

**ABSTRAK**

**Nopita Cahyaningrum**

**Evaluasi Sistem Pencatatan dan Pelaporan Kesehatan Ibu dan Anak  
pada SIKDA di Dinas Kesehatan Kota Surakarta  
xix + 124 halaman + 19 tabel + 3 gambar + 11 lampiran**

Sistem Informasi Kesehatan Daerah (SIKDA) adalah sebuah model Sistem Informasi Kesehatan yang terintegrasi yang diharapkan dapat berguna secara efektif sebagai alat komunikasi pengelola data/informasi di daerah. SIKDA sejak tahun 2012 sampai tahun 2017 belum maksimal. Laporan yang dihasilkan puskesmas dikirim ke DKK menggunakan email atau dikirim langsung ke DKK dengan *flesdisk* dan *Print Out* laporan. Verifikasi laporan KIA oleh DKK belum rutin dilaksanakan. Laporan yang dikirimkan ke kementerian diketik ulang sehingga ada kemungkinan kesalahan dalam pengetikan dan akurasi data rendah yang berhubungan dengan *output* data KIA Surakarta yang dilaporkan ke kementerian. Oleh karena itu perlu adanya evaluasi lebih lanjut untuk memperbaiki sistem pencatatan dan pelaporan KIA pada SIKDA di Dinas Kesehatan Kota Surakarta. Tujuan Penelitian ini untuk menganalisa sistem pencatatan dan pelaporan KIA pada SIKDA di DKK Surakarta.

Penelitian ini adalah penelitian kualitatif. Metode pengumpulan data menggunakan wawancara mendalam, dan pengamatan langsung pelaksanaan SIKDA. Objek yang diteliti adalah Sistem Pencatatan dan Pelaporan KIA pada SIKDA di DKK Surakarta. Informan utama adalah Kepala Seksi SIMKES, Staff Seksi SIMKES, Koordinator SIK di 6 Puskesmas. Informan triangulasi adalah Kepala Seksi KIA dan Bidan Koordinator di 6 Puskesmas.

Hasil penelitian menunjukkan kompetensi Sumber Daya Manusia (SDM) perlu dilakukan peningkatan dengan pelatihan secara berkala. Data KIA bersumber dari pelayanan di puskesmas dan posyandu. Penetapan kebijakan operasional yang tegas dan sanksi keterlambatan pengiriman laporan ke DKK. Penyimpanan data KIA dengan *soft copy* dan *hard copy*. Data yang dihasilkan sudah dimanfaatkan oleh pihak puskesmas, DKK dan Masyarakat yang membutuhkan.

Disarankan agar sistem pencatatan dan pelaporan KIA pada SIKDA dapat berjalan dengan lebih baik maka perlu dilakukan peningkatan kemampuan Sumber Daya Manusia (SDM), penetapan kebijakan operasional dan pembuatan panduan operasional.

Kata Kunci : Sistem Pencatatan dan Pelaporan KIA, SIKDA  
Kepustakaan: 27 (2002-2015)

**ABSTRACT**

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**System Evaluation of Recording and Reporting Maternal and Child Health in SIKDA at Surakarta City Health Office**

**xix + 124 pages + 19 tables + 3 figures + 11 appendices**

Regional Health Information System (SIKDA) is an integrated model of Health Information System (HIS) that is expected can be effectively used as a communication tool for data manager at a regional level. SIKDA that has been implemented since 2012 until 2017 is still not optimal. A report resulted by health centres was sent to City Health Office (CHO) indirectly via email or directly in a form of a flashdisk and a printed copy. Verification of a Maternal and Child Health (MCH) report by CHO was not regular. A report sent to the Ministry was rewritten by which it was possible to make a mistake in typing. In addition, accurateness of data related to the output of MCH data that were reported by CHO to the Ministry was low. Therefore, there needs to evaluate for improving system of recording and reporting MCH in SIKDA at Surakarta CHO. This study aimed at analysing system of recording and reporting MCH at Surakarta CHO.

This was a qualitative study. Data were collected by conducting indepth interview and direct observation to the implementation of SIKDA. Object of this research was system of recording and reporting MCH in SIKDA at Surakarta CHO. Main informants consisted of head of SIMKES section, staff of SIMKES section, and coordinator of HIS at six health centres. Meanwhile, informants for triangulation consisted of head of MCH section, and coordinator midwives at six health centres.

The results of this research showed that competency of human resource needed to be improved by conducting training periodically. Data of MCH were obtained from services at health centres and integrated service posts. Determination of operational policy was assertive. Lateness in delivering a report to CHO was punished. Data of MCH were saved in a form of softcopy and hardcopy. Resulted data had been utilised by health centres, CHO, and people who needed them.

In order to improve system of recording and reporting MCH in SIKDA, competency of human resource needs to be improved, operational policy needs to be determined, and operational guideline needs to be arranged.

**Keywords** : System Of Recording And Reporting MCH, SIKDA

**Bibliography:** 27 (2002-2015).