

## RINGKASAN

Sejak dilaksanakan Kebijakan Otonomi Daerah sampai saat ini setidaknya telah menghasilkan berbagai perubahan dalam struktur dan tata pemerintahan di Indonesia, dan berimplikasi luas terhadap berbagai sektor kehidupan masyarakat serta pola implementasi desentralisasi bidang kesehatan. Kebijakan otonomi daerah telah membawa perubahan dan pergeseran peran dan fungsi pemerintah daerah khususnya dalam desentralisasi sistem kesehatan dan hal ini berkorelasi terhadap kewenangan daerah untuk melaksanakan Standar Pelayanan Minimal Bidang Kesehatan khususnya program penanggulangan gizi buruk yang akhir-akhir ini merebak sangat cepat. Sesungguhnya otonomi daerah merupakan peluang dalam percepatan pencapaian program kesehatan dan penanggulangan gizi buruk karena dengan desentralisasi berarti meningkatkan pemerataan dan kualitas pelayanan, meningkatkan efisiensi dan efektivitas program, namun dalam mengimplementasikannya menghadapi kendala sumberdaya, pengorganisasian, keterbatasan keuangan, fasilitas dan kebijakan kepala daerah, maka fenomena yang terjadi sebagai akibat perubahan-perubahan berbagai kebijakan di era otonomi daerah itu bisa diabstraksikan pada kasus implementasi kebijakan penanggulangan gizi buruk di Kabupaten Sampang.

Dengan menggunakan metode deskriptif kualitatif untuk mengelaborasi implementasi kebijakan dan didukung oleh data observasi untuk mengetahui respon masyarakat terhadap perubahan kebijakan penanggulangan gizi buruk serta faktor-faktor yang mempengaruhi implementasinya, selanjutnya dapat dikemukakan berbagai temuan yang ada.

Implementasi kebijakan penanggulangan gizi buruk ini menunjukkan bagaimana perumusan kebijakan ini belum sepenuhnya mendapatkan perhatian pemerintah daerah, terbukti bahwa dalam penyusunan tujuan kebijakan telah melibatkan semua pihak, namun dalam pelaksanaannya sektor lain belum memberikan dukungan yang maksimal, karena mereka menganggap masalah kesehatan adalah tugas utama Dinas Kesehatan.

Persepsi dan sikap pelaksana kebijakan dari tingkat dinas kesehatan dan puskesmas sudah memiliki persepsi yang sama terhadap isi kebijakan yang telah ditetapkan, namun komitmen untuk melaksanakannya masih lemah, karena dipengaruhi oleh kebiasaan lama yaitu hanya sebatas menyelesaikan pertanggungjawaban dan rutinan menyusun laporan saja, jadi kurang kreatif untuk menterjemahkan kebijakan tersebut.

Dalam pengelolaan penanggulangan gizi buruk telah disusun struktur organisasi yang baik, sudah ada pendelegasian wewenang serta koordinasi yang memadai antar unit kerja dan telah ada petunjuk teknis yang jelas.

Sumber daya manusia di tingkat kabupaten dan puskesmas sebagai pelaksana kebijakan telah memadai baik dari segi pendidikan teknis gizi maupun dari segi kemampuan untuk mengelola program, tetapi dukungan dana, sarana dan prasana untuk biaya implementasi kebijakan masih kurang, sehingga membutuhkan bantuan dari pemerintah provinsi ataupun pemerintah Pusat.

Komunikasi antar pelaksana kebijakan ataupun dengan unit organisasi lain seperti LSM, masih kurang efektif, karena lebih banyak menggunakan sistem hirarkhi dan komunikasi formal, sedangkan komunikasi informal yang bersifat kemitraan masih kurang intensif.

Respon masyarakat sebagai sasaran kebijakan penanggulangan gizi buruk ini masih kurang puas terhadap layanan yang diberikan pihak puskesmas, yaitu sebanyak 66,7 % responden menyatakan kurang puas terhadap layanan program penanggulangan gizi buruk, hal ini dipengaruhi oleh tingkat kemampuan pelaksana kebijakan dan juga latar belakang sosial budaya masyarakat sendiri yang juga relatif rendah.

Diharapkan hasil temuan ini dapat dimanfaatkan oleh semua pihak yang terkait dalam penyusunan dan implementasi program penanggulangan gizi buruk, sehingga kebijakan tersebut dapat tercapai secara efektif dan efisien.

Untuk meningkatkan pencapaian implementasi penanggulangan gizi buruk, maka perlu dikembangkan komitmen yang kuat dari pemerintah daerah dan kecukupan dana serta dapat melibatkan semua sektor, pemerintah, masyarakat dan dunia usaha dengan prinsip kemitraan secara berkesinambungan.



## SUMMARY

Since autonomous area policy is implemented to produce various change in structure and governance arrangement in Indonesia, and has the inde implication to various sector of life society and also the implementation of decentralized in field of health. Autonomous area policy has brought some changes and role friction and function of local government especially in decentralization system in the field of health and it is related with local authority to implement minimum service standard (SPM) in the field of health especially in the treatment of severe malnutrition which is indesprend quickly. Infact, autonomous policy is a good oppurtunity in acceleration and attainment of medicare and the treatment of severe malnutrition because decentralization means that improving equality and service quality, improving efesiensi and effectiveness program. But during its implementation, there are some constrant such as human resource, organization, limited finance, facility and regional leader policy. So, the phenomenon that happened as effect of various change in autonomous area policy can be abstracted in the policy implementation of severe malnutrition treatment in Sampang.

By using qualitative descriptive method to elaborate the policy implementation and supported by observation data to know society respon of the change in severe malnutrition treatment and also the factors which influence its implementation, more over it can be proposed the various things.

The implementation of severe malnutrition treatment shows how this policy formulation does not get fully attention yet from local government. It can be proved from formulation of policy target which involves all sides, but in its implementaion, the other sectors don't give maximal support yet. It is because of their assumption that health problem is main duty of health department.

Perception and attitude of policy executur from health department level until public health service have same perception of health the policy content has been decided, but the commitment is still weak. It is influenced by old habit, that is only limited responbility and routinous report, they are less creativity to translate the policy.

In management of severe malnutrition treatment has been compled a good organization chart, there is delegated authority and adequate coordination in work unit and also clear tehcnical guide.

Human resource in district level and public health service as policy executur has adequate condition in educational background aspecially nutritional, and also good ability to manage the program. But anformately, finance support, lock of facilities and instruments find, so it requires both of local province and central government help.

Communication of policy executur withother organizational unit like NGO is still ineffective. It is because of using hierarchy system and formally communication. Whereas, informal communication having the character of partner is still less intensive.

Society respon as the target of severe malnutrition treatment is still insatisfied. It comes from the answers of Puskesmas user 66,7 % of respondens express insatisfied to severe malnutrition treatment program. It can be influenced by lack of ability executor policy and social culture society is under condition.

It is expected that the result of this finding can be exploited by all related side/sectors in implementation and compilation of severe malnutrition treatment, so that policy can be reached effectively and effisien

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## ABSTRACT

### **The Policy Implementation of Severe Malnutrition Treatment in Sampang 2004**

Since autonomous area policy is implemented to produce various change in structure and governance arrangement in Indonesia, and has the inde implication to various sector of life society and also the implementation of decentralized in field of health. Autonomous area policy has brought some changes and role friction and function of local government especially in decentralization system in the field of health and it is related with local authority to implement minimum service standard (SPM) in the field of health especially in the treatment of severe malnutrition which is indesprend quickly. Infact, autonomous policy is a good oppurtunity in acceleration and attainment of medicare and the treatment of severe malnutrition because decentralization means that improving equality and service quality, improving efesiensi and effectiveness program. But during its implementation, there are some constrant such as human resource, organization, limited finance, facility and regional leader policy. So, the phenomenon that happened as effect of various change in autonomous area policy can be abstracted in the policy implementation of severe malnutrition treatment in Sampang.

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**Keywords :** implementation, policy, Minimize standard of services health, severel malnutrition