

**PROGRAM STUDI KESEHATAN MASYARAKAT
PASCASARJANA, UNIVERSITAS ANDALAS**

**Tesis, September 2012
ELNI SARI, BP.1021219009
ix + 125 halaman, 7 tabel, 23 lampiran**

ABSTRAK

Klinik sanitasi merupakan salah satu program yang sangat relevan dalam pelaksanaan pembangunan kesehatan, karena dalam klinik sanitasi dilakukan pelayanan secara integrasi dalam hal penanganan penyakit secara preventif dan kuratif terhadap penyakit-penyakit berbasis lingkungan. Paradigma sehat pembangunan kesehatan lebih ditekankan pada upaya *promotive-preventif* dibanding upaya *kuratif-rehabilitatif*. Tujuan penelitian ini menganalisis sumber daya organisasi dalam pelaksanaan program klinik sanitasi puskesmas di wilayah kerja Dinas Kesehatan Kabupaten Padang Pariaman Tahun 2012.

Penelitian ini menggunakan metode penelitian kualitatif. Pengumpulan datanya didapat dengan mewawancarai 13 informan dan 3 kelompok FGD mengenai kebijakan, sumber daya manusia, dana, metode, dan sarana prasarana, perencanaan, pengorganisasian, pelaksanaan, pemantauan dan penilaian / evaluasi) dalam pelaksanaan program klinik sanitasi puskesmas di wilayah kerja Dinas Kesehatan Kabupaten Padang Pariaman.

Hasil penelitian ini menunjukkan kebijakan pelaksanaan program klinik sanitasi puskesmas berpedoman pada petunjuk pelaksana dan petunjuk teknis program klinik sanitasi dari Depkes RI. Tenaga pengelola dan pendukung program klinik sanitasi puskesmas sebagian besar belum mendapatkan pelatihan tentang klinik sanitasi, sehingga sebagian tenaga pendukung kurang memahami program klinik sanitasi, dan kekurangan tenaga menyebabkan banyak yang memiliki tugas rangkap. Dana kegiatan selalu dianggarkan tetapi tidak teralokasi. Metode yang dipakai sesuai dengan standar prosedur operasional program klinik sanitasi puskesmas. Kelengkapan sarana penunjang pelaksanaan program klinik sanitasi puskesmas, masih kurang dan belum memadai untuk seluruh puskesmas. Perencanaan belum dilaksanakan secara terpadu baik dengan lintas program maupun dengan lintas sektor. Pengorganisasian strukturnya belum terbentuk. Pelaksanaan program klinik sanitasi puskesmas, belum terlaksana dengan optimal. Pemantauan dan penilaian program klinik sanitasi puskesmas, belum terlaksana dengan optimal, karena hanya dilakukan oleh kepala puskesmas tanpa bimbingan dari pengelola program Dinas Kesehatan Kabupaten.

Disarankan kepada Dinkes Kab.Pd.Pariaman, agar lebih mengupayakan adanya dukungan penuh dari stakeholder (Pemda, DPRD, Bappeda) terhadap program klinik sanitasi, dengan membawa data permasalahan kesehatan lingkungan pada saat sidang anggaran di Bappeda, sehingga dana dialokasikan oleh pemda, melakukan penilaian kinerja terhadap pejabat dinkes, alasan tidak tersedianya dana untuk tidak melakukan pembinaan ke puskesmas bukan menjadi alasan utama, mengadakan pelatihan tentang klinik sanitasi bagi sanitarian dan tenaga kesehatan puskesmas yang mempunyai beban kerja sedikit di puskesmas, sehingga klinik sanitasi dapat setiap hari dibuka. Membentuk klinik sehat di puskesmas dengan menggabungkan klinik program inovatif yang ada di puskesmas, sehingga kekurangan tenaga kesehatan, tugas rangkap dan sarana prasarana serta pengorganisasian klinik di dalam gedung puskesmas dapat diatasi, memanfaatkan tenaga kesehatan untuk kegiatan klinik sanitasi, mengevaluasi kinerja pengelola klinik sanitasi setiap apel pagi,

Kepustakaan : 46 (1997-2011)

Kata Kunci : Sumber Daya Organisasi, Klinik sanitasi

**PUBLIC HEALTH PROGRAM
GRADUATE STUDIES, UNIVERSITY ANDALAS**

**Thesis, September 2012
ELNI SARI, BP.1021219009
ix + 125 pages, 7 tables, 23 appendix**

ABSTRACT

Clinic sanitation is one of the programs that are relevant in the implementation of health development, because the clinic sanitation services in the integration performed in the treatment of disease preventive and curative of diseases based environment. Health paradigm of health development with more emphasis on effort promotive-preventive than curative-rehabilitative. The purpose of this study to analyze the organization's resources in the implementation of sanitation clinics health centers in the region of Padang Pariaman District Health Office 2012.

This study used qualitative research methods. The collection of data obtained by interviewing 13 informants and FGD 3 groups on policy, human resources, funding, methods, and infrastructure, planning, organizing, implementing, monitoring and assessment / evaluation) in implementing the clinical programs of sanitation centers in the region of the District Health Office Pariaman.

The results of this study showed clinical implementation of sanitation policies clinic guided by executing instructions and technical guidance clinic sanitation program of the MOH. Power management and clinical programs supporting sanitation centers most clinics do not receive training on sanitation, so the majority of support personnel do not understand clinical program of sanitation and shortages that have caused many duplicate tasks. Funds are always activities budgeted but not allocated. The method used in accordance with standard operating procedures sanitation program clinic clinic. Completeness means of supporting the implementation of the clinical program of sanitation centers, is still lacking and inadequate for the entire clinic. Planning has not been implemented well integrated with cross-program and cross-cutting with. The organization structure is not formed. Implementation of the clinical program of sanitation centers, has not been done to the optimum. Monitoring and assessment clinic program of sanitation centers, has not been done with optimal, because it is only done by the head of the clinic without the guidance of the District Health Office program manager.

Suggested to Dinkes Kab.Pd.Pariaman, in order to more fully support the efforts of the stakeholders (government, parliament, Bappeda) to the clinic sanitation programs, with environmental health issues carry data at a budget hearing in Bappeda, so that the funds allocated by the government, to assess performance against dinkes officials, the reason for the unavailability of funds not to provide guidance to the health center is not the main reason, holding training clinics for the sanitarian sanitary and health centers that have little in clinic workload, so the clinic sanitation can be opened every day. Establishing healthy clinics in health centers by combining innovative clinical programs in the clinic, so the shortage of health workers, duplicate tasks and infrastructure as well as organizing health center clinics in the building can be overcome, utilizing health clinic for sanitation activities, sanitation clinic managers to evaluate the performance of each apple morning.

Bibliography: 46 (1997-2011)

Keywords: Organizational Resources, Clinical sanitation

