

Studi pembiayaan operasional puskesmas setelah program bok dan pengaruhnya terhadap cakupan pelayanan kesehatan dasar tahun 2010-2012 di Kabupaten Pasaman Barat : studi kasus 4 puskesmas = Study of health centers operational financing after bok program and its effect on primary health care coverage year of 2010-2012 in Pasaman Barat district : case study 4 health centers

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Abstrak

Dilakukan studi untuk melihat bagaimana gambaran pembiayaan operasional puskesmas tahun 2010-2012 serta gambaran pelaksanaan BOK dan pengaruhnya terhadap cakupan pelayanan kesehatan dasar terpilih. Dari hasil studi sumber sumber pembiayaan puskesmas berasal dari Dana rutin operasional Puskesmas, Retribusi, Jamkesda, Askes sosial, Jamkesmas, dan BOK. Pembiayaan operasional puskesmas bergeser ke sumber pembiayaan APBN dengan proporsi 10% pada tahun 2010 menjadi 73% di tahun 2012. Program BOK secara administratif sudah dilaksanakan sesuai dengan petunjuk teknis pelaksanaan dengan beberapa kelemahan. Program BOK menambah motivasi kerja pegawai puskesmas, meningkatkan intensitas kegiatan promotif dan preventif dan meningkatkan cakupan pelayanan kesehatan dasar, namun fluktuatif pada beberapa indikator yang disebabkan : keterlambatan proses pencairan anggaran, mekanisme keuangan yang rumit, kualitas SDM puskesmas dan prilaku masyarakat.

.....Conducted a study to see how the picture of health centers operational financing of the years 2010-2012 also BOK program implementation and its effect on selected basic health care coverage. From the study health centers funding sources came from the operational routine health centers funds, Retribution, Jamkesda, Askes, Jamkesmas, and BOK. health centers operational financing shifted to a APBN financing source with the proportion of 10% in 2010 to 73% in 2012. BOK program has been implemented administratively according with the technical guidance implementation wit some flaws. BOK add to motivation program employee health centers, increase the intensity of promotive and preventive activities and improve basic health care coverage, but some indicators fluctuate caused by: delays in disbursement process, complicated financial mechanisms, quality of human resources health centers and the behavior of the community.