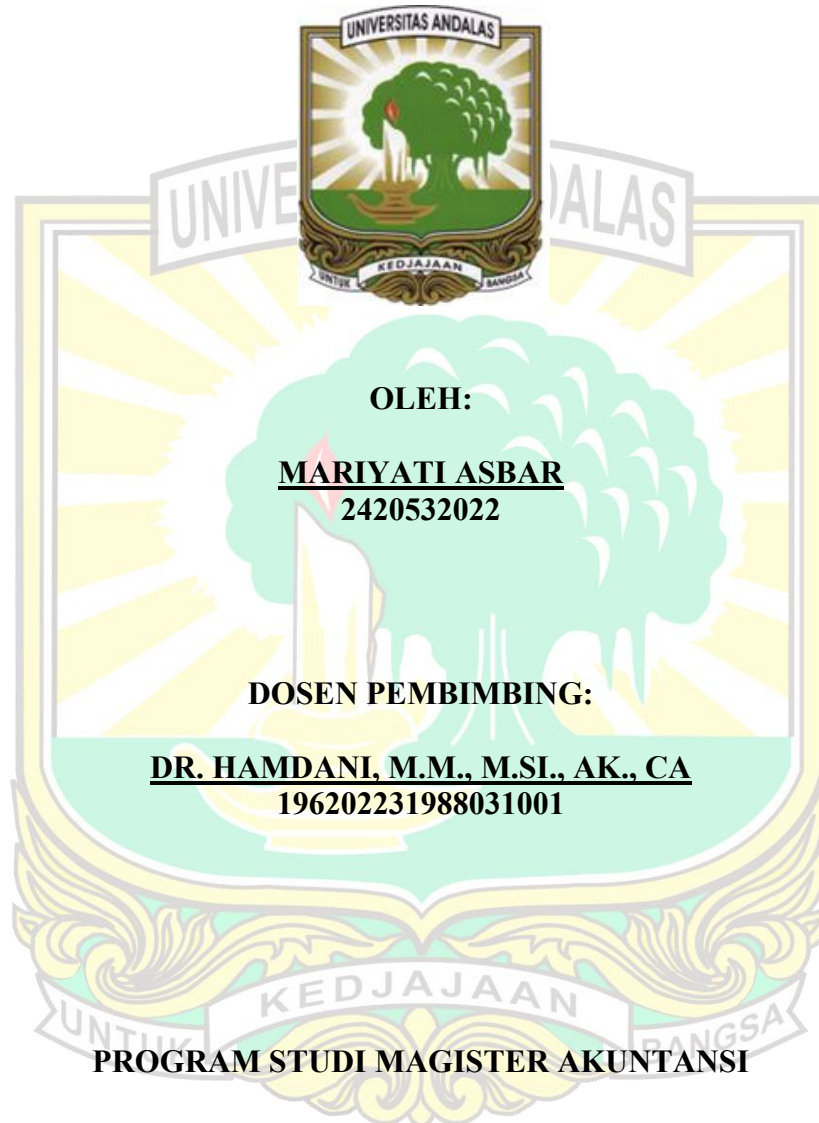


TESIS
TATA KELOLA TRANSFER ASET INFRASTRUKTUR KESEHATAN
PADA KEMENTERIAN KESEHATAN UNTUK PEMERINTAH DAERAH



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ABSTRAK

TATA KELOLA TRANSFER ASET INFRASTRUKTUR KESEHATAN PADA KEMENTERIAN KESEHATAN UNTUK PEMERINTAH DAERAH

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Latar Belakang: Kementerian Kesehatan melaksanakan penyediaan infrastruktur kesehatan kepada pemerintah daerah melalui Program *Strengthening Indonesia's Healthcare Referral Network* (SIHREN) dan Program Hasil Terbaik Cepat (PHTC) yang dibiayai melalui APBN. Aset yang dihasilkan direncanakan untuk diserahkan kepada pemerintah daerah melalui mekanisme hibah. Namun, masih terdapat hambatan administratif yang menyebabkan jeda antara penyediaan aset secara fisik dan penyelesaian pemindahtanganan secara legal, sehingga berdampak pada penatausahaan BMN, pencatatan BMD, dan akuntabilitas pengelolaan aset.

Tujuan: Penelitian ini bertujuan menganalisis tata kelola penyediaan dan transfer aset infrastruktur kesehatan, hubungan antarpemerintah antara Kementerian Kesehatan dan pemerintah daerah, serta mekanisme akuntabilitas dalam proses transfer aset.

Metode: Penelitian menggunakan pendekatan kualitatif deskriptif dengan pengumpulan data melalui wawancara mendalam, studi dokumentasi, dan observasi pada Direktorat Jenderal Kesehatan Lanjutan, Biro Pengadaan Barang dan Jasa Kementerian Kesehatan, serta Dinas Kesehatan Kota Bekasi dan Kota Bukittinggi. Analisis data dilakukan melalui kondensasi data, penyajian data, serta penarikan dan verifikasi kesimpulan dengan triangulasi.

Hasil: Penelitian menunjukkan bahwa penyediaan dan transfer aset merupakan satu siklus tata kelola yang mencakup perencanaan usulan, pengadaan aset, penatausahaan BMN, pemindahtanganan melalui hibah, pencatatan sebagai BMD, dan pemanfaatan aset oleh pemerintah daerah. Hubungan antarpemerintah mencerminkan *Overlapping Authority Model* melalui koordinasi dan ketergantungan kewenangan, sedangkan akuntabilitas diwujudkan melalui penatausahaan, verifikasi, rekonsiliasi, dan pelaporan aset. Hambatan utama meliputi keterlambatan administrasi hibah, ketidaksesuaian data dan nilai aset, keterlambatan pencatatan aset, serta belum terintegrasinya sistem informasi.

Kontribusi: Penelitian ini menunjukkan bahwa penyediaan dan transfer aset infrastruktur kesehatan merupakan proses tata kelola lintas pemerintahan yang menghubungkan pengelolaan BMN di pemerintah pusat dengan BMD di pemerintah daerah melalui koordinasi antarpemerintah dan mekanisme akuntabilitas.

Kata Kunci: Akuntabilitas, Hubungan Antarpemerintah, Infrastruktur Kesehatan, Tata Kelola, Transfer Aset.

ABSTRACT

GOVERNANCE OF HEALTH INFRASTRUCTURE ASSET PROVISION AND TRANSFER BY THE MINISTRY OF HEALTH TO LOCAL GOVERNMENTS

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Background: The Ministry of Health provides health infrastructure to local governments through the *Strengthening Indonesia's Healthcare Referral Network* (SIHREN) Program and the *Quick Win (Program Hasil Terbaik Cepat/PHTC)*, both financed through the State Budget (APBN). These programs generate assets intended to be transferred to local governments through a grant mechanism. However, administrative obstacles have created a gap between the physical completion of assets and the legal completion of the transfer process, affecting the administration of State-Owned Assets (Barang Milik Negara/BMN), the recognition of Local Government-Owned Assets (Barang Milik Daerah/BMD), and public asset accountability.

Objective: This study aims to analyze the governance of health infrastructure asset provision and transfer, examine intergovernmental relations between the Ministry of Health and local governments, and analyze accountability mechanisms in the asset transfer process.

Method: This study employed a descriptive qualitative approach. Data were collected through in-depth interviews, document analysis, and observations at the Directorate General of Advanced Health Services, the Bureau of Procurement of Goods and Services of the Ministry of Health, and the Health Offices of Bekasi City and Bukittinggi City. Data were analyzed through data condensation, data display, conclusion drawing, and verification, supported by triangulation. The analysis was guided by Wright's (1988) *Intergovernmental Relations* perspective and Bovens' (2007) accountability framework.

Results: The findings indicate that health infrastructure asset provision and transfer constitute an integrated governance cycle, covering proposal planning, asset procurement, BMN administration, transfer through grants, recognition as BMD, and asset utilization by local governments. The relationship between the Ministry of Health and local governments reflects the *Overlapping Authority Model*, characterized by coordination and mutual interdependence of authority. Accountability is implemented through asset administration, verification, reconciliation, and reporting. Major governance challenges include delays in grant administration, inconsistencies in asset data and valuation, delays in asset recognition, and the lack of integrated information systems.

Contribution: This study demonstrates that health infrastructure asset provision and transfer represent an intergovernmental governance process linking BMN management by the central government with BMD management by local governments through intergovernmental coordination and accountability mechanisms.

Keywords: *Intergovernmental Relations*; accountability; governance; asset transfer; health infrastructure.