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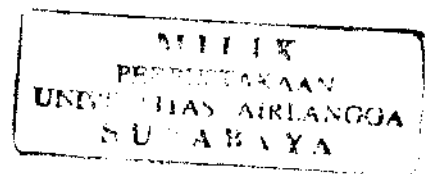
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TESIS

**KONSEP PUSKESMAS BARU DI ERA OTONOMI DAERAH
(SUATU KAJIAN DI PUSKESMAS KABUPATEN PASIR
KALIMANTAN TIMUR)**



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ABSTRACT

Objective of this research is mainly to develop a concept for new health centers within era of the regional autonomy in Pasir District, East Kalimantan. It was the observational cross sectional research in view of developing the concept for the new health centers in comply with employees and stakeholders of the health centers, the needs and expectations of community concerned with the high quality service, availability of resources in health centers and the regional authority in health filed within era of the regional autonomy.

The sample of employees are 48 people to which they were taken in systematic random sampling. Each health center was represented by two people of total 24 health centers in Pasir District. Sampel of stakeholders consisted of 6 people in line with the institution. Sample of community were composed of housewives and community leaders in kelurahan Tanah Grogot and village of Suatang Baru. Sample of community incorporated 354 people and community leaders included 15 people.

Results derived from employees, stakeholders, community and community leaders together with resources which the health centers possessed and regional authority in the health field brought about the concept of new health centers as follows : the health centers were defined as the self-generating health service unit being responsible for managing health issues within its operating area. As the self-generating service unit, authorities of the health centers included : authority in planning the activities relative to health issues in the health centers areas, in determining allocation of activities for public goods and private goods, in determining target of activities by consideration of geographical condition and resources which the health centers belonged to, as well as number of the main activities to depend upon each health centers to decide. The health centers still to provide three functioned. Operating area of the health centers was determined based on number of villages, example 6 up to 8 villages. The health staff the health centers required were health analysts, dentist and community nutritionist. The health centers would be in position of the health regency service units in district area.

The needs of community a greater part to the health centers services were common cure. The expectation of community to quality of services in the health centers that should be met including : in each visit to health centers provide service by physician or dentist, in which the health centers were expected to provide the high quality drugs and furnished the community with patent drugs. The health centers began to open and provide service at 08.00. The health centers provide service were fastly, exactly, politely and friendly. The also provided the specialist service, especially child specialist and established the Health Center Council.

Key words : the regional autonomy, health centers, the needs and expectations of community