**Universitas Diponegoro**

**Fakultas Kesehatan Masyarakat**

**Program Magister Ilmu Kesehatan Masyarakat**

**Konsentrasi Administrasi dan Kebijakan Kesehatan**

**Minat Manajemen Kesehatan Ibu dan Anak**

**2013**

**ABSTRAK**

**Agnis Sabat Kristiana**

**Analisis Pencapaian Standar Pelayanan Minimal Bidang Kesehatan (SPM-BK) Cakupan Pelayanan Nifas Di Kota Semarang**

**xv + 138 halaman + 14 tabel + 6 gambar + 18 lampiran**

Cakupan pelayanan nifas Kota Semarang selama tiga tahun terakhir selalu berada di bawah target nasional dan rata-rata pencapaian Provinsi Jawa Tengah. Trend pencapaian cakupan pelayanan nifas berdasarkan Pencapaian SPM-BK Kabupaten/ Kota tiga tahun terakhir, cakupan pelayanan nifas Kota Semarang masih berada di bawah target nasional (90%) dan menduduki peringkat paling rendah sesuai rata-rata pencapaian Provinsi Jawa Tengah. Tujuan penelitian ini untuk menganalisis pencapaian SPM-BK cakupan pelayanan nifas di Kota Semarang

Desain penelitian ini adalah eksplanatif analitik dengan rancangan kualitatif. Informan utama adalah bidan pelaksana yang dipilih dari puskesmas dengan sesuai dengan capaian cakupan pelayanan nifas dan jarak puskesmas ke kota. Data dikumpulkan dengan teknik wawancara mendalam. Pengolahan dan analisis data menggunakan analisis isi.

Hasil penelitian menunjukkan pencapaian SPM-BK cakupan pelayanan nifas: 1) pencapaian SPM-BK cakupan pelayanan nifas masih belum sesuai standar, 2) komunikasi cenderung kurang dalam aspek transmisi, konsistensi dan kejelasan, 3) standar dan sasaran kebijakan cenderung kurang 4) belum adanya SOP pelayanan nifas, bentuk tanggung jawab oleh bidan dan mekanisme pelaporan kepada bidan coordinator dan kepala puskesas, 5) sikap bidan dalam pelaksanaan cenderung kurang, 6) jumlah SDM antara 1-6 orang bidan dengan pendidikan terakhir DIII Kebidanan, masih ada kekurangan sarana dan prasarana serta dana 6) terdapat pengaruh lingkungan sosial, ekonomi dan politik, 7) hambatan yang dominan adalah komunikasi/ sosialisasi antar organisasi.

Dari hasil penelitian disarankan untuk melakukan sosialisasi secara spesifik tentang cakupan pelayanan nifas kepada bidan dan pemerintah setempat, melakukan kunjungan rumah, melakukan pengaturan beban kerja tenaga kesehatan puskesmas, melakukan kerjasama dengan pemerintahan setempat, membuat SOP pelayanan nifas.

Kata Kunci : Implementasi, SPM-BK, Cakupan Pelayanan Nifas

Pustaka : 47 (1997-2012)

**Diponegoro University**

**Faculty of Public Health**

**Master’s Program in Public Health**

**Majoring in Health Policy Administration**

**Sub Majoring in Maternal and Child Health Management**

**2013**

**ABSTRACT**

**Agnis Sabat Kristiana**

**Achievement Analysis of Minimum Standards of Health Services concerning Postpartum Care Coverage in Semarang City**

**xiv + 138 pages + 14 tables + 6 figures + 18 enclosures**

Postpartum care coverage in Semarang City during the past three years was beneath a national target and beneath average of achievement in Central Java. In addition, the postpartum care coverage on the basis of minimum standards of health services in Semarang City in the same period was below the national target (90%) and occupied the lowest position in Central Java. This research aimed to analyze the achievement of Minimum Standards of Health Services concerning Postpartum Care Coverage in Semarang City.

This was analytical explanatory research with qualitative design. Main informants were midwives selected from health centers based on achievement of postpartum care coverage and distance between health centers and city. Data were collected using a method of indepth interview. Furthermore, data were analyzed using a method of content analysis.

The results of this research were as follows: 1) postpartum care coverage on the basis of minimum standards of health services had not been in accordance with the standard; 2) there was not good communication in terms of the aspects of transmission, consistency, and clarity; 3) a standard and a policy tended to bad; 4) there was no Standard Operating Procedure of postpartum care services, no reporting procedure from midwives to midwife coordinators and heads of health centers; 5) midwives’ attitude tended to bad; 6) number of midwives was 6 persons, the highest degree was D-III in Midwifery, and means and fund were still not sufficient; 7) there were any influences of social environment, economics, and politics; and 8) communication/socialization were the dominant barriers.

As a suggestion, providing information about postpartum care coverage needs to be done to midwives and a local government. In addition, midwives needs to do home visit. Workload of health workers at health centers needs to be rearranged. Cooperation with local government also needs to make and Standard Operating Procedure needs to be made.

Key Words : Implementation, Minimum Standards of Health Services,

 Postpartum Care Coverage

Bibliography : 47 (1997-2012)