

## **Analisis implementasi kebijakan Program Indonesia Sehat dengan pendekatan keluarga (PIS-PK) di Kabupaten Bandung tahun 2017 = Analysis of policy implementation of the Indonesian Health program with family approach (PIS-PK) in Bandung Regency in 2017**

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### **Abstrak**

Tesis ini bertujuan untuk menganalisis implementasi Program Indonesia Sehat dengan pendekatan keluarga PIS-PK di Kabupaten Bandung tahun 2017. Proses implementasi kebijakan dilihat dari unsur proses kebijakan, komunikasi, ketersediaan sumberdaya tenaga, biaya, fasilitas yang dibutuhkan, proses disposisi, dan struktur birokrasi ditingkat dinas kesehatan dan di puskesmas. Selain itu peneliti juga menganalisa faktor kondisi sosial, ekonomi dan politik terkait peran dan dukungan stakeholder terhadap implementasi program keluarga sehat ini. Desain penelitian ini adalah penelitian kualitatif dengan metode deskriptif eksploratif. Penelitian ini dilaksanakan di dinas kesehatan dan 12 puskesmas percontohan di wilayah Kabupaten Bandung. Metode pengambilan data menggunakan metode wawancara mendalam dan focus group discussion FGD kepada beberapa informan yang dipilih purposif sampling, informan dari dinas kesehatan dan puskesmas serta melakukan triangulasi data dengan telaah dokumen.

Hasil penelitian didapatkan bahwa disposisi dan persepsi yang kurang dari pengambil keputusan key decision maker di dinas kesehatan mengakibatkan kurangnya dukungan dan komitmen sehingga memberikan dampak kurangnya komunikasi, tidak berjalannya koordinasi, dan tidak jelasnya struktur birokrasi. Kurangnya komunikasi di dinas kesehatan mempengaruhi proses perencanaan, pembiayaan, pelaksanaan sampai monitoring evaluasi. Komunikasi yang kurang efektif mempengaruhi keterlibatan lintas sektoral di tingkat Kabupaten Bandung. Implementasi program keluarga sehat di puskesmas tidak berjalan optimal. Hambatan utama implementasi di puskesmas karena keterbatasan tenaga dan anggaran. Meskipun sebagian besar puskesmas percontohan sudah melaksanakan beberapa tahapan pelaksanaan program, dari target pendataan keluarga yang ditetapkan sebesar 30 di tahun 2017, hasil cakupan sementara hanya mampu mencapai kurang dari 5.

Disposisi dan komunikasi menjadi faktor yang sangat mempengaruhi implementasi program di tingkat dinas kesehatan. Sedangkan faktor ketenagaan dan pembiayaan merupakan faktor penghambat utama implementasi program ditingkat puskesmas. Persepsi dan sikap dari organisasi profesi PPNI dan IBI dan institusi pendidikan terkait program ini cukup baik dan mendukung. Studi ini diharapkan mampu menjadi bahan masukan kepada dinas kesehatan untuk meningkatkan manajemen program terutama dalam proses komunikasi, koordinasi, perencanaan dan pembiayaan dan distribusi tenaga kesehatan dalam implementasi program.

.....Aim. This thesis aims to analyze the policy implementation of the Indonesian Health Program with Family Approach PIS PK in Bandung Regency in 2017. The process of policy implementation is seen from the elements of policy process, communication, availability of resource, manpower, cost, facilities needed, disposition process and bureaucracy structure at the the Health Center Office and the community health center. This study is also to analyze social, economic, and political factors related to the role and support of stakeholders towards the implementation of the program. Methods. This study was a qualitative research

with descriptive design. This research was conducted in the the Health Center Office and twelve community health centers in Bandung Regency area. Data were collected using in depth interview and Focus Group Discussion FGD with informants from those institutions selected using purposive sampling. Data triangulation with document review was performed to ensure the trustworthiness.

Results. The result of the research showed that lack of disposition and perception of key decision makers inthe Health Center Office levelresulted in the lack of support and commitment, which caused of lack of communication, coordination and clarity of bureaucratic structure. The lack of communication at the level of the Health Center Office affected the process of planning, financing, implementation and evaluation as well as influenced cross sectoral engagement at Bandung district level. The implementation of health family program at the community health center was not optimal. The main obstacles to the implementation were limited manpower and budget. Although most community health centers had implemented several stages of program implementation, however, from 30 of the target of the program in 2017, the coverage only reached less than 5.

Conclusion. Disposition and communication were the main factors affecting the implementation of programs at the Health Center Office level. While manpower and financing were the main factors inhibiting the implementation of the program at the community health center level. However, perceptions and attitudes of professional organizations Indonesian National Nurses Association and Indonesian Midwifery Association and the educational institutions related to this program were quite good and supportive. This study recomend to health center office to improving of communication and coordination in Bandung District level and re organizing and distributing of manpower such as nurse, midwifery, public health, sanitarian, and nutritionist to support this program.