

## **ABSTRAK**

**Elzina Dina De Fretes**

**Analisis Pelaksanaan Program Kemitraan Bidan dan Dukun Ditinjau dari Aspek Input, Proses dan Output di Wilayah Dinas Kesehatan Kabupaten Fakfak Provinsi Papua Barat  
xv + 161 halaman + 5 tabel + 9 gambar + 28 lampiran**

Jumlah tenaga bidan di kabupaten Fakfak tahun 2012 adalah 108 orang, jumlah dukun bersalin 191 orang, yang terlatih 79(41%) dan tidak terlatih 112 (59%). Jumlah dukun lebih banyak dari bidan menyebabkan masih tingginya peran dukun dalam pertolongan persalinan. Cakupan persalinan nakes belum mencapai target. Penelitian ini bertujuan untuk menganalisis pelaksanaan program kemitraan bidan dan dukun ditinjau dari aspek input, process dan output di wilayah kerja Dinas Kesehatan Kabupaten Fakfak. Jenis penelitian adalah kualitatif yang disajikan secara deskriptif eksploratif melalui wawancara mendalam. Subjek penelitian adalah bidan dan dukun yang bermitra. Data dikumpulkan dengan teknik wawancara mendalam. Pengolahan dan analisis data menggunakan analisis isi. Hasil penelitian ditinjau dari aspek *Input* : 1) Tenaga pelaksana, pengetahuan yang dimiliki oleh bidan dan dukun baru sebatas pada kerjasama dalam menolong persalinan.; 2) Alokasi dana khusus program belum disediakan, saat ini menggunakan dana BOK namun belum mencukupi; 3) Sarana khusus program belum ada, saat ini menggunakan sarana prasarana puskesmas dan polindes namun mengalami keterbatasan. Ditinjau dari aspek *Process* 1) Perencanaan program, bidan dan dukun melakukan pendataan bumil, bulin, bufas dan jumlah dukun; 2) Pelaksanaan belum berjalan baik karna bidan yg selalu tidak berada ditempat bila dihubungi oleh dukun dan akses yang sulit. Sosialisasi lintas sektor (Toma dan Toga) dan magang dukun belum dilakukan karena keterbatasan dana; 3) Tidak dilakukan pencatatan dan pelaporan khusus kegiatan kemitraan, selama ini menggunakan format yang ada di laporan KIA. Aspek *Output* masih terdapat 195 (89%) dukun belum bermitra dari 219 dukun yang ada, cakupan K1, K4 dan persalinan oleh tenaga kesehatan dari tahun 2011 ke 2012 cenderung menurun.

Saran bagi DKK dan Puskesmas untuk mengupayakan tetap berlangsungnya kemitraan dengan dukungan seluruh aspek diantaranya rekrutment tenaga bidan, ketersediaan sarana prasarana, dana serta sosialisasi kepada tokoh masyarakat, dan membiayai anak atau cucu dari dukun untuk mengikuti pendidikan bidan.

Kata Kunci : Program Kemitraan Bidan Dukun, *Input*, *Process* dan *Output*

## ABSTRACT

**Elzina Dina De Fretes**

**Implementation Analysis of the Partnership Program between Midwives and Traditional Birth Attendants viewed from the Aspects of Input, Process, and Output at Fakfak District Health Office in Province of West Papua**

**xv + 161 pages + 5 tables + 9 figures + 28 enclosures**

Number of midwives in Fakfak District in 2012 was 108 persons. Number of Traditional Birth Attendants (TBAs) was 191 persons consisted of 79 (41%) trained TBAs and 112 (59%) untrained TBAs. The TBAs had an important role in delivery process because number of them was higher than number of midwives. Therefore, coverage of delivery process helped by health workers had not achieved the target. This research aimed to analyze the implementation of the partnership program between midwives and TBAs viewed from the aspects of input, process, and output at Fakfak District Health Office.

This was qualitative research with descriptive-explorative approach by conducting indepth interview. Subjects were midwives and TBAs who had been partnering. Data were analysed using a content analysis.

The input aspect showed that: 1) Implementers, midwives and TBAs only knew partnership in helping delivery; 2) Specific allocation funds for the program was not available. The funds was from Operational Support for Health but it was still not sufficient; 3) Specific means for the program was not available. The current means is from health center and village polyclinic but it is still limited. Furthermore, the process aspect revealed that: 1) Program planning, midwives and TBAs collected data of pregnant women, maternal, postpartum women, and number of TBAs; 2) The implementation was not good because midwives were not available when needed by TBAs and there was difficult to access. Socialization for cross-program (community leaders and religious leaders) and internship for TBAs had not been done yet due to insufficient fund; 3) Recording and reporting especially about partnership activities had not been done yet and only used a form on a Maternal and Child Health report. Regarding the output aspect, as many as 195 (89%) from 219 TBAs had not been partnered. Coverage of K1, K4, and delivery process helped by health workers from 2011 to 2012 decreased gradually.

As a suggestion, District Health Office and Health Center need to maintain partnership by recruiting midwives, providing means, allocating fund, socializing to community leaders, and funding TBAs' daughter or grandchild to study midwifery.

**Key Words** : Partnership Program between Midwives and TBAs, Input, Process, Output