

Implementasi kebijakan jaminan persalinan di 3 Puskesmas DKI Jakarta tahun 2012 = Study program health law and policy public health sciences title the implementation of jampersal policy in 3 Public Health Center DKI Jakarta in 2012

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Abstrak

ABSTRAK

Latar belakang. Menurut SDKI 2007 Angka Kematian Ibu 228/100.000 KH dan Angka Kematian Bayi 34/1000 KH, sementara target MDG's adalah 102/100.000 KH dan 23/1.000 KH. Untuk mempercepat target MDG's maka diluncurkanlah program Jampersal untuk mengatasi keterbatasan akses dan ketidaktersediaan biaya sesuai dengan surat edaran yang dikeluarkan Menteri Kesehatan Nomor TU/Menkes/E/391/11/2011 tentang Jaminan Persalinan tanggal 22 Februari 2011.

Tujuan. Tujuan penelitian ini untuk mengetahui sejauh mana implementasi kebijakan jampersal di 3 puskesmas DKI Jakarta tahun 2012 berdasarkan variabel komunikasi, sumber daya, disposisi dan struktur birokrasi.

Metode. Jenis penelitian ini adalah kualitatif dan dilaksanakan pada bulan Juni - Juli 2013 di 3 Puskesmas DKI Jakarta dengan jumlah informan sebanyak 11 orang.

Hasil. Hasil analisa yang didapat menunjukkan bahwa implementasi kebijakan belum berjalan semaksimal mungkin. Angka kematian ibu yang masih tinggi dan alokasi dana yang tidak terserap kemungkinan disebabkan oleh keempat variabel tersebut, sehingga masih perlu adanya tindak lanjut baik dari pemerintah, pemda, dinas kesehatan provinsi dan kabupaten/kota serta puskesmas.

ABSTRACT

Background. According to the IDHS 2007 Maternal Mortality 228/100.000 lb and Infant Mortality 34/100.000 lb, while the MDG's is 102/100.000 lb and 23/100.000 lb. To accelerate the MDG's target Jampersal program was launched to address the limitations of access and unavailability costs in accordance with their circular issued by the Minister of Health No. TU/Menkes/E/291/11/2011 on Delivery Guarantee dated February 22, 2011.

Purpose. The purpose of this study to determine the extend of policy implemtation Jampersal in 3 health center DKI Jakarta in 2012 based on the communication, resources, disposition and bureaucratic structures variables.

Method. This research is qualitative and held in June-July 2013 in the 3 health centers DKI Jakarta by the number of informants as many as 11 peoples.

Results. Analysis results obtained show that the implementation of the policy has not been running as much

as possible. Maternal mortality rates are still high and the allocation of funds that is not absorbed is probably caused by the four variables, so it is still the need for better follow-up of the government, local government, Province health offices and district health offices and community health center.</i>