

## INTISARI

Vaksin adalah produk biologis sensitif yang dapat dengan mudah rusak jika ditangani secara tidak benar. Prinsip dalam pengelolaan vaksin adalah menjaga rantai dingin vaksin pada setiap tahap pengelolaan. Untuk itu, diperlukan juga pengetahuan tenaga kesehatan yang memadai tentang pengelolaan vaksin sehingga potensi vaksin tetap terjaga hingga ke pengguna vaksin. Tujuan dari penelitian ini adalah untuk mengevaluasi pengelolaan vaksin program imunisasi dasar, mengukur tingkat pengetahuan tenaga kesehatan dan menggali faktor – faktor penghambat dan pendukung dalam pelaksanaan pengelolaan vaksin imunisasi dasar di Puskesmas Kabupaten Belu.

Penelitian ini dilakukan dengan pendekatan campuran (*mixed methods*) dengan desain *concurrent triangulation*. Lokasi penelitian di 17 Puskesmas yang ada di kabupaten Belu. Pengambilan data dilakukan dengan menggunakan daftar tilik/ *checklist* observasi, pengisian kuesioner dan wawancara. Data dianalisis dengan statistik deskriptif menggunakan program Microsoft Excel dan disajikan dalam bentuk tabel dan persentase. Data kualitatif ditranskripsikan, di rangkum ke dalam area tematik dan disajikan dalam narasi.

Pengelolaan vaksin imunisasi dasar di puskesmas wilayah kabupaten Belu cukup baik dengan sebagian besar tahapan pengelolaan vaksin imunisasi dasar telah sesuai dengan standar yang telah ditetapkan dalam peraturan Menteri kesehatan RI. Perencanaan masih tidak baik pada ketersediaan Standar Operasional Prosedur dan status stok vaksin program imunisasi dasar berada di bawah stok minimal. Penerimaan masih tidak baik pada tindakan dokumentasi seluruh tahapan penerimaan pada kartu stok, *Vaccine Arrival Report* (VAR) dan berita acara serah terima vaksin. Penyimpanan vaksin termasuk dalam kategori tidak baik pada cara penyimpanan vaksin yang sensitif panas, penyusunan kotak vaksin yang belum ada jarak antar vaksin, masih terdapat reagen laboratorium dan injeksi yang di simpan di dalam *vaccine refrigerator* dan belum dilakukan pemeliharaan *vaccine refrigerator* secara teratur. Pengendalian vaksin kadaluarsa juga masih tidak baik karena masih tersimpan bersama vaksin lain dalam jangka waktu lama. Dalam tahap pencatatan pelaporan, sebagian besar tidak baik pada tidak tersedia kartu stok vaksin, pencatatan grafik suhu pada setiap hari termasuk hari libur dan kartu pemeliharaan *vaccine refrigerator*. Sebagian besar sebanyak 47 (55,29%) tenaga kesehatan memiliki tingkat pengetahuan kurang baik. Ditemukan kurangnya pengetahuan pada indeks pemakaian vaksin, karakteristik vaksin, penilaian kualitas vaksin, distribusi vaksin beku kering, aturan penggunaan vaksin rekonstitusi, pengendalian limbah jarum dan tanggal kadaluarsa vaksin. Sebagian besar tenaga kesehatan laki – laki, rentang usia tenaga kesehatan 25-35 tahun, yang memiliki pengalaman kerja > 10 tahun, tenaga kesehatan dengan profesi perawat, tenaga kesehatan berpendidikan sarjana/profesi/, tenaga kesehatan berstatus ASN dan yang pernah mengikuti pelatihan memiliki tingkat pengetahuan yang Baik. Faktor penghambat dalam pengelolaan vaksin terdiri dari faktor sumber daya manusia (SDM), Sarana prasarana dan pendanaan ditingkat Dinas kesehatan untuk dapat melakukan pelatihan dan supervisi ke puskesmas. Faktor pendukung yang telah ada di seluruh puskesmas kabupaten belu meliputi faktor sistem, sarana prasarana dan dukungan dana di tingkat puskesmas.

**Kata Kunci :** Pengelolaan Vaksin, Tingkat Pengetahuan, Vaksin Imunisasi Dasar, Puskesmas

## ABSTRACT

Vaccines are sensitive biological products that can easily be damaged if handled incorrectly. Exposure to inappropriate conditions can affect vaccine potency. The principle in vaccine management is to maintain the cold chain for each vaccine stage management. Therefore, knowledge of health personnel is also needed about vaccine management so that potential of vaccine is maintained for vaccine user. This research aimed to evaluate vaccine management of basic immunization programs, the knowledge level of health personnels and to explore inhibiting and supporting factors in the implementation of vaccine management at the Belu Regency Health Center.

This research was conducted using a mixed approach with a concurrent triangulation design. The research locations were 17 community health centers in Belu district. Data collection was obtained from direct observation, interviews, and filling out questionnaires. Data were analyzed with descriptive statistics using the Microsoft Excel program and presented in the form of tables and percentages. Qualitative data were transcribed, summarized into thematic areas and presented in narratives.

The management of basic immunization vaccines in the Belu district health center is quite good with most aspects of basic immunization vaccine management following the standards by the Ministry of Health of the Republic of Indonesia. However, it is still found that management is still not good at all stages. Planning is still not good regarding the availability of SOPs and the basic immunization program vaccine stock status is below the minimum stock. The acceptance stage is included in the bad category in the act of documenting all stages of acceptance on the stock card, and Vaccine Arrival Report (VAR). Vaccine storage is included in the bad category because the method of storing vaccines is heat sensitive, the storage of vaccine boxes without any distance between other vaccines, there are still laboratory reagents and injections stored in the vaccine refrigerator and maintenance has not been carried out vaccine refrigerator regularly. Controlling expired vaccines is also not good because they are still stored with other vaccines for a long time. In the recording reporting stage, most of them were not good because vaccine stock cards were not available, recording temperature graphs for every day including holidays and vaccine refrigerator maintenance cards. Most of the 47 (55.29%) health personnel had a poor level of knowledge. Lack of knowledge on vaccine usage index, vaccine characteristics, vaccine quality assessment, distribution of freeze-dried vaccines, rules for using reconstituted vaccines, control of needle waste and vaccine expiry date. Most of the health personnel are men, the age range of health personnel is 25-35 years, those who have work experience > 10 years, health personnel with a nursing profession, health workers with a bachelor's degree/professional education, health personnel with government employees status and those who have attended training at the level of good knowledge. Inhibiting factors in vaccine management consist of human resources (HR), infrastructure and funding at the local level. Public health Office For can carry out training and supervision at community health centers. Supporting factors that already exist in all district health centers do not yet include system factors, facilities infrastructure and financial support at the level Public health center.

**Keywords:** Vaccine Management, Knowledge, Vaccines Basic Immunization, Community Health Center