Health Sector Reform: A Case Study on Decentralization of Health Care Management in the East Java Province

Abstrak:

The objective of the study is to identify appropriate commitment among Ministry of Health and Provincial Health Office, the local health authorities (Municipal/District Health Office, and Community (NGO, Health Professionals, and Local Legislative Board-DPRD) concerning the coming decentralized health care services management in the East Java Province. Design of this study is a case study utilizing both qualitative and quantitative approaches. The qualitative approach uses In-depth Interview, Focus Group Discussion (FGD) and workshop. The quantitative approach uses survey and study documents. Respondents for the qualitative approach are key officials at Kanwil Kesehatan (Provincial Health Office) and Kandep Kesehatan and its implementing units, and key officials from Dinkes Tk.I (Provincial Health Office), Dinkes Kabupaten (Municipal/District Health Office) and their implementing Units (City Hospitals, Health Centers, Nursing School, etc.). Respondents for survey are those responsibility for data management in each administrative level Kanwil Kesehatan and Kandep Kesehatan and its Implementing Units and key officials from District Health Office, Dinkes Kabupaten (Municipal/District Health Office) and their implementing Units (City Hospitals, Health Centers, Nursing School, etc.). The result revealed that: 1. Decentralization on Health in Indonesia is a right policy and a must to be done in the year 2001, unless the development of Indonesia will be left behind among other countries in the world.; 2. There are still a couple Health Programs should be handled by Ministry of Health (MOH) namely: Public goods (Immunization, Chronic diseases, Hospital). The health programs should be decentralized as primarily private goods; 3. Community participation in health will be increased gradually in accordance with local capability (Resources: man, money, material, industry, technology, information etc.); 4. The implementation of decentralization in health, in each District or Municipal Health Office should be different and varied. It should be due to their authority, and the local competencies, i.e. economic competence, health facility availability and so on.; 5. The Health organization structure is sub-system or sub-ordinate of Government Home Affairs. It needs to create a new Sub-ordinate below the Chief of DHO or MHO, to anticipate the decentralized authority.

Keyword:

health reform, decentralization, authority of health municipal/district