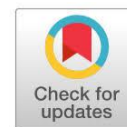


Contraception storage equipment and medicines in first-level health facilities



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ABSTRACT

In the management of contraceptive equipment and medicine, the program provided by the government still encounters various problems including the occurrence of a vacancy (stock out), buildup in provincial and district warehouses, and the distribution mechanism of contraceptive equipment and medicine that are not smooth. The purpose of this study is to determine the storage of contraceptive equipment and medicine in First Level Health Facilities. The study was conducted with a descriptive observational type with a cross-sectional qualitative approach using interview guidelines. This research was conducted in Bangka Regency and Central Bangka Regency in May-December 2018. The number of respondents was 69 people consisting of the Health Office, Office of Population Control and Family Planning for Women's Empowerment and Child Protection, and First Level Health Facilities. The results showed that the storage of contraceptive devices and drugs in first-level health facilities in Bangka Regency was appropriate with Head Regulation of National Population and Family Planning Agency number 286 / PER / B3 / 2011 concerning Implementation Guidelines Reception, Storage and Distribution of contraceptive equipment and medicine National Population and Family Planning Programs were 3 (23.1%) health facilities, while those that were not appropriate were 10 (76.9%) health facilities. In Central Bangka Regency as many as 3 (33.3%) appropriate health facilities and 6 (66.7%) were not appropriate. Most of the first-level health facilities do not store contraceptives and drugs according to implementation guidelines.

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INTRODUCTION

The population problem in Indonesia becomes a very important issue, very complex, and requires comprehensive treatment. In the 9 priority agenda (Nawa Cita) of the government in 2015-2019, the National Population and Family Planning Agency supports the 5th priority agenda, namely improving the quality of life of Indonesian people with the strategy "Population and Family Planning"¹. The government's effort to control population growth is a family planning program that is an integrated part to participate in the welfare of the Indonesian population to achieve a good balance between the population and increase productive human resources². The family planning movement and contraceptive services have a demographic goal: to prevent population outbreaks by suppressing the Population Growth Rate and this will certainly be followed by reducing birth rates³.

The College supports unhindered access to contraception for all women and opposes health care providers and institutional refusals that create obstacles to contraceptive access⁴. The increase in the availability of contraceptive equipment and medicine guarantees through procurement and distribution has been regulated in the Head Regulation of National Population and Family Planning Agency number 286 / PER / B3 / 2011 concerning Implementation Guidelines Reception, Storage and Distribution of contraceptive equipment and medicine National Population and Family Planning Programs. This regulation was issued three years before the National Health Insurance program was implemented in Indonesia⁵. This means that the management of contraceptives in the era before and the era of National health insurance used the same rules.

In managing the allocation of programs provided by the government, various problems were encountered, including the occurrence of vacancies (stock out), buildup in provincial and district warehouses, and non-smooth distribution of contraceptive equipment and medicine. The results of the contraceptive equipment and medicine supply chain assessment carried out by the JSI Research and Training Institute in collaboration with National Population and Family Planning Agency in 11 districts/cities in 2016 also found 45% of the sample health facilities experienced contraceptive equipment and medicine vacancies, at least one of the supplies provided by National Population and Family Planning Agency was unable to provide all options the method that was supposed to be offered. There were 29% of health facilities experiencing a vacancy (stock out) for the injection method and 21% experiencing a vacancy (stock out) for the implant method. This condition is caused by delays in the procurement process at the central level, weaknesses in inventory management, weaknesses in the management of Logistics Information Systems, weaknesses in the transportation and distribution system, inadequate inventory storage practices, and lack of coordination, communication, and human resources accountability⁵. Same as Indonesia, to ensure the availability of contraceptives, the Government of Pakistan, with the support of the United States Agency for International Development, introduced the online system of Contraceptive Logistics Management Information System⁶.

Weaknesses in inventory management in the form of contraceptive equipment and medicine distribution system based on a service target (dropping system) so that the calculation of the number of supplies that must be supplied is not responsive to changing consumption patterns. Meanwhile, weaknesses in the Logistics Information Management System occur due to the absence of stock records or improper stock recording at facilities⁵. The quantitative component examined the availability of contraceptives, inventory management, warehousing, and human resource; it revealed many discrepancies in availability of stock in all departments, with some items in great excess and others out of stock despite the Contraceptive Logistics Information Management System being supported with an auto-generation of demand Contraceptive Logistics Report 6 and the warehouses 'receiving stock from a common source; the Central Warehouse and Supplies⁶.

The results of Djuria's research⁷, at the Pangkalpinang City Health Facility also still show some problems in the management of the allocation including planning, storage, distribution, recording, and reporting, as well as monitoring and evaluation. In 2017, the highest family planning coverage was in Central Bangka Regency and the lowest was in Bangka Regency. Based on the description above, it is necessary to evaluate the storage of allocations in Bangka and Central Bangka Regencies.

METHOD

The study was conducted with a descriptive observational type with a cross-sectional qualitative approach. This research was conducted in Bangka Regency and Central Bangka. District in May-December 2018. The object of respondents/informants in this study were 69 people. The selection of informants using purposive sampling techniques. Data collection techniques using triangulation techniques namely in-depth

interviews, information retrieval, and documentation. Data were analyzed by univariate analysis methods.

RESULTS

The results showed that the storage of contraceptive equipment and medicine in the Bangka Regency Health Facility namely 3 (23.1%) is suitable and 10 (76.9%) is not suitable, Likewise in Central Bangka Regency 3 (33.3%) is suitable and 6 (66.7%) is not by Head Regulation of National Population and Family Planning Agency number 286 / PER / B3 / 2011 concerning Implementation Guidelines Reception, Storage and Distribution of contraceptive equipment and medicine National Population and Family Planning Programs.

DISCUSSION

The results showed that the management of contraceptive equipment and medicine was carried out by 22 research locus, namely First Level Health Facilities at Health center and Office of Population Control and Family Planning for Women's Empowerment and Child Protection Bangka and Central Bangka districts. The Bangka and Bangka Tengah District Health Offices do not manage contraceptive equipment and medicine. The Health Service only carries out services namely in the field of Family Health (family health now, if it used to be in the field of Mother and Child Health).

However, if the management of the contraceptive equipment and medicine is completely surrendered at the Health Office (the same as the City of Pangkalpinang), the Pharmacy Warehouse both Bangka Regency and Central Bangka Regency are ready to carry out the management of the contraceptive equipment and medicine because the system is the same as the program drugs/grants from other centers such as vaccines and antituberculosis. The pharmaceutical warehouse also meets the requirements for drug storage.

Readiness from the Pharmacy Warehouse The Public Health Service because the available human resources are all pharmaceutical personnel. The human resources in the health center are also pharmaceutical workers, namely pharmacists and pharmacy technical staff. In the Pharmacy education curriculum, from the level of 3-year diploma to Pharmacists, Pharmacists are equipped with Pharmacy Management courses that discuss the management of pharmaceutical preparations, medical devices (medical devices), and consumable medical materials. One of the pharmaceutical preparations is contraception and one of the managed medical devices is a medical device used in contraceptive services. The purpose of learning this course, it is expected that graduates of Pharmacy can immediately apply in the workforce so that there is no need for training in the management of contraceptive equipment and medicine at the beginning of work.

In organizing human resources, the contraceptive equipment and medicine manager who is not a pharmacist is not by the family planning service Management Guidelines, which states that one of the important things that must be considered about the availability of contraceptive equipment and medicine and consumables is the management of pharmaceutical preparations, medical devices and consumable medical materials at the hospital. Pharmacy one door system⁸. This is also mandated in Republic of Indonesia Law No. 44 of 2009 concerning Hospitals article 15⁹.

Pharmacist professional education, in the Indonesian National qualification framework, is the level of education⁷. This is higher when compared to the contraceptive equipment and medicine manager in the health center as midwives with the most 3-year diploma background with the Indonesian National qualification framework level is level 5. The mismatch of storage stages can be seen from the storage system applied which is more likely to be based on First Expired First Out whereas in the instructions it is explained that the standardization of contraceptive equipment and medicine arrangement is based on the First In First Out system. In addition, all contraceptive equipment and medicine managers at the health center did not know the terms First Expired First Out and First In

First Out at the time of the interview, so researchers and the team must first explain the purpose of First Expired First Out and First In First Out.

The resulting research same with Wonosobo regency, The storage system used v system. First Expired First Out system is a process of expenditure of contraceptives and non-contraceptive devices based on the expiry date, contraceptives that expire earlier must be issued first¹⁰.

This shows the lack of knowledge of contraceptive equipment and medicine managers about a good and correct contraceptive equipment and medicine storage system. The results of this study are supported by the results of research by Qureshi, Hamid and Bajwa show that the qualitative analysis based on in-depth interviews of the managers dealing with Contraceptive Logistics Information Management System at national, provincial, and district levels revealed complaints ranging from a lack of training or refresher courses⁶.

However, it was different at the time of the Focus Group Discussion with the warehouse officials of the District Office of Population Control and Family Planning for Women's Empowerment and Child Protection, all of them already knew the terms and storage standards that were good and right. The discrepancies encountered are the technical requirements and specifications of the warehouse. This is influenced by external factors from the contraceptive equipment and medicine manager, which is the infrastructure that is influenced by funding from the agency.

The form of discrepancy in a health center in Bangka Regency and Central Bangka Regency is storage activity in preparing and arranging contraceptive equipment and medicine storage space and calculating the storage capacity of contraceptive equipment and medicine storage space to be stored and checking the feasibility of equipment and warehouse equipment. All contraceptive equipment and medicine managers at the health center do not know how to calculate the storage capacity of the contraceptive equipment and medicine storage space to be stored and the length of time for storage. At the time the interview was answered with an estimate. Health centers do storage in Mother and Child Health cupboards without paying attention to room temperature due to the absence of an Air Conditioner. The health center has an air conditioner in its storage room, but the air conditioner is not turned on continuously. This will affect the quality of the contraceptive equipment and medicine stored in cool temperatures. Even in the Mother and Child Health cabinet, the contraceptive equipment and medicine are combined with other Mother and Child Health equipment (files and other consumable medical materials) and there is even a First Level Health Facilities that combines with disinfectants.

The Office of Population Control and Family Planning for Women's Empowerment and Child Protection of Bangka Regency is not suitable as seen from the general specifications, the building is joined by the family planning Field room. The storage room only consists of 1 room for storage of contraceptive equipment and medicine. The goods administration room is separate from the storage building.

In the technical specifications, there is a mismatch that is the building area is not suitable, the available ventilation is not by the standard (small), the room temperature at the time of observation > 25°C because the AC is in a damaged condition and there is no room thermometer. The temperature of the room/warehouse should be a maximum of 25 °C. Exhaust fans that are also not functioning optimally with an amount that is not appropriate that is only 2 pieces. The lighting does not use a 40-watt incandescent lamp with the number of sockets seen at the time of observation as much as 2 pieces, there is no wall insulating wall.) Should be 10 light points with a 4 point socket. The cleaning tool that is owned is only a trash can, it should also be equipped with a vacuum cleaner and a transparent plastic sheet of the dust cover.

The results of this study are supported by the results of research by Winarni, Najib, Martini, and Wijayanti show that observation of storage rooms for contraceptives in Jepara found that there was no temperature recording device, excess stock of contraceptive

injections and pills, absence of thermometer in the storage room, non-functional air conditioning, no separation between storage of hormonal and non-hormonal contraceptive, and there was no distance between the pallet and the wall. Meanwhile, contraceptive storage space in Wonosobo has met the Standard Operating Procedure¹⁰.

Arrangement of the received contraceptive equipment and medicine storage is appropriate because the amount of contraceptive equipment and medicine stock is not much so that the arrangement does not exceed 2 m, does not exceed the shoulder and the width of the arrangement of the contraceptive equipment and medicine exceeds the size of 2 boxes and the distance between the pallet and the wall <30 cm with row/row or carton arrangement the amount exceeds 5-10 cartons. The results of this study are supported by the results of research by Winarni, Najib, Martini, and Wijayanti show that contraceptives were placed on pallets, protected from sunlight, implants and injection were stored in one room with a minimum temperature of 25o C, had a temperature gauge and daily temperature monitoring book¹⁰.

The area of the warehouse building does not meet the requirements ie 7m x 6m should be 9m x 10m. This discrepancy is due to the Office of Population Control and Family Planning for Women's Empowerment and Child Protection of Bangka Regency lacking space so that buildings that are supposed to be used for storage of contraceptive equipment and medicine are used for family planning administration. However, given the existing area, the capacity to store the delivered contraceptive equipment and medicine is very adequate because of the small amount of contraceptive equipment and medicine. When the contraceptive equipment and medicine are received, it is immediately distributed to the health center Other specifications that do not meet the standards are ordinary lighting using 2 points of light instead of a 40-watt incandescent lamp with 10 lighting points.

For health, centers are appropriate because the storage of contraceptive equipment and medicine is placed in a pharmaceutical warehouse so that conditions are maintained and orderly. The Office of Population Control and Family Planning for Women's Empowerment and Child Protection of Central Bangka Regency has complied with Head Regulation of National Population and Family Planning Agency number 286 / PER / B3 / 2011 concerning Implementation Guidelines Reception, Storage and Distribution of contraceptive equipment and medicine National Population and Family Planning Programs.

The problem of mismatch also shows that there is not good performance due to not by the proper authority. Performance comes from the word job performance or actual performance which means work performance or actual achievement achieved by someone. Understanding performance is the result of work in quantity and quality achieved by an employee in carrying out their functions by the responsibilities given to him. The factors that affect performance are effectiveness and efficiency, authority, discipline, and initiative¹¹.

In addition, work motivation also affects the performance of an employee. Motivation is a reason that encourages someone to act in achieving goals and meeting their needs¹². Motivation can be done by giving work bonuses and rewards for work performance. The award will give pride to employees¹³.

CONCLUSION

The results showed that the storage of contraceptive equipment and medicine in Bangka and Central Bangka Tengah District Health Facilities, namely 16 health facilities (72.72%) were not by Head Regulation of National Population and Family Planning Agency number 286 / PER / B3 / 2011 concerning Instructions for Implementing Reception, Storage and Distribution of Contraceptive equipment and medicine National Population and Family Planning Programs.

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