optimal in ensuring the adequacy and equity of health workers. It is recommended that local governments issue a Regent Regulation regarding redistribution, optimize regional innovation programs, and open CASN formation quotas based on remote geolocality mapping.