

## **ABSTRAK**

**Bambang Dwiposuwignyo**

**Analisis Implementasi Kebijakan Pemberantasan Sarang Nyamuk (PSN) di Puskesmas dalam Upaya Pengendalian Demam Berdarah (DBD) di Wilayah Kerja Dinas Kesehatan Kabupaten Jepara Tahun 2010**

**xvii + 400 halaman + 50 tabel + 5 gambar + 4 lampiran**

Penyakit Demam Berdarah Dengue (DBD) merupakan masalah kesehatan masyarakat di Indonesia. Hingga saat ini *Incidence Rate* (IR) DBD cenderung meningkat dan Kejadian Luar Biasa (KLB) masih sering terjadi di berbagai daerah setiap tahun, termasuk di Kabupaten Jepara. Penyakit DBD belum dapat dikendalikan secara optimal. Berbagai kebijakan PSN telah diimplementasikan untuk penanggulangan DBD di wilayah kerja Dinas Kesehatan Kabupaten Jepara, namun kasus DBD di Kabupaten Jepara tetap tinggi. Menurut George Edwards III keberhasilan implementasi suatu kebijakan ditentukan oleh 4 faktor yaitu: komunikasi, sumber daya, disposisi, dan struktur birokrasi.

Penelitian ini bertujuan untuk menjelaskan implementasi kebijakan pemberantasan sarang nyamuk di puskesmas dan faktor yang mempengaruhi dalam upaya pengendalian DBD di wilayah kerja Dinas Kesehatan Kabupaten Jepara tahun 2010.

Hasil penelitian didapatkan perbedaan antara kelompok puskesmas yang berhasil program PSN-nya dan puskesmas perkotaan yang kurang berhasil program PSN-nya dengan puskesmas yang kurang berhasil program PSN-nya menyangkut : penyampaian informasi program PSN, kuantitas dan kualitas ketersediaan SDM, kemauan, keinginan kepala puskesmas dalam melaksanakan program PSN di wilayah kerjanya, sikap yang ditunjukkan kepada masyarakat untuk pelaksanaan PSN, pembentukan tim PSN-DBD puskesmas, pembagian tugas dalam tim, kinerja tim PSN puskesmas, hubungan intra dan ekstra organisasi. Dimana kelompok pertama rata-rata bagus sedangkan kelompok kedua rata-rata kurang bagus. Keberhasilan implementasi kebijakan PSN pada puskesmas yang berhasil program PSN-nya karena penerapan keempat faktor di atas bagus. Sebaliknya kegagalan implementasi kebijakan PSN pada puskesmas yang kurang berhasil program PSN-nya karena penerapan keempat faktor di atas kurang bagus. Khusus untuk puskesmas perkotaan, kegagalan implementasi kebijakan PSN karena pengaruh karakteristik masyarakat kota yang sangat sibuk dengan aktivitas kesehariannya dan kondisi struktur bangunan tempat tinggal masyarakat perkotaan yang sulit dijangkau pada pelaksanaan PSN.

Perlu segera dilakukan perbaikan kinerja kebijakan di tingkat Dinas Kesehatan Kabupaten dan puskesmas dalam upaya mewujudkan keberhasilan implementasi kebijakan PSN di puskesmas untuk akselerasi penurunan Incidence Rate DBD di Kabupaten Jepara di waktu mendatang.

Kata kunci : Implementasi Kebijakan, Pemberantasan Sarang Nyamuk (PSN), Faktor Komunikasi, Sumber Daya, Disposisi, Struktur Birokrasi.

Kepustakaan : 32 (1997-2010)

## **ABSTRACT**

**Dwiposuwignyo, B.**

**The Analysis of Policy Implementation on Eradication of Mosquito Breeding Place at Primary Healthcare Center to Control Dengue Hemorrhagic Fever in Jepara District Health Office, 2010**

**xvii + 400 pages + 50 tables + 5 pictures + 4 enclosures**

Dengue hemorrhagic fever (DHF) was a public health problem in Indonesia. Incidence rate of DHF tended to increase recently and outbreaks occurred frequently in many areas every year including in Jepara district. DHF had not been able to be controlled optimally. Many policies of mosquito breeding place eradication were implemented to control DHP in the working area of Jepara district health office but DHF cases were still high. According to George Edwards III, success of implementation of policies was determined by 4 factors namely; communication, human resource, disposition and bureaucracy structure.

Objective of this study was to explain the implementation of mosquito breeding place eradication (MBPE) policy in primary healthcare center and factors affecting the control of DHF in the working area of Jepara district health office in the year of 2010.

Results of the study showed the difference between group of primary healthcare centers that succeeded in implementing MBPE program and group of primary healthcare centers in the city that were less successful in implementing MBPE program. Those differences were concerning: passing MBPE program information, quantity and quality of available human resources, willingness, willingness of heads of primary healthcare centers to implement MBPE in their working areas, attitude shown to community for MBPE implementation, primary healthcare center DHF-MBPE team building, job assignment in the team, primary healthcare MBPE team work performance, internal and external organizational relationships. The first group was, on average, good and the second group was, on average, not good. Successfulness of implementation of MBPE policy in primary healthcare centers with successful MBPE program was because of good application of 4 previously mentioned factors. On the other hand, failure in implementing MBPE policy in primary healthcare centers with less successful MBPE program was because of poor application of 4 previously mentioned factors. Failure in implementing MBPE policy specifically for primary healthcare centers in the city was caused by city community characteristics influence that was very busy with their daily activities and condition of city community residence structure which was difficult to reach in implementing MBPE.

It is important to immediately improve working performance of policy team at district health office and primary health center level in order to reach success in implementing MBPE policy in the primary healthcare center. It will accelerate the decrease of DHF incidence rate in Jepara district in the future.

**Key words** : Policy implementation, mosquito breeding place eradication, communication factor, resource, disposition, bureaucracy structure

Bibliography : 32 (1997 – 2010)