ABSTRAK

Latar Belakang : Tahun 2012 AKI di Indonesia melonjak menjadi 359/100.000 KH, semakin menjauh dari target MDGs 2015 meskipun sejak tahun 2010 Pemerintah telah mengeluarkan kebijakan Program BOK yang bertujuan untuk percepatan target MDGs. Di Kabupaten Banjarnegara, pelaksanaan program BOK pada tahun 2013 telah memasuki tahun keempat, namun masih terdapat beberapa indikator kinerja yang berada di bawah target MDGs maupun mengalami penurunan yaitu AKI melonjak dari 74,29/100.000 KH pada tahun 2011 menjadi 140,6/100.000 KH pada tahun 2012 dengan target 102/100.000 KH, AKB naik dari 15,78/1000 KH menjadi 18,16/1000 KH meskipun masih di bawah target 23/1000 KH, Proporsi TB terdeteksi dan diobati menurun dari 42,26 menjadi 39,58 dari target sebesar 70. Untuk itu perlu dilakukan penelitian terhadap pelaksanaan program BOK di Kabupaten Banjarnegara.

Tujuan : Mengetahui distribusi dana, jenis pelayanan dan cakupan pelayanan kesehatan melalui program BOK. dan mengetahui tingkat efektifitas dan efisiensi program BOK Kabupaten Banjarnegara.

Metode: Jenis penelitian adalah deskriptif dengan data sekunder. Instrumen penelitian berupa daftar isian. Penelitian menggunakan data BOK tahun 2012, 2013 dan 2014. Analisa data dilakukan secara kuantitatif.

Hasil: Alokasi BOK dibanding operasional Puskesmas dari 2012 – 2014 semakin menurun, secara berurutan tercatat sebesar 17,31%, 14,91%, 7,43%. Komposisi pemanfaatan sesuai dengan juknis yaitu minimal 60% untuk upaya kegiatan prioritas, dimana pelaksanaannya 64,57% (2013), 66,58% (2014) dan 2012 sebesar 59,22% (juknis 2012 belum mengatur komposisi 60:40). Realisasi pemanfaatannya seluruhnya diatas 95%, tapi masih ada indikator cakupan yang belum memenuhi target contohnya K4 dan Desa siaga aktif. Selain itu cakupan indikator dampak (AKI) masih tinggi terakhir 123,6 dari target 102.

Kesimpulan: Pemanfaatan BOK belum efektif karena pengelola tingkat Puskesmas masih berorientasi administrasi (SPJ) belum berorientasi pada dampak ke masyarakat. Selain itu pelaksanaan monev belum berjalan optimal.

Kata Kunci : Progam BOK, Pembiayaan Kesehatan.

ABSTRACT

Background: In 2012, the maternal death rate raised to 359 per 100,000 living births. It was likely to grow further than MDGs 2015's target despite Indonesian government had already launched Health Operational Assistance Program in 2010 to reach MDGs target. In Banjarnegara Regency, the implementation of Health Operational Assistance Program in 2013 had already reached its forth year. However, there were some performance indicators in Banjarnegara Regency that were still below the MDGs target. The maternal death rate in Banjarnegara Regency increased from 74.29 per 100,000 living births in 2011 to 140.6 per 100,000 living births in 2012, with the target of 102 per 100,000 living births. Child death rate increased from 15.78 per 1000 living births to 18.16 per 1000 living births, despite the result was still below the target of 23 per 1000 living births. The proportion of detected and treated tuberculosis decreased from 42.26 to 39.58 with the target of 70. These facts insisted the implementation of Health Operational Assistance Program to be evaluated in Banjarnegara Regency.
Objective: To understand the financial distribution, service type and health service scope of Health Operational Assistance Program and to understand the effectivity and efficiency level of Health Operational Assistance Program in Banjarnegara Regency.
Method: This research was a descriptive research, using secondary data. Research instrument used checklist. Research used Health Operational Assistance data from 2012 to 2013. Data analysis was performed quantitatively.
Result: The comparison of Health Operational Assistance allocation and Community Health Center operationalization between 2012 to 2014 periodically decreased, for about 17.31% in 2012, 14.91% in 2013, and 7.42% in 2014. The composition of technical guidance-based utilization minimally reached 60% for priority activity effort between those years, which its implementation resulted in the number of 64.57% in 2013, 66.58% in 2014, and 59.22% in 2012 (2012 technical guidance didn't regulate the composition of 60:40). The realization of its implementation reached 95%, but there were still some scope indicators which didn't reach the target, such as K4 and active response village. Otherwise, the impact indicator scope of maternal death rate was still high, for about 123.6 from the target of 102.
Conclusion: The utilization of Health Operational Assistance didn't effectively operated because the Community Health Center managers were still oriented on administration aspect, and weren't oriented on community. Otherwise, the implementation of monitoring and evaluation still wasn't operated optimally.

Keyword(s) : Health Operational Assistance Program, Health Financing