

Analisis pembiayaan kesehatan dan kinerja pada kantor kesehatan pelabuhan Medan Prov. Sumatera Utara tahun 2013-2017 = Health financing and performance analysis in port health office of Medan, North Sumatera year 2013-2017

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Abstrak

Kantor Kesehatan Pelabuhan merupakan penjaga kesehatan di pintu masuk negara. Upaya penyelenggaraan kesehatan di pintu masuk negara harus didukung oleh alokasi pembiayaan kesehatan yang cukup, efektif dan efisien. Analisis pembiayaan kesehatan dan kinerja ditujukan untuk melihat pembiayaan kesehatan dalam mencapai sasaran kinerja yang ditetapkan. Penelitian ini menggunakan metode kualitatif dengan teknik WM dan telaah dokumen terkait. Dokumen terkait realisasi belanja dianalisis menggunakan tools Health Account dan ditabulasi dengan tabel pivot. Hasil penelitian menunjukkan sasaran strategis dan indikator kinerja yang ditetapkan tidak sejalan dengan tugas pokok dan kegiatan yang dilaksanakan. Imbasnya, alokasi pembiayaan kesehatan harus sesuai menu penyusunan perencanaan meskipun peruntukannya terbatas. Penyusunan anggaran memenuhi prinsip penganggaran terpadu dan pendekatan kerangka pengeluaran jangka menengah. Meskipun disiasati dengan efektif, pemotongan anggaran berdampak pada capaian kinerja. Pengeluaran pelayanan kesehatan saat ini sebesar 72,8 -88,7 dengan komposisi fungsi pelayanan preventif sebesar 50 -64 dan sisanya fungsi tata kelola dan administrasi kesehatan. Pembentukan modal tetap bruto dalam sistem kesehatan sebesar 11 -27 dari total pengeluaran kesehatan. Pelaksanaan UKM cukup baik dalam menggerakkan mesin birokrasi dan sosial namun terkendala koordinasi pada kegiatan pengawasan OMKABA dan pelabuhan/bandar udara sehat. Ketersediaan SDM belum sesuai standar dan distribusinya tidak merata. Revisi UU kekarantinaan kesehatan yang belum disahkan membuat penguatan KKP belum berjalan optimal. Pengelolaan sistem informasi berjalan dengan baik kecuali website yang kurang diperbaharui. Kesimpulan diperoleh pembiayaan kesehatan belum berbasis kinerja untuk mendukung tupoksi. Capaian kinerja belum optimal bukan hanya disebabkan oleh faktor pembiayaan namun kerjasama lintas sektor, dukungan regulasi, SDM dan peran serta masyarakat turut mempengaruhi pencapaian. Direkomendasikan melakukan penyesuaian antara sasaran strategis dan indikator kinerja dengan tupoksi dan pelaksanaan kegiatan, perbaikan dan penyesuaian menu perencanaan, mengadakan perjanjian kerjasama kegiatan pengawasan OMKABA, mengusulkan pengadaan dan pemerataan SDM sesuai standar, mendorong percepatan pengesahan RUU Keekarantinaan Kesehatan melalui konsultasi publik, advokasi yang lebih intensif kepada pihak-pihak terkait di bandara/pelabuhan, memperbaharui website dan memaksimalkan tren media sosial, serta meningkatkan dan memprioritaskan alokasi pembiayaan kegiatan langsung dan yang mengungkit indikator kinerja.

.....Port Health Office is a health guard at the state's point of entry. Public health strengthening at the point of entry should be supported by adequate, effective and efficient allocation of health financing. Health financing and performance analysis is aimed to analyze health financing related to achieve defined goal performance. This is a qualitative research using indepth interview method and documents review. Expenditure documents were analyzed using Health Account tools and tabulated with pivot tables. The results shows that the strategic objectives and performance indicators set aren't in line with the main tasks

and activities undertaken. As the impact, health financing must be allocated based on planning menu although the allocation is limited. Budgeting meets the principles of a unified budgeting and medium term expenditure framework approach. Although budget cuts have been tried to be effectively tackled, they impacts to the performance goals. Current expenditure on health care is 72,8 88,7 with the preventive care is 50 64 and the rest is governance, and health system and financing administration expenditure. Expenditure on gross capital formation in the health care is 11 27 of THE Total Health Expenditure. Public health program have been well implemented to empower the bureaucratic and social machines though the controls of drugs, food, cosmetics, medical devices, addictive materials OMKABA and a healthy port airport were not well coordinated. The availability of human resources is not up to standard and the distribution is uneven. Unrevision of the Law on Health Quarantine made the point of entry strengthening not optimal. The management of information system goes well but website is not well updated. Conclusion shows that the health financing is not performance based to support tasks, principal and functions. Goal performance is not optimal due to financing factor, cross sector cooperation, regulation support, human resources and community participation which play important roles in the achievement. It is recommended to make an adjustment between strategic objectives and performance indicators with main tasks and activities undertaken, improvements and adjustments to the planning menu, changes in performance indicators, to conduct agreement on OMKABA controls, to propose procurement and distribution of human resource based on standard, to accelerate the enactment of the revision of Law on Health Quarantine through public consultation, more intensive advocacy to stake holders at the airports ports, update websites and maximize trends social media, as well as increasing and prioritizing funds to finance direct health activity and those that improves performance indicator.