

Analisis perencanaan kesehatan tahunan Dinas Kesehatan Kabupaten Pontianak, Propinsi Kalimantan Barat, tahun 1999/2000

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Abstrak

Perencanaan kesehatan merupakan hal penting yang merupakan awal dari berbagai fungsi manajemen. Keluaran mutu perencanaan kesehatan di Dinas Kesehatan Kabupaten Pontianak masih belum baik. Kemampuan para perencana juga masih belum cukup mendukung. Studi ini meneliti proses perencanaan dalam kerangka pendekatan sistem untuk mengantisipasi pelaksanaan desentralisasi.

Metode penelitian adalah kualitatif, dilakukan dengan wawancara mendalam dan didukung dengan telaah dokumen.

Hasil penelitian menunjukkan proses perencanaan membutuhkan perbaikan, karena tahapannya belum sesuai dengan teori. Belum ada petugas yang mendapat pelatihan perencanaan dan penganggaran secara khusus. Struktur Urusan Perencanaan tidak sesuai dengan beban kerjanya. Koordinasi lintas program dan lintas sektoral belum berjalan seperti yang diharapkan. Telaah dokumen menunjukkan terdapat inefisiensi antara program. Ditambah dengan kekakuan administrasi memperberat inefisiensi. Pemerataan (equity) telah tampak dalam telaah dokumen seperti pelayanan bagi keluarga miskin dan barang-barang publik. Kelangsungan JPKM sulit bertahan.

Pembiayaan kesehatan di Kabupaten Pontianak didominasi oleh Pusat. Pada tahun 1999/2000 pembiayaan Pusat berkisar 88%, sedangkan Daerah hanya 11,89% terdiri dari 2,21% APBD tingkat II dan 9,68% dari APBD tingkat I. Pendapatan Asli Daerah (PAD) sekitar 2,76 milyar rupiah. Dana jaring pengaman sosial (JPS) membiayai sektor kesehatan sebesar 1,547 milyar rupiah. Bila diberlakukan konsensus Bupati mengenai pembiayaan kesehatan adalah 15% dari PAD, berarti pembiayaan kesehatan saat desentralisasi akan sangat menurun. Bandingkanlah dengan nilai pembiayaan saat ini. Bagaimana dapat mencapai dana seperti saat ini bila hanya megarapkan dari PAD saja. Mekanisme pembiayaan pra upaya dan rasionalisasi tarif pelayanan kesehatan selayaknya dijadikan sebagai sumber pendanaan. Pembiayaan pra upaya merupakan pilihan terbaik untuk mendanai sektor kesehatan.

Dalam rangka menghadapi desentralisasi, Kepala Dinas telah melakukan advokasi kepada Pemerintah Daerah. Bupati pun telah menunjukkan perhatiannya kepada sektor kesehatan. Untuk merebut Dana Alokasi Umum (DAU) petugas Dinas Kesehatan harus memiliki kemampuan advokasi kepada Pemerintah Daerah dan instansi terkait serta DPRD, antara lain dengan memaparkan pentingnya pembiayaan bagi sektor kesehatan. Analisis situasi kesehatan berdasar data, haruslah disertai dalam advokasi tersebut. Perencanaan kesehatan berbasis data (evidence based health planning) akan dapat menggambarkan berapa besar dana yang diperlukan. Dengan anggaran yang terbatas, Dinas Kesehatan dan Pemerintah Daerah haruslah memprioritaskan pada pelayanan bagi keluarga miskin dan hal yang berdimensi keadilan sosial (social

justice) seperti barang-barang publik. Untuk itu sebaiknya dibikin suatu piagam saling pengertian untuk memilih kegiatan yang diprioritaskan serta jaminan atas pembiayaannya. Pelayanan kesehatan dasar dan pelayanan bagi keluarga miskin merupakan prioritas tinggi agar tercapai pemerataan (equity) pelayanan kesehatan.

Untuk memperbaiki perencanaan, peneliti menyarankan sebagai berikut : pelatihan perencanaan dan penganggaran kesehatan terpadu (P2KT) bagi para perencana, meningkatkan eselon Urusan Perencanaan, meningkatkan kerjasama lintas program dan lintas sektor, melibatkan pemerintah daerah dan Bappeda dalam proses P2KT agar mempunyai persepsi yang sama dalam perencanaan kesehatan, serta melibatkan peneliti, ahli survei, ahli ekonomi kesehatan terutama dalam analisis situasi, penentuan prioritas, penilaian pilihan dan penyusunan program dan anggaran.

Daftar bacaan : 54 (1984-2001)

Analysis of The Annual Health Planning in The District Health Office of Pontianak, Kalimantan Barat Province, During The Fiscal Year 1999/2000. Health planning is one of the most important functions, which have to be done first before doing the other management functions. The quality health planning output in the District Health Office (DHO) of Pontianak is still low. The capability's health planner in DHO of Pontianak is not good enough. This study was conducted to research process of health planning in a view of systemic approach frame for anticipating decentralization era.

The qualitative method by using in-depth interview is used in this study. It is complemented by document observation.

The result is that the process of the health planning in DHO of Pontianak needs more improving. Their steps are not in accordance with the theory of health planning. The causes are no officials have trained health planning and budgeting specifically. The structure of planning subdivision not in accordance with the workload. The mechanism of cooperation between cross program and cross sectoral do not function. The document observation result is inefficiency between programs. Budget absorption failure caused by restraint or inflexibility finance mechanism more weight inefficiency. Equity has been contained in document, just like poor family health services and public goods. Sustainability of managed care is difficult to be implemented.

The composition of public finance is dominated by the central government. District figure for fiscal year 1999/2000 that approximately 88% of total government expenditure for health at district level, come from the central government, and just about 2,21 % from the district income and expenditure budget and 9,68% from the province income and expenditure budget. District government revenue is 2,76 billion Rupiahs. Social Safety Net contributes 1,547 billion Rupiahs. According to District Head's consensus, local government health spending will be approximately 15% district government revenue. If this consensus is realized, public health spending will be reduced drastically. Compare with health expenditure this time; come from central and province budget 20,399 billion Rupiahs plus SSN 1,547 billion. How to afford the budget for health spending, if we just rely on district government revenue. It means we must strive for the public financing through pre payment mechanism, and rationalization user charge.

For anticipating decentralization era, the head of DHO of Pontianak has advocated to Local Government. District Head has showed full attention in health sector.

In order to get General Allocation Fund (GAF) so District Health Officials (DHOs) must have avocation capability to local government, other institution and local legislative body for introducing the importance of financing health services.

Evidence based in analysis of the health situation must accompany avocation. Evidence based health planning is the way of finding out how much money will be needed.

With restrictive budget, DHO and local government must priority the activity of program that has paradigm social justice and distributive justice (include public goods). So the local government must take the memorandum of understanding to choose the priority activities programs and convince that its financing is secure. Providing basic package and services for the poor are occupied on the high list of priorities to ensure equity.

In order to produce a qualified health planning, the planning process requires considerable attention to the quality of human resources (planner) that need improving by training about integrated health planning and budgeting (IHPB). The other matters require considerable attention are the structure of planning organization in DHO of Pontianak needs straightening in accordance with the workload and output of health planning; the cooperation between cross program and cross sectoral needs supporting by using the authority of local government. The other important things are better for local government and its planning (Bappeda) to involve them in IHPB process (cross sectoral institute), in order to have a same perception in the health planning, DHOs collaborative with other institution must arrange the strategic planning for directing the future activities; recruitment patterns and developing decision making guidelines (the strategy) that based on situational analysis. Meanwhile it is better for DHO of Pontianak to involve surveyor, surveillance epidemiology expert and health economic expert especially in analysis of the health situation, the priority setting, option appraisal and programming-budgeting.

References : 54 (1980-2001)</i>