INTISARI

Latar Belakang: Dalam pelaksanaan desentralisasi pengelolaan pelayanan kesehatan termasuk pengelolaan obat menjadi tanggung jawab kabupaten/kota. Pengelolaan obat meliputi perencanaan, pengadaan, pendistribusian dan penggunaan, namun yang paling menarik dikaji adalah perencanaan karena secara koheren dapat mempengaruhi fungsi pengelolaan obat berikutnya, juga banyak yang berkepentingan dalam proses perencanaan tersebut, sehingga perencanaan obat perlu dilaksanakan secara terpadu, untuk menghindari pemborosan anggaran dan menyatukan persepsi dari semua yang berkepentingan.
Perencanaan obat di Propinsi Sulawesi Selatan sebagian kabupaten/kota dilaksanakan secara terpadu dan yang lainnya dilaksanakan secara non terpadu, sehingga menarik dilakukan penelitian untuk melihat sejauh mana efisiensi hasil perencanaan antara perencana obat terpadu dan non terpadu.
Metode Penelitian :Penelitian ini menggunakan rancangan *quasi experimental, the matching only posttest only control group design, matching* dilakukan dengan cara mencari kesepadanan antara kelompok kabupaten yang merencanakan obatnya secara terpadu dan non terpadu berdasarkan kekuatan input masing-masing kelompok, kemudian dianalisis dengan statistik uji t untuk mengambil kesimpulan.
Hasil Penelitian :19 kabupaten/kota yang diobservasi dari 25 kabupaten/kota di Propinsi Sulawesi Selatan, setelah *matching* didapatkan 7 pasangan antara kelompok kabupaten/kota yang merencanakan obat secara terpadu dan non terpadu. Hasil perhitungan rata-rata persentase dana, ketepatan perencanaan dan penyimpangan perencanaan memperlihatkan kecenderungan bahwa kelompok kabupaten yang merencanakan obat secara terpadu lebih baik dibanding non terpadu, namun secara statistik kedua kelompok tersebut tidak mempunyai perbedaan yang bermakna.
Kesimpulan: Hasil perencanaan obat antara kelompok kabupaten/kota yang merencanakan obat secara terpadu dengan non terpadu di Propinsi Sulawesi Selatan tidak berbeda.

ABSTRACT

Background: In the decentralization of health service management including drug management become responsibility of regency/city. Drug management covered the planning, acquisition, distribution and usage, but most interesting studied is planning, because of by coherent it can influence the next drug management function, and also a lot have importance in planning process, so that drug planning require integrated, to avoid the budget wasting and unite the perception from all that have importance. Drug planning in part of regency/city in South Sulawesi Province was done integrated and the other was non-integrated, so most interesting studied in how far It's efficient result of planning between integrated drug planning and non-integrated.

Methods: This was quasi-experimental study with matching only posttest only control group design, matching were done agreement between regency group that planned of integrated drug and non-integrated according to the input in each group, then the result was analyzed with t-test to take conclusion.

Results: There were 19 regency/city which observation from 25 regency/city in South Sulawesi Province, after matching got by 7 couple between regency/city that planned of integrated drug and non-integrated. The result of rate calculation of fund percentage, accuracy and deviation planning showed the tendency of regency group that planned of integrated drug was better than non-integrated, but statistically both the group unsignificant difference.

Conclusion: The result of drug planning between regency/city groups that planned of integrated drug and non-integrated in South Sulawesi Province were indifference.