

EVALUATION OF DRUG MANAGEMENT AT THE PHARMACY INSTALLATION UPTD OF KERINCI DISTRICT

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ABSTRACT

This research aims to analyze the evaluation of drug management at the Kerinci Regency Pharmacy Installation UPTD. The research method is qualitative. Data was obtained through in-depth interviews with community health center drug managers, IFK drug managers, and heads of the pharmacy and medical equipment sections of the Kerinci District Health Service. Data analysis was carried out using descriptive methods. The research results showed that in 2023 there were several empty medicines in the Pharmacy Installations and Community Health Centers within the scope of the Kerinci District Health Service. Furthermore, the planning process had been carried out by the Integrated Medicine Planning Team but, it was not yet optimal, the medicine procurement process had used the e-catalog method, and storage had not yet been completed. everything is alphabetical. Drug storage facilities and infrastructure were inadequate, the Pharmacy Installation room was found to be leaked, and there was an excessive accumulation of drug boxes at the Puskesmas. Drug distribution should be carried out by the Pharmaceutical Installation, not by the Puskesmas themselves. Recording and reporting are still manual, so there are often discrepancies between the amount of medicine on the stock card and the physical amount. Recording and reporting are still manual, so there are often discrepancies between the amount of the medicine on the stock card and the physical quantity. The general conclusion is that drug management at the Kerinci District Health Service Pharmacy Installation is still not running by the Indonesian Ministry of Health (2016). The Kerinci District Health Service can realize plans to expand drug storage space, increase human resources, facilities, and infrastructure, and hold training programs, integrated drug management applications, and seminars on drug management for both Health Service pharmacy staff and at community health centers.

Keywords: *evaluation, drug management, pharmaceutical installation*

INTRODUCTION

Overall, the availability of medicines and vaccines in health centers has increased significantly, from 79.38% in 2015 to 94.22% in 2019. However, the challenge faced is the disparity in the availability of medicines and medical devices between regions, especially in remote, border and island areas (DTPK), and the availability between levels of health services. In addition, the suboptimal coordination in planning drug needs at the national, provincial, and district/city levels often causes a mismatch between supply and demand. The percentage of provincial/district pharmaceutical installations in districts/cities implementing drug logistics and BMHP applications experienced a significant increase from 20.26% in 2017 to 40.51% in 2019 (Ministry of Health of the Republic of Indonesia, 2020).

Government pharmacy installations are a place for implementing drug and medical device management and have a strategic role in ensuring the availability, distribution, and affordability of drugs and medical devices. Completing the preparation of the Minister of Health's regulation on government pharmacy installations as a guideline and standard for managing drug and medical devices in government pharmacy installations was a challenge for them self. However, the percentage of district/city pharmacy installations that carry out drug and vaccine management according to standards has increased significantly, from 57.34% in 2015 to 92.02% in 2019 (Ministry of Health of the Republic of Indonesia, 2020).

Kerinci Regency must be careful and thorough in planning a public drug needs plan so that the General Allocation Fund (DAU) can provide sufficient drugs in every Community Health Center in its area. Community Health Centers (PUSKESMAS) in carrying out their functions, namely providing basic health services directly to the community, one of which is medical treatment activities, always require public drugs. Community Health Centers must provide data and information on drug mutations and disease cases properly and accurately, knowing the amount and type of public drugs needed. Community Health Centers must be able to prepare a drug needs plan which is then submitted to the Kerinci Regency Health Office, to be compiled into a general plan to meet drug needs in all Community Health Centers in their working area. The initial survey at the Kerinci District Health Office Pharmacy Installation used the General Allocation Fund (DAU) and Special Allocation Fund for public drug procurement. This shows that the cost of drug needs in Kerinci District is quite high. In the survey conducted at the Kerinci District Health Office Pharmacy Installation, in early May there was a shortage of several drug items such as Amlodipine tablets, Captopril tablets, Dexamethasone tablets, Mefenamic Acid tablets, Metformin tablets and Antasida syrup, so that it could not meet the demand from the Health Center. One of the factors causing the shortage of drugs at the Kerinci District Health Office pharmacy installation is that the planning process for drug procurement is still simple due to limited human resources, facilities, and infrastructure, making it difficult to analyze accurate, effective, and efficient drug needs.

Drug shortages also occur when an Extraordinary Event (KLB) occurs, which is the emergence or increase in the incidence of a disease in an area within a certain period. The criteria for an Extraordinary Event refer to the Decree of the Director General No. 451/91, concerning Guidelines for the Investigation and Management of Extraordinary Events. According to this regulation, an event is declared extraordinary if there are the following elements: 1) The emergence of an infectious disease that previously did not exist or was not known - Continuous increase in the incidence of disease/death for 3 consecutive periods according to the type of disease (hours, days, weeks); 2) Increase in the incidence of disease/death 2 times or more compared to the previous period (hours, days, weeks, months, years); 3) The number of new sufferers in one month shows an increase of 2 times or more when compared to the average monthly figure in the previous year. This cannot be predicted in advance so that the demand for a drug becomes very high at one time because the emergency conditions cause the stock of drugs to decrease greatly. The UPTD Pharmacy of the Kerinci District Health Office must have good and accurate data and information on drug mutations and disease cases, know the number of drugs needed, and must be able to prepare drug needs planning in an effort to meet the public's drug needs for all health centers in Kerinci.

Based on the description above, the objective to be achieved from this study is to analyze the Evaluation of Drug Management at the UPTD Pharmacy Installation of Kerinci Regency.

LITERATURE REVIEW

Definition of Pharmaceutical Installation

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 49 of 2016 concerning Technical Guidelines for Organizing Provincial and Regency/City Health Services, it is stated that the pharmaceutical warehouse is part of the health service that is tasked with preparing the formulation and implementation of operational policies, technical guidance, and supervision, as well as monitoring, evaluating and reporting in the field of pharmaceutical services.

The standard operating procedures for services at the provincial pharmaceutical warehouse and health equipment installation. The pharmaceutical installation is a Technical Implementation Unit (UPTD) of the Health Service that has the task of carrying out part of the Health Service's duties in the fields of implementation, planning, procurement, receipt, storage, maintenance, management, and distribution as well as carrying out monitoring and evaluation of drugs needed in health services. The pharmaceutical warehouse and health equipment installation are facilities used to store, maintain, distribute, or secure

pharmaceutical supplies owned by the provincial government. The pharmaceutical installation is a Technical Implementation Unit (UPTD) of the Health Service that has the task of carrying out part of the Health Service's duties in the fields of implementation, planning, procurement, receipt, storage, maintenance, management, and distribution as well as carrying out monitoring and evaluation of drugs needed in health services.

Function of Pharmaceutical Installation

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 49 of 2016 concerning Technical Guidelines for Organizing Provincial and Regency/City Health Services, the Health Service Pharmacy Installation has the following functions:

- a. Management and distribution of medicines and health supplies.
- b. Preparation of needs analysis, recording, and reporting of supplies and mutations of drugs and health supplies.
- c. Observation of the quality of medicines and health supplies in general, both those in stock and those to be distributed.
- d. The monitoring and evaluation, of the use of medicines and health supplies and guiding health centers.
- e. Implementation of pharmaceutical and medical supplies warehouse administration
- f. Prepare standards and procedures for managing medicines and health supplies.

The function of the Pharmacy Installation UPT is to prepare, compile plans for drug and health supply needs, receive, store and distribute, record and report on the supply and use of drugs and health supplies, observe the quality/efficacy of drugs in general, both procurement in stock and to be distributed and carry out administration.

Definition of Drugs

Drugs are substances or combinations of substances, including biological products, which are used to influence or investigate physiological systems or pathological conditions in order to establish a diagnosis, prevent, cure, restore, improve health and contraception for humans (Regulation of the Minister of Health of the Republic of Indonesia No. 72, 2016).

Role of Medicine

According to the Indonesian Minister of Health Regulation No. 3 of 2021 concerning health, it is stated that drugs are one of the irreplaceable components in health services because drugs can save lives and improve the quality of health.

METHODS

This study is a descriptive study, to determine the Evaluation of Drug Management at the UPTD Pharmacy Installation of Kerinci Regency. This study uses a descriptive qualitative method because no interventions are carried out, and viewed in terms of time, this study is included in cross-sectional research because data is collected at a certain time and is retrospective. Data collection was carried out in October-December 2023. This study uses primary data, obtained through in-depth interviews and observations to determine the picture of drug management evaluation and the secondary data obtained through the report documents.

RESULTS

Drug Planning in the Health Service

In the sub-planning we will review:

1. Integrated Drug Planning Team
2. Medication Planning Time
3. Guidelines for compiling drug requirements
4. Methods used
5. Supporting applications

In the sub-planning, we will review:

1. Receiving and Storage Procedures
2. Storage Space Layout
3. Storage Constraints

DISCUSSION

Planning

Drug requirement planning determines the amount and period of procurement to ensure that the criteria of the right type, right amount, right time, and efficiency are met. Planning is carried out every certain period with the aim of bringing planning calculations closer to real needs, so as to avoid shortages and ensure drug availability.

The existence of an Integrated Drug Planning Team is important, as the problem that occurred in East Barito Regency in managing its drugs, especially in planning. Based on a preliminary study conducted by Roza, et, al (2020) and supported by the audit results by the Financial and Development Audit Agency (BPKP), it was found that the absence of an Integrated Drug Planning Team (TPOTK) in the Regency could affect drug management, especially drug planning.

Officer insight into drug planning is an important thing that officers must have. Having knowledge helps provide direction and purpose for activities to be carried out. Knowledge is a collection of information that is understood and obtained from a learning process, where knowledge can be obtained from one's own experience or the experience of others. Officers will use their knowledge and skills to carry out planning activities.

Based on the interview results, an integrated drug needs planning team has been formed at the Kerinci District Health Office Pharmacy Installation. Although in the field it shows that there is still a need for coordination between the Integrated Drug Planning Team. This statement refers to the technical guidelines for public drug procurement and basic health planning and supplies, which states that the integrated drug planning team for the Regency/City is formed through a Decree of the Regent/Mayor, where the composition of the planning team includes the Chairperson (Head of Division overseeing the pharmacy program at the Health Office), Secretary (Head of Pharmacy and Medical Devices) in this case should have a pharmacist education and members consisting of elements of the Regency/City regional secretariat, elements of related programs at the Regency/City Health Office.

The steps in planning drug availability at the Kerinci District Health Office Pharmacy Installation referred to the Indonesian Ministry of Health (2016), namely: drug selection stage, drug use compilation stage, drug calculation stage, drug needs projection stage, and drug procurement plan adjustment stage.

The Kerinci District Health Office begins the drug needs planning activity by instructing drug management officers at health centers to recapitulate the previous year's drug use in the form of a report, namely the Health Center Drug Needs Plan (RKO) with a consumption pattern method to determine the selection of drug types. The RKO is submitted to the health office to the pharmacy section, then the pharmacy section will create a Drug Needs Plan (RKO) for the Kerinci District Health Office. The RKO is discussed together with the Head of the Health Office and the drug procurement section at the health office, namely the Procurement Committee.

According to Quick et al (2012) planning should be done based on data obtained from the final stage of management, namely the use of drugs in the previous period. The description of drug use can be obtained based on real data on drug consumption (consumption method) or based on real data on disease patterns (morbidity method) and a combination of the two methods.

This is to the research results of Sulistyorini (2016), which state that the consumption method does have advantages but cannot be used as a basis for assessing drug use and cannot be relied on if there is a change in disease patterns because this consumption method only refers to previous drug use.

Drug managers who carry out pharmaceutical work, either at the Kerinci District Health Office Pharmacy Installation or at the Health Center, are factors that greatly influence planning. The lack of pharmaceutical personnel, especially trained pharmacists, causes pharmaceutical work to be less effective. This can affect data accuracy, causing drug needs planning to be ineffective and inefficient. According to the Head of Pharmacy from the results of in-depth interviews, in the Health Office there is only one officer have a pharmaceutical background and there is often inaccuracy in the data provided by Health Center officers regarding previous drug use data.

Following the statement of Notoatmodjo (2018), that knowledge is influenced by the level of education. The higher the education, the broader the knowledge possessed. Likewise, the research of Rumbay, et al. (2015) that the factors that can affect the implementation of needs planning are the lack of pharmacists, weak coordination with the planning section, and the implementation of monitoring and evaluation activities that are not optimal.

The problem that the Kerinci District Health Office Pharmacy Installation experienced was the report of drug needs data from the Health Center that was not appropriate. This can result in the Pharmacy Installation experiencing drug shortages or even excess drug stock which results in many drugs expiring.

Procurement

Procurement is a business activity that carries out operational activities as stipulated in the planning function. Procurement is the activities intended to meet planned and agreed needs through purchasing, production, or grants. According to the Director General of Binfar and Alkes in 2019, drug procurement aims to:

1. Medicines are available in both types and quantities and are obtained according to health service needs.
2. Can guarantee the quality of drugs.

Based on an in-depth interview with the Head of Pharmacy, the method of drug procurement used by the Kerinci District Health Office Pharmacy Installation is the e-catalog method. This is in line with the research results of Hasratna, et al. (2016) that the drug procurement process for the Muna Regional Hospital pharmacy is through open tenders, direct orders, and direct purchases (catalog system) where the online catalog system is through the LKPP website (Government Goods/Services Procurement Policy Agency). This refers to The Regulation of the Minister of Health Number 5 of 2019 concerning the Planning and Procurement of Drugs Based on Electronic Catalogs.

The Health Service Pharmacy Installation has utilized this e-catalog method since 2013 until now. Drug procurement is carried out once a year after the drug planning process. Based on the 2015-2019 Indonesian Strategic Plan, the implementation of the E-catalog has been listed in the 2010-2014 period strategic plan. The e-catalogs, are used to improve drug logistics management and can save up to 30% on the drug provision budget. This is according to the research of Putri's research (2013) drug procurement has used the e-catalog system, making it easier to purchase and determine drug providers.

Procurement of drugs at the Kerinci District Health Office Pharmacy Installation purely uses APBN funds. Funds are one of the most important things for the running of an organization, as is the case with the Kerinci District Health Office Pharmacy Installation which is in great need of funds to procure drugs for the Health Center. Based on the Director General of Binfar and Alkes, the procurement of drugs can be financed from APBN/APBD funds. The results of interviews conducted by researchers with informants showed that the budget

provided by the pharmaceutical services of the Kerinci District Health Office for purchasing medicines came from the Special Allocation Fund.

This is by the results of the document review in the form of the 2022 SKPD DPA for drug procurement, it is known that the procurement of drugs at the Kerinci Regency Health Service Pharmacy Installation in 2022 comes from the Special Allocation Fund.

Based on the interview results, the obstacle that emerged during the drug tender process was the lack of funds for drug purchases. The existing funding sources, it is still not enough to fulfill the need for drugs. Lack of budget for medicine purchases can lead to a limited number of basic health services. This is the result obtained from interviews with several informants who stated that the budget for drug purchases in the Kerinci Regency Health Office is still considered insufficient.

This is in line with the research results of Herman, et al. (2019) who stated that although the health budget has generally increased, the average percentage of drug budget allocation from 21 District/City Health Offices is only 12.06%, which reflects the low priority of drugs in district/city health policies because spending on drugs can reach 40% of the total health budget.

Receipt and Storage

The drug storage process at the Kerinci District Health Office Pharmacy Installation begins with receiving drugs from the PBF or drug factory to the Pharmacy Installation by Pharmacy Installation officers. Drug inspection is carried out before receiving and storing the drugs according to the correct procedure. Pharmacy officers check and match the quantity and suitability of goods with existing invoices, and verify the expiration date and physical condition of drugs or other pharmaceutical supplies.

After that, it is collected and stored in the Pharmacy Installation arrangement. According to the director of the pharmacy and medical devices section, the arrangement and preparation according to the process allows officers to easily search, calculate, and know the stock more accurately and is easy to monitor and control.

Based on the interview results, the storage space in Kerinci District Health Office Pharmacy Installation still needs to be expanded. This is to the results of the document review, that the Pharmacy Installation was built in 2004 and last renovated in 2017 using a budget from the APBN with a storage area of 646 m². With separate storage space and administration space.

Based on the interview results, it is known that the medicines have been sorted alphabetically, according to the dosage forms, and attention to the FIFO and FEFO systems. However, from the observation results, it is known that tablets and liquid medicines are stored on the same shelf, and are not arranged alphabetically. This is because the number of available shelves is not adequate, so currently only some of them are arranged while the others are placed on pallets and are still not alphabetical.

This is by the results of Prihatingsih's research (2012) that the existing shelves are still lacking, there are still many excess drugs that do not fit on the shelves, so they must be placed separately instead of positioned properly. Medicines are collected on separate shelves, making it difficult for staff to prepare them. With the increasing variety of goods and medicine, the warehouse needs more and more shelves to store goods. The number of pallets is still limited, for the warehouse area all staff think it is necessary to expand the warehouse because the existing area is too narrow for the available medicines, and this expansion is intended to create favorable conditions for the movement of officers in the workplace.

The observation results showed there was a pile of unused drug boxes. This is not by the Regulation of the Food and Drug Supervisory Agency Number 4 of 2018, drugs and/or drug ingredients must be stored separately from products other than drugs/or drug ingredients and protected from unwanted impacts due to exposure to sunlight, temperature, humidity or other external factors. To prevent spillage, damage, contamination, mixing, and no direct contact between the packaging and the floor.

This is under the results of the study, the availability of supporting facilities and infrastructure for drug storage at the Lubuklinggau City Health Office is considered still lacking. The study found that pharmaceutical officers are still confused in managing existing drug sources with existing facilities and infrastructure because there are no cabinets, or storage shelves that are still very lacking. Therefore, it is not uncommon for officers to only stack new drugs into

boxes and not put them on the storage shelves in the pharmacy installation section, sometimes forgetting to record them on the stock card.

This is in accordance with the findings of Palpuningtias's research (2019) that insufficient warehouse space certainly hinders warehouse officers from carrying out drug storage tasks in the warehouse. Warehouse officers are unable to move freely when they sort the drugs they have just received. The lack of pharmaceutical warehouses also causes warehouse officers to pile up the medicine and medical devices in them. Of course, it will be difficult for officers when they take the drugs.

Distribution

It is a step implemented, in distributing medicines and health supplies to existing units of the Kerinci District Health Office Pharmacy Installation with the same goal of providing health services to the community. Based on the interview results, it is known that the distribution procedure begins with the creation of a drug distribution schedule from the Pharmacy Installation, which will then be followed up by the Health Center by sending or reporting the Health Center LPLPO one month or at least 1 week before the drug distribution schedule to the Pharmacy Installation. The health center will come to the Pharmacy Installation to pick up the medicine according to the predetermined schedule.

Based on the results of interviews and observations, before drug distribution is carried out, the LPLPO of the Health Center will be reviewed and examined first before approving the number of drugs to be provided by the Pharmacy Installation to the Health Center concerned. This review is carried out by the Pharmacy Installation, to adjust the drug needs and remaining drug stocks at the health center with the stocks available at the Pharmacy Installation. During the drug distribution process, the Pharmacy Installation and the Health Center recheck the drugs being distributed. This check is carried out to check the suitability of the type and number of drugs listed in the LPLPO with the physical supplies provided.

Based on the results of interviews and observations, the implementation of distribution at the Kerinci Regency Pharmacy Installation is one of the responsibilities of the pharmacy section and is assisted by staff or drug managers from the health center when checking the drugs again. The drug distribution system in the Pharmacy Installation has used the FEFO and FIFO systems, namely the drugs that arrive first will be distributed first. This is different from the results of Palpuningtias's (2012) research that the drug distribution mechanism issued has not met the First in first out (FIFO) and First Expire First Out (FEFO) rules.

The drug distribution system from the Pharmacy Installation to the Health Center is carried out once a month. This is under the research results of Herman, et al. (2009) that the drug distribution process to the Health Center is carried out every month based on the request of the Health Center.

Based on the results of interviews with drug managers from health centers, the number of drugs distributed from the Pharmacy Installation to the Health Center is not always the same between the request of the health center and the amount approved by the Pharmacy Installation. This is under the results of interviews with the Head of Pharmacy and Medical Devices, the drugs distributed have been reviewed, and examined for suitability with the use of health centers.

The results of Djuna et al.'s research (2014), that sometimes health centers obtain drugs that are not under the demand of the health center. The medicines that are often needed are lacking in quantity, but for drugs that are rarely used sometimes the drugs quantity is large. The priority of the Labakkang Health Center drug distribution emphasizes the essential medicines or those often used by health centers, health posts, and midwives as well as to the health center patients themselves.

Another obstacle felt in the drug distribution process according to the Head of Pharmaceutical Alkes is human resources. Human resources in the Pharmacy Installation number 6 people and only one has a pharmacist educational background. According to the informant, the number of human resources 6 is still very lacking for the drug distribution process to 20 Health Centers in the Kerinci Regency area.

Human resources tasked with carrying out pharmaceutical work in the health service are a very influential factors. The lack of pharmaceutical personnel, especially trained pharmacists,

causes pharmaceutical work to be disrupted. The knowledge of drug management officers about drug management is not good.

Recording and reporting

Supervision is a series of monitoring and oversight activities in drug management. According to the results of in-depth interviews, it was found that control at the Insfar Health Office of Kerinci Regency was only carried out in the drug planning process by conducting safety stock. Routine control is not carried out. Based on the Indonesian Ministry of Health (2020), supervision aims to ensure that drug management activities are carried out under existing regulations, where supervision starts from drug planning to recording and reporting. The results of in-depth interviews regarding drug control are carried out using inpatient drug stocks. Drug stock-taking is carried out regularly 3 times a year. The Pharmacy Installation Coordinator is directly responsible for stock-taking calculations. A lack of pharmaceutical personnel can be an obstacle in calculating stock which is still done manually. This more or less affects the actual calculation if there is an error in multiplying the number of drugs that do not match the packaging.

When carrying out the drug stocktaking process, the pharmacy staff counts the physical amount available, checks the packaging visually, and records the expiration date. Furthermore, a match is made with the data on the stock card. Then the number of drugs and the condition of the drug supply in the warehouse are obtained. So that damaged and expired drugs are quickly identified.

The reference from the drug stock results can be used as a further monitoring tool for medicines whose usage period will soon end. The calculation is then submitted to the Pharmaceutical Installation Coordinator so that it can be used as a measure of pharmaceutical performance.

Recording and reporting at the Pharmacy Installation is carried out once a month or after the drug distribution process to the Health Center is complete. Routine recording is only carried out when distributed to the Health Center using a stock card. This contradicts the research results from Herman et al.'s research (2019) in the recording of drug requests and reporting every month for all districts/cities using an LPLPO form.

Based on the observation results, it was found that what was stated on the drug stock card in the Pharmacy Installation was the type of drug, packaging, number of packages, supplies, batch number, expiration date, amount of receipts, amount of expenditure and remainder but the source of funds was not yet available. The observation results are not under the Indonesian Ministry of Health (2020) and one of the things that needs to be listed in the stock card is the source of funds.

Drug reporting records are listed on the stock card and also the master card, Drug Usage and Use Report (LPLPO) and Proof of Goods Out (SBBK), Receipt and Expenditure Book (Ministry of Health of the Republic of Indonesia, 2020). At the Insfar Health Office of Kerinci Regency, this process is carried out manually and only uses stock cards and SBBK stored on the computer. So sometimes there is still a discrepancy between the amount of drug stock on the stock card and the amount of physical drug stock. When there is a different medicine, the pharmacy officer immediately adjusts it to the existing records without further investigating where the error lies.

This is different from the research results of Qiyaam, et al. (2016) in that the research results showed that the conformity between the data on the number of drugs on the stock card and the actual number of drugs was 100%. This showed that the warehouse officers of the Pharmacy Installation of the Dr. R. Soedjono Regional General Hospital were careful and disciplined in recording the quantity of drugs when issuing and entering drugs.

CONCLUSION

1. Planning

The implementation of the Integrated Drug Planning Team shows that there is still a need for coordination between members of the Planning Team. Drug needs preparation meetings are held once a year. Planning for drug calculations has been under the stages of drug planning, namely the drug selection process, compilation, and drug needs

calculation process. However, not everything went well, there was non-compliance by drug managers, one of which was the delay in reporting drug use data (LPLPO), not all types of drugs could be accommodated by the Health Office and the amount did not match the request of the Health Center. The drug planning method uses a consumption pattern based on drug use data at the previous health center. This method often experiences obstacles because the data provided does not match the health center's usage data.

2. Procurement

The Kerinci District Health Office's Purchase Committee handles the e-catalog technique of drug purchase. The time required in the drug procurement process is 1 to 6 months according to the agreement between the Procurement Committee and the Pharmaceutical Wholesaler as the drug provider. And by making a drug request to the Jambi Provincial Health Office if the drug stock is empty and/or not fulfilled in the e-purchasing process. The funds used for drug procurement come from pure APBN funds, namely the Special Allocation Fund. A frequent obstacle in procurement is the shortage of drugs at the end of the e-purchasing contract, and the supplier attaches a letter of inability to fulfill the order because the drug industry can not produce the drugs again.

3. Storage

Not all of the arrangements of medicines used the alphabetical system. Facilities and infrastructure for storing medicines such as shelves and storage space need to be expanded again in the Pharmacy Installation and the Health Center. There have been no rehabilitation activities to deal with leaks in the Pharmacy Installation's medicine storage room.

4. Distribution

Routine distribution from the Kerinci District Health Office Pharmacy Installation to the Health Center is carried out once a month. But in reality, the health center itself collects it from the Pharmacy Installation. There is another obstacle in the distribution of drugs, namely the insufficient number of human resources with a background in Pharmacy education.

5. Recording and reporting

Recording of drug reporting is still done manually. The obstacles in recording and reporting are the non-compliance of drug managers in calculating drug stock, and the discrepancy between the physical amount of drugs and the records on the drug stock card will be resolved without looking for the location of the error. Control in drug management is carried out in the planning process using safety stock. For recording and reporting using a stock card, then carried out once a month.

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For the Pharmacy Installation, it is expected to establish better communication between the Pharmacy Installation and the Health Center, so that the distribution process will be more effective and efficient. Drug distribution needs to be under what is in the Drug Usage Report and Drug Request Sheet. The Head of the Pharmacy Section will pay more attention to facilities and infrastructure in the drug storage process. It is expected that the Head of the Pharmacy Section will pay more attention to the staff performance at the Pharmacy Installation. The Head of the Pharmacy Section needs to hold training programs and seminars on drug management for both the implementing staff of the Pharmacy Installation and drug managers at the Health Center.

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