

KOMPARASI MANAJEMEN PELAYANAN *ANTENATAL*
PUSKESMAS KENJERAN DENGAN PUSKESMAS PUCANG SEWU
KOTA SURABAYA
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ABSTRAK

Rata-rata jumlah K1 dan K4 di Puskesmas Kenjeran dari tahun 2008-2010 sebesar 38,99% dan 18,24%. Cakupan tersebut masih jauh dibawah target yang ditetapkan dan lebih rendah dari Puskesmas Pucang Sewu yaitu 93,31% dan 69,72%. Penelitian ini dilakukan untuk membandingkan manajemen program pelayanan *antenatal* di Puskesmas Kenjeran dan Puskesmas Pucang Sewu. Penelitian observasional ini dilaksanakan dengan rancangan *cross sectional*. Responden diambil dari seluruh populasi menggunakan teknik *accidental sampling*. *Indepth interview* dilaksanakan pada 18 responden yang terdiri dari seluruh petugas KIA dan kepala Puskesmas di kedua Puskesmas. Variabel penelitian yaitu proses manajemen meliputi perencanaan, pengorganisasian, penggerakan, pengendalian, evaluasi, dan output berupa cakupan pelayanan *antenatal*. Hasil penelitian menunjukkan bahwa manajemen pelayanan *antenatal* di Puskesmas Pucang Sewu lebih baik dari Puskesmas Kenjeran. Sedangkan berdasarkan hasil cakupan pelayanan *antenatal* menunjukkan bahwa kinerja Puskesmas Pucang Sewu juga lebih baik dari Puskesmas Kenjeran. Kesimpulan yang dapat ditarik adalah Puskesmas Pucang dengan manajemen program yang baik menghasilkan kinerja program pelayanan *antenatal* yang baik pula. Sedangkan Puskesmas Kenjeran dengan manajemen pelayanan *antenatal* yang buruk menghasilkan kinerja yang buruk pula. Rekomendasi terhadap manajemen pelayanan *antenatal* di Puskesmas Kenjeran antara lain melakukan perencanaan kebutuhan bidan dan dokumen berdasarkan kebutuhan pelayanan serta dengan menyediakan “*buffer stock*” untuk dokumen. Dalam proses penempatan pegawai sebaiknya dilakukan berdasarkan kesepakatan bersama serta dengan mengadakan kegiatan khusus untuk meningkatkan hubungan dan motivasi ibu hamil. Meningkatkan kerja sama di antara bidan dalam memberikan pelayanan dan meningkatkan kompetensi

kader. Melakukan *health education* di luar waktu pelayanan ibu hamil, segera melakukan pencatatan setelah pelayanan selesai dan melakukan kegiatan penyuluhan dan rujukan ibu hamil sebagai salah satu tindak lanjut dari hasil evaluasi.

Kata kunci: manajemen, pelayanan *antenatal*, kinerja



ABSTRACT

The coverage number of K1 and K4 in Puskesmas Kenjeran on 2008-2009 was about 38,99% and 18,24%. It was still under the target and lower than Puskesmas Pucang Sewu for about 93,31% and 69,72%. The objective of the study was to compare antenatal care's management in Kenjeran Public Health Center and Pucang Sewu Public Health Center.

This was a cross sectional study with an observational approach. Respondents were selected from the whole of population by accidental sampling. In depth interviews were conducted to 18 respondents which consist of midwives and the directors in both public health center. The variables were management process include planning, organizing, actuating, controlling, and evaluating. The study showed antenatal care's management in Pucang Sewu Public Health Center was better than Kenjeran Public Health Center. Moreover, the antenatal care coverage based on the results of both indicated that the performance of Pucang Sewu Public Health Center also better than Kenjeran Public Health Center. The conclusion could be drawn was Pucang Sewu Public Health Center with a good management produced a good performance of good antenatal care programs as well. While Kenjeran Public Health Center with bad antenatal care management, performance was also bad. The recommendations could be held such as doing midwife and document plan based on antenatal care's needed by buffer stock document. Workers organizing should be based on a collective agreement, special activity should be held to improve maternal relationship and motivation, "kader" skills and midwife cooperation should be increased while they have been doing antenatal care. Health education could be held outside the antenatal care, and the result of examination should be written as soon as possible even the examination was ended, and also health promotion and maternal referral as a follow up of evaluation result.

Key words: management, antenatal care, performanc

