

**Universitas Diponegoro  
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Program Magister Ilmu Kesehatan Masyarakat  
Konsentrasi Administrasi dan Kebijakan Kesehatan  
Minat Manajemen Kesehatan Ibu dan Anak  
2010**

**ABSTRAK**

**Sri Handayani**

**Analisis Pelaksanaan Pelayanan Obstetri Neonatal Emergensi Dasar (PONED) di Puskesmas PONED Kabupaten Kendal Tahun 2010**

**xv + 144 halaman + 46 tabel + 7 gambar + 15 lampiran**

Program PONED di dua Puskesmas Kabupaten Kendal berjalan dengan baik, sedangkan dua Puskesmas lainnya belum. Penelitian ini bertujuan menganalisis perbedaan faktor-faktor yang mempengaruhi pelaksanaan PONED di Puskesmas yang berjalan baik dan tidak dari segi komunikasi (sosialisasi pemasaran, struktur organisasi), ketersediaan sumber daya (SDM, sarana prasarana, keterjangkauan lokasi, dana), disposisi/sikap pelaksana program dan struktur birokrasi (pencatatan pelaporan, pembinaan).

Jenis penelitian adalah observasional kualitatif dengan pendekatan *cross sectional*. Populasi seluruh Puskesmas PONED di Kabupaten Kendal diteliti. Informan utama adalah tim PONED (dokter, bidan, perawat) di semua Puskesmas PONED. Informan triangulasi adalah penentu kebijakan (Kepala Puskesmas, Seksi Kesehatan Keluarga dan Kepala Dinas Kesehatan Kabupaten) dan masyarakat pengguna.

Hasil penelitian menunjukkan bahwa di Puskesmas PONED yang belum berjalan komunikasi belum optimal (sosialisasi pemasaran lintas sektor belum dilaksanakan, belum mempunyai struktur organisasi lengkap). Sumber daya belum memenuhi (SDM secara kuantitas belum memadai dan secara kualitas belum mendapat pelatihan PONED, sarana prasarana belum memenuhi standar minimal, jarak dari masyarakat ke Puskesmas dan Rumah Sakit sama dekat, tidak ada dana khusus untuk program PONED). Disposisi/sikap pelaksana program cukup mendukung. Struktur birokrasi belum optimal (tidak ada pelaporan kasus PONED ke DKK serta pembinaan dari DKK belum rutin dan tidak ada umpan balik). Puskesmas PONED yang berjalan telah melaksanakan sosialisasi lintas program dan sektoral, memiliki sumber daya yang memadai, disposisi/sikap pelaksana program mendukung.

Saran yang direkomendasikan adalah mengoptimalkan peran lintas sektoral untuk sosialisasi dan pemasaran, optimalisasi SDM dan pelatihan PPGD, pengalokasian dana khusus oleh Pemda untuk pemenuhan sarana prasarana Puskesmas PONED, penertiban pelaporan dari Puskesmas ke DKK dan pembinaan yang intensif dengan pemberian umpan balik oleh DKK kepada Puskesmas PONED di Kabupaten Kendal.

Kata Kunci : Analisis Pelaksanaan Program, Pelayanan Obstetri Neonatal

Emergensi Dasar

Kepustakaan : 34, Tahun 1998-2010

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Postgraduate Program  
Master's Program in Public Health  
Majoring in Health Policy Administration  
Sub Majoring in Maternal and Child Health Management  
2010**

**ABSTRACT**

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**Analysis on the Implementation of Basic Neonatal Emergency Obstetric Service (PONED)  
at PONED Primary Healthcare Center Kendal district, 2010**

**xv + 144 pages + 46 tables + 7 figures + 15 enclosures**

Basic neonatal emergency obstetric service (PONED) program in 2 primary healthcare centers ran well, and in the other two primary healthcare centers did not run well. The objective of this study was to analyze the difference of influencing factors towards PONED implementation in the well-ran and unwell-ran primary healthcare centers viewed from the side of communication (marketing socialization, organization structure), availability of resources (human resource, facilities, location accessibility, budget), disposition or programmer attitude and bureaucracy structure (reporting recording, supervision).

This was an observational qualitative study with cross sectional approach. Study population was all PONED primary healthcare centers in the district of Kendal. Main informants were PONED team (physicians, midwives, nurses) in all PONED primary healthcare centers. Triangulation informants were policy decision makers (head of the primary healthcare center, head of family health section and head of the district health office) and communities as users. Results of the study showed that not optimum communication (cross sectoral marketing socialization had not been implemented, no complete organizational structure) was found in ineffectively run PONED primary healthcare centers. Additionally, there were insufficient resources (human resource was insufficient in quantity and PONED untrained in quality, facilities were under the minimum standard requirement, equal distance from the community to primary healthcare center and hospital, no specific budget for PONED program). Disposition or programmer attitude was sufficient to support. Bureaucracy structure was not optimal (no PONED case report to district health office, no routine supervision from district health office and no feedback). Effectively run PONED primary healthcare centers had implemented cross program and sectoral socialization, sufficient in resources, supportive disposition/attitude of programmers.

Recommended suggestions are to improve cross sectoral roles to do socialization and marketing, to improve human resource and conduct PPGD training, allocate special budget by local government to complete the facility of PONED primary healthcare centers, to discipline reporting from primary healthcare center to district health office and to conduct intensive supervision and giving feedback by district health office to PONED primary healthcare centers in Kendal district.

**Keywords : Program implementation analysis, basic neonatal emergency  
obstetric service**

**Bibliography : 34 (1998 -2010)**