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**Konsentrasi Administrasi dan Kebijakan Kesehatan**

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**ABSTRAK**

**Titik Kurniawati**

**Evaluasi Pelaksanaan Program Jaminan Persalinan (Jampersal) oleh Bidan Puskesmas di Kota Semarang Tahun 2012**

**xiii + 88 halaman + 11 tabel + 5 gambar + 23 lampiran**

Berdasarkan data Dinas Kesehatan jumlah kematian ibu di Kota Semarang dapat dilihat 3 tahun berturut-turut yaitu tahun 2010 terdapat 19 kasus (73,79%) dari 25.746 kelahiran hidup, tahun 2011 terjadi kenaikan yaitu menjadi 31 kasus (119,91%) dan pada tahun 2012 mengalami penurunan yaitu sebanyak 22 kasus (80,06%). Data PWS laporan KIA Dinas Kesehatan Kota Semarang tahun 2011 cakupan program KIA yang menjadi indikator keberhasilan pencapaian program Jampersal, yang mencapai target K1 yaitu 22 Puskesmas (59,46%), cakupan K4 sebanyak 16 Puskesmas (43,24%), persalinan yang ditolong oleh tenaga kesehatan sebanyak 30 Puskesmas (81,08%), persalinan resiko tinggi yang ditolong oleh tenaga kesehatan sebanyak 27 Puskesmas (72,97%). Program Jampersal di Dinas Kesehatan Kota Semarang telah dilaksanakan pada tahun 2011, namun masih minimnya pemanfaatan dana Jampersal yaitu tahun 2011 sebesar 42,48 % dan tahun 2012 sebesar 35,40%. Tujuan penelitian yaitu untuk menganalisa pelaksanaan program jaminan persalinan di Kota Semarang Tahun 2012.

Desain penelitian kualitatif yang disajikan secara deskriptif eksploratif melalui wawancara mendalam. Subjek penelitian adalah informan utama adalah bidan koordinator dan informan triangulasi dengan pengelola program jampersal di puskesmas, dinas kesehatan, rsud, dan pasien jampersal, dengan analisis data menggunakan analisis isi.

Hasil penelitian dari aspek *output* cakupan pada kinerja program sebagian besar yaitu 75% belum mencapai target yaitu kunjungan pelayanan nifas lengkap, mayoritas masuk dalam kategori kinerja program baik (62,16%) dan serapan dana rendah (94,6%), aspek proses pencatatan rutin dibuat namun pelaporan belum rutin setiap bulan dan aspek *input* sebagian besar puskesmas masih merasa kurang dari SDM yaitu kuantitas dan kualitas bidan pelaksana. Saran bagi dinas kesehatan supaya diadakan evaluasi ulang tentang efektifitas program jampersal.

Kata Kunci : Program Jaminan Persalinan (Jampersal), *Input, Process* dan *Output*.

Kepustakaan : 35 (1997-2011)

**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**

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**ABSTRACT**

**Titik Kurniawati**

**Evaluation of Maternity Insurance Program Implementation by Midwives at Health Center in Semarang City in 2012**

**xiii + 88 pages + 11 tables + 5 figures + 23 enclosures**

Based on data obtained from Semarang City Health Office, Maternal Mortality Rate in Semarang during the past three years in 2010, 2011, and 2012 respectively was 19 cases (73.79%), 31 cases (119.91%), and 22 cases (80.06%) from 25,746 live births. In addition, data of Local Area Monitoring (LAM) in terms of a Maternal and Child Health report at Semarang City Health Office in 2011 revealed that number of health centers which achieved the target of K1 coverage was 22 health centers (59.46%), K4 coverage was 16 health centers (43.24%), delivery process assisting by health workers was 30 health centers (81.08%), and high-risk delivery process assisting by health workers was 27 health centers (72.97%). Maternity Insurance Program had been done but utilization of funds for the program was not optimal was only 42.48% in 2011 and 35.40% in 2012. This research aimed to analyze the implementation of maternity insurance program in Semarang City in 2012.

This was qualitative research with descriptive-explorative methods. Data were collected using indepth interview. Main informants were coordinator midwives. Informants for triangulation purpose were the program implementer of maternity insurance at health centers, health office and public hospital, and patients of the program. Furthermore, data were analyzed using content analysis.

The result of this research revealed that viewed from the output aspect of the program performance, complete postpartum care visits had not achieved the target yet (75%), most of the program performance was good (62.16%), and utilization of funds was low (94.6%). In addition, a process of recording was regularly done but a monthly report had not been routinely submitted. Viewed from the input aspect, most of the health centers did not have sufficient resources, particularly in terms of the quantity and quality of midwives. As a suggestion, health office needs to re-evaluate effectiveness of the maternity insurance program.

Key Words : Maternity Insurance Program, Input, Process, and Output

Bibliography : 35 (1997-2011)