

ABSTRAK

Berdasarkan Pusat Data dan Informasi tahun 2015, salah satu penyebab masih tingginya angka prevalensi tuberkulosis disebabkan masih terjadi kekosongan Obat Anti Tuberkulosis, adanya obat rusak dan kadaluarsa. Permasalahan ini dapat mengakibatkan ketidaksesuaian antara kebutuhan dan ketersediaan OAT, berkurangnya kualitas obat karena tidak sesuai dengan sistem penyimpanan yang baik. Penelitian ini bertujuan untuk mengetahui gambaran perencanaan dan distribusi OAT dan faktor-faktor yang mempengaruhinya di Dinas Kesehatan Provinsi Kalimantan Timur.

Penelitian ini merupakan jenis penelitian deskriptif, dengan melakukan observasi secara langsung, menggunakan daftar tilik. Data kuantitatif diperoleh secara retrospektif yaitu dokumen perencanaan dan distribusi OAT tahun 2015 dan 2016 di Dinas Kesehatan Provinsi Kalimantan Timur, sedangkan data kualitatif diperoleh melalui wawancara kepada responden yang dipilih secara *purposive sampling*. Analisis data kuantitatif diukur dengan menggunakan indikator perencanaan dan distribusi berdasarkan standar yang telah ditentukan, data kualitatif dianalisis isi wawancara, disajikan dalam bentuk naratif.

Metode perencanaan yang digunakan adalah kombinasi dari metode konsumsi dan morbiditas, dilaksanakan secara *bottom up* dari data yang dikumpulkan dari seluruh kabupaten, namun tetap dilakukan perhitungan ulang dengan mempertimbangkan penemuan kasus di seluruh kabupaten/kota. Distribusi OAT menggunakan sistem *top down* berdasarkan laporan triwulan penerimaan dan pemakaian OAT, penemuan dan pengobatan pasien TBC dengan menggunakan dana operasional distribusi obat program. Hasil evaluasi efisiensi dan efektifitas perencanaan dan distribusi OAT tahun 2015 dan 2016 dengan menggunakan 14 indikator hasilnya terdapat 10 indikator yang memenuhi standar indikator pengelolaan obat yaitu; penyimpangan perencanaan 2015 (32,43%), 2016 (8,82%); tingkat ketersediaan obat dalam kategori aman (2015 : 16,06 bulan ; 2016 : 14,09 bulan); tidak terdapat obat ED dan rusak; sistem penataan obat sudah sesuai FEFO; kecocokan antara kartu stok dengan barang sudah sesuai (100%); seluruh kabupaten/kota, provinsi tidak terjadi *stock out*; seluruh kabupaten/kota melaporkan TB.13; manajemen organisasi dilakukan secara berjenjang; SDM-nya sudah memadai baik jumlah maupun kompetensinya; menggunakan sistem informasi SITT. Secara umum hasilnya baik, namun, masih ada beberapa indikator yang perlu dilakukan perbaikan karena tidak sesuai dengan standar pengelolaan obat yaitu ketepatan perencanaan (2015: 123,91%; 2016: 77,19%); terdapat satu jenis stok obat mati ditahun 2015 (20%) dengan nilai kerugian (Rp.76.401.802); belum menerapkan sistem distribusi obat; dan keterbatasan dana operasional. Faktor-faktor yang mempengaruhi perencanaan dan distribusi OAT adalah kurangnya koordinasi dalam perencanaan kebutuhan obat antara petugas gudang dengan wasor TBC ; terjadinya peralihan wewenang terkait pengelolaan obat (sistem satu pintu) ; petugas wasor TBC kabupaten kurang *update* data penemuan kasus terbaru ; kurangnya dana operasional terkait distribusi obat dan belum adanya standarisasi kendaraan operasional untuk distribusi obat ke sarana fasilitas pelayanan kesehatan.

Kata Kunci : Evaluasi, Perencanaan, Distribusi, OAT, Provinsi Kalimantan Timur

ABSTRACT

According to Center of Data and Information 2015, one of the main reasons of high prevalence in Tuberculosis is the inadequate amount of TB Drugs, damaged and expired drugs. The problem in TB Drugs management can cause imbalance between the needs and availability of the TB Drugs, decrease in drugs' quality because they did not stored under the proper conditions. This study's purpose is to know the blueprint of the TB Drugs planning and distribution, and factors that might affect both in Health Office of East Kalimantan.

This study is a descriptive study type, by doing direct observation and using checklists. Quantitative data were obtained retrospectively through tracing of TB Drugs planning and distribution-related data from 2015 and 2016 documents, while qualitative data were obtained through in-depth interviews with the selected interviewees by purposive sampling. Quantitative data analysis using measured indicator of planning and distribution then compared it with predetermined standards. Qualitative data were analyzed from the contents of the interview, then it presented in the narrative form.

The planning method used was a combination of consumption and morbidity methods, performed in a bottom-up manner by of data collected from all districts, but recalculated by considering case findings across districts. TB Drugs distribution was done with top-down manner based on quarterly report of acceptance and use of OAT, invention and treatment of TB patients using operational fund distribution drug program. The results of evaluating the efficiency and effectiveness of the planning and distribution of TB Drugs in 2015 and 2016 using 14 indicators, there were 10 indicators that meet the standards of drug management indicators, the deviation of the planning by year 2015 (32,43 %) and 2016 (8,82 %); availability level in the secured categories by year (2015 : 16,06 month ; 2016 : 14,09 month); there were ED and damaged drugs; the drugs' managing system were FEFO-based; the compatibility between the amount of the stock and the cards was 100%; all cities and province did not experience *stock-out*; all the districts/cities reported TB.13; organizational management was done in stages; human resource was adequate both amount and competence, using SITT information system. In general, the results were decent. However, there were some indicators that need improvement because they were not in accomplish the standard of drug management that is the accuracy of planning (2015: 123.91%; 2016: 77.19%); there is one type of dead drug stock in 2015 (20%) with loss value (Rp.76.401.802); not yet implementing drug distribution system; and limited operational fund. Factors affecting the planning and distribution of OAT are lack of coordination in the planning of drug requirements between warehouse officers and TB wasor; transition of authority related to drug management (one gate policy); district TBC washers did not update the latest case finding data; lack of operational fund related to drug distribution and lack of standardization of operational vehicle for drug distribution to health facility

Keywords: Evaluation, Planning, Distribution, TB Drugs, East Kalimantan Province