



Management Analysis Of Medicine Management During The Covid19 Pandemic At Simpang Jaya Health Center, Tadu Raya District, Nagan Raya District

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Abstract. Management Drug management consists of Planning, Procurement, Receiving, Storage, Distribution, Destruction, Control. During the Covid 19 pandemic, demand for medicines in the world increased to USD 4.5 billion, for this reason it is necessary to carry out good medicine management. This research uses a qualitative research method with a case study approach. The informants in this research were the Head of the Community Health Center, Head of the Medicine Warehouse, Medicine Warehouse Installation Staff, and Health Installation Staff at Simpang Jaya Health Center, Tadu Raya District, Nagan Raya Regency and from triangulated data. This research was conducted from February to October 2021, data collection was carried out by means of in-depth interviews and questionnaires. Data analysis by identifying problems using a fishbone diagram to obtain cause and effect relationships. The results of this research show that expert professions in drug management are very necessary, in order to achieve drug management in accordance with the Minister of Health's Regulation, the lack of cupboards is also an obstacle in drug management, the lack of facilities and infrastructure in the Puskesmas includes electronic devices such as computers so that the recording and reporting of drugs is still manually. It is recommended that the implementation of drug management based on the Minister of Health's Regulation concerning Standard Technical Instructions for Public Health Center Pharmaceutical Services in 2019 be maintained.

Keywords: Management, Implementation, Medicine.

Abstrak. Pengelolaan Obat terdiri dari Perencanaan, Pengadaan, Penerimaan, Penyimpanan, Distribusi, Pemusnahan, Pengendalian. Pada masa pandemi Covid 19, permintaan obat-obatan di dunia meningkat hingga USD 4,5 miliar, untuk itu perlu dilakukan pengelolaan obat yang baik. Penelitian ini menggunakan metode penelitian kualitatif dengan pendekatan studi kasus. Informan dalam penelitian ini adalah Kepala Puskesmas, Kepala Gudang Obat, Staf Instalasi Gudang Obat, dan Staf Instalasi Kesehatan Puskesmas Simpang Jaya Kecamatan Tadu Raya Kabupaten Nagan Raya dan dari data triangulasi. Penelitian ini dilaksanakan pada bulan Februari sampai dengan Oktober 2021, pengumpulan data dilakukan dengan cara wawancara mendalam dan kuesioner. Analisis data dengan mengidentifikasi permasalahan menggunakan diagram tulang ikan untuk memperoleh hubungan sebab akibat. Hasil penelitian menunjukkan bahwa profesi ahli dalam pengelolaan obat sangat diperlukan, untuk mencapai pengelolaan obat yang sesuai dengan Peraturan Menteri Kesehatan, kurangnya lemari juga menjadi kendala dalam pengelolaan obat, kurangnya sarana dan prasarana di Puskesmas dilengkapi alat elektronik seperti komputer sehingga pencatatan dan pelaporan obat masih dilakukan secara manual. Disarankan agar pelaksanaan pengelolaan obat berdasarkan Peraturan Menteri Kesehatan tentang Petunjuk Teknis Standar Pelayanan Kefarmasian Puskesmas Tahun 2019 tetap dipertahankan.

Kata Kunci : Manajemen, Implementasi, Kedokteran.

1. INTRODUCTION

Based on data from the World Health Organization (WHO) in 2020, demand for medicines in the world increased to USD 4.5 billion or around Rp. 63,000,000,000, estimated by 2025 to increase to USD 10 billion or Rp. 141,141,000,000,000, with an annual growth rate/CAGR reaching 17.3%. The high demand for this drug is due to the increase in drug consumption during the Covid-19 pandemic. (WHO, 2020). Apart from that, according to the German Minister of Health, in 2021, the increase in drugs during the Covid-19 pandemic

occurred in Germany so that the German state purchased 200,000 doses of experimental antibody vitamin drugs at a price of 6.8 trillion (World Health Organization, 2020).

In Indonesia, demand for medicines during the Covid-19 pandemic increased 12 times, from June 1 to August there was an increase in the need for medicines. This makes pharmacies and drug stores a sector that is often sought after by the public to meet their drug needs. Apart from that, demand for digital medicines has also increased in the midst of the Covid 19 pandemic (Indonesian Ministry of Health, 2021). Based on data from the Central Statistics Agency (BPS). Indonesia experienced growth in demand for medicines in 2020, increasing to 5.69% and it is predicted that in 2022 it will increase to 12 billion rupiah (Indonesian Central Statistics Agency, 2021).

Medicine is an important element in efforts to cure disease, treatment of various diseases cannot be separated from therapeutic actions with medicine. There are currently many drug choices, but drugs must be used correctly to provide optimal clinical benefits (Badan POM, 2017). Indonesia has reduced the number of imports of medicinal raw materials by campaigning for Original Indonesian Modern Medicines (OMAI), however OMAI cannot yet be used as a JKN reference medicine because it has not been stated in Minister of Health Regulation (Permenkes) Number 54 of 2018.

Based on data from the Aceh provincial Health Service, demand for vitamin medicines has increased by 54%. The indicator for achieving drug availability in 2018 is the Community Health Center at 80%. A total of 524 community health centers in all areas of Aceh Province have achieved 80% drug availability, while there are still many community health centers that have not yet reached 80% drug availability for drug demand. In Aceh province, only 80.93% of the Aceh Province health service budget was realized for medicines and health supplies, while the remaining 19.07% of the Aceh Province health service budget was not realized (Aceh Provincial Health Service, 2021).

Based on data from the 2018 Aceh Province Health Profile, all Community Health Centers in Nagan Raya Regency are included in the category of Community Health Centers that do not have five types of promotive and preventive health personnel. which is not good in every health installation in Nagan Raya Regency (Aceh Province Health Profile, 2018).

According to data from the Nagan Raya Regency Health Service in 2021, Nagan Raya Regency experienced a decrease in demand for medicines at hospital installations and health centers in Nagan Raya Regency, namely by 80%, this occurred due to reduced public visits to health installations due to exposure. corona virus, but there is high demand for vitamin drugs in drug stores and pharmacies (Nagan Raya District Health Service, 2021).

Based on the initial survey conducted by researchers with the drug management installation staff and the head of the Simpang Jaya Community Health Center through interviews, there were obstacles experienced in drug management at the Simpang Jaya Community Health Center. According to data from the Drug Usage Report and Request Sheet (LPLPO), the Simpang Jaya Community Health Center experienced a 10% decrease in drug demand, resulting in a large amount of remaining drug stock (LPLPO Simpang Jaya Community Health Center, 2020). At the beginning of 2020, the emergence of the corona virus in Indonesia caused a reduction in the number of patients in health facilities in Indonesia because the lockdown system in effect caused many people to be afraid to seek treatment at health facilities for fear of being exposed to the corona virus.

Based on the initial survey conducted by researchers through short interviews with the head of the Community Health Center and staff of the drug management installation, the Simpang Jaya Community Health Center had problems in management, namely the recording and reporting of drugs from the pharmacy to the Simpang Jaya Community Health Center services was not updated every day, resulting in problems in recording. and drug reporting from the pharmacy to Simpang Jaya Community Health Center services is not up to date due to lack of infrastructure facilities (no computers or electronic devices as data storage media), while in the Ministry of Health regarding the 2019 Public Health Center Pharmaceutical Services Standard Technical Instructions, medication recording and reporting is included in the process drug planning.

Meanwhile, in Nagan Raya Regent's Regulation Number 12 of 2020 concerning the use of special non-physical allocation funds for the health sector and the accreditation of Community Health Centers in Nagan Raya Regency for the 2020 fiscal year, drug management at Community Health Centers must be equipped with adequate facilities and infrastructure such as information systems or drug applications and BMHP in general. In addition, according to the Ministry of Health of the Republic of Indonesia regarding Standard Technical Instructions for Public Health Center Pharmaceutical Services in 2019, the provision of facilities and facilities for assessment and prescription services must be equipped with computers and software (Ministry of Health regarding Standard Technical Instructions for Public Health Center Pharmaceutical Services, 2019).

Implementation of medication management at the Simpang Jaya Community Health Center. Requests for medication from the Simpang Jaya Community Health Center to the Nagan Raya District Health Service are ordered once every three months or if the stock of

medication runs out at any time, the use of medication and other health equipment such as masks, antiseptic gel and alcohol by 90%, drug utilization in

Simpang Jaya Health Center is quite large because every patient who undergoes outpatient treatment is treated with preventive measures, so that the medicine supply is good and correct, the planning must be done well.

Based on the problems above, researchers are interested in conducting research related to "Medication Management Analysis During the Covid19 Pandemic at Simpang Jaya Community Health Center, Tadu Raya District, Nagan Raya Regency".

2. MATERIAL AND METHODS

The analysis in this research uses a fishbone diagram. The fishbone diagram is used to identify the roots of the problem so that a cause and effect relationship can be obtained. The steps in preparing a fishbone diagram are:

- **Create a Fishbone Diagram Framework**

Covering the head is a problem, then fins as a group that causes problems, spines as a cause of problems.

- **Formulate the Main Problem**

problem is a mismatch between the desired results and the results obtained.

- **Determine the main factors that impact the problem**

The approach to the main elements of the problem is an approach with management elements, known as 5M: people, money, materials, machines and methods.

- **Determine the causes of the main causes of the problem**

Causes of problems from the factors used: DM, due to low competence, and a mismatch between abilities and circumstances. Material, quality of goods is not good. Machinery, equipment failure. Methods, errors in workmanship.

3. RESULTS

Results of Drug Management Management Analysis

The results of the data analysis carried out obtained all the information obtained during the research process carried out, the results of the research were prepared based on the findings obtained during the research plus the information obtained. Activities carried out in drug management at the Simpang Jaya Community Health Center, Tadu Raya District, Nagan Raya Regency are activities carried out by certain health workers at the Simpang Jaya Community Health Center as well as the role of the Nagan Raya District Health Service. The results of data

analysis obtained or obtained during the research are as follows:

Medication Planning

Table 1 Results of In-depth Interviews regarding Drug Planning

| Informant | Statement |
|--|---|
| Head of Simpang Jaya Community Health Center | "There are 6 drug management staff here, 1 pharmacist, 5 more midwives, the drug planning process here, first we select the drugs to be ordered, collect data and calculate the need for the drugs we will order, so far there are obstacles in drug planning at RKU (Plan "Medicine needs) that don't match what we ask for" |
| Head of Medicine or Head of Medicine Warehouse | "For human resources for drug management, there are 6 decks. To plan drug needs, we first calculate the need for the drugs we want to order so we know what drugs we really need." |
| Medicine Warehouse and Pharmacy Installation Staff | "There are 6 people, 2 people in the medicine warehouse and 4 people in the pharmacy, 1 pharmacist, 5 midwives, the first thing we do in drug planning is selecting medicines, then calculating the need for medicines, then collecting data from LPLPO, RKUs that don't match the deck, sometimes we ask for "The amount of medicine often doesn't match what we ordered because maybe there isn't any stock at the Department, so the few who come to us are what we often feel is a shortage of medicine stock." |

Based on the results of the interview above, information was obtained that there is still a lack of human resources (HR) or health workers for drug management, it is explained that there is no pharmaceutical health worker and there is only one pharmacist health worker, while in the Minister of Health Regulation regarding standard techniques for pharmaceutical services at Community Health Centers in In 2019, there will be a minimum of 2 pharmacists or pharmacists in managing medicines in a Community Health Center. It was further stated that in the RKU (Medicine Requirements Plan) at the Simpang Jaya Community Health Center there is often a mismatch between the request and the medicine that arrives, sometimes it often happens that the quantity of medicine that arrives is small, and this has an impact on the need for medicine, so that ordering medicine can be done at any time because of demand. emergency. In drug planning at the Simpang Jaya Community Health Center, the first thing to do is select drugs, collect data, and calculate the planned need for the drugs to be ordered.

Drug Procurement

Table 2. Results of in-depth interviews regarding drug procurement

| Informant | Statement |
|--|---|
| Head of Simpang Jaya Community Health Center | "Medicine orders are made once every 3 months, but sometimes the medicine often runs out at the wrong time, so we make requests outside of the schedule once every 3 months, the problem is that we don't have enough funds." |
| Head of Medicine or Head of Medicine Warehouse | "The funds are for ordering medicines which are often in short supply" |
| Medicine Warehouse and Pharmacy Installation Staff | "Once every 3 months we procure medicines, we often lack funds to order medicines." |

Based on the results of the interview above, it was found that in the procurement of medicines, the problem faced by the Simpang Jaya Community Health Center was the lack of funds for ordering obta. In the procurement of medicines, if the procurement of medicines that came from the Nagan Raya District Health Service did not come as requested, then the Simpang Jaya Community Health Center carry out independent procurement, and the obstacle in independent procurement is the limited funds for purchasing the medicine.

Medication Acceptance

Table 3. Results of in-depth interviews regarding medication receipt

| Informant | Statement |
|--|---|
| Head of Simpang Jaya Community Health Center | "First, we check the expiry date, usually if the date is already close, we don't receive it, the medicines are received by the medicine warehouse staff." |
| Head of Medicine or Head of Medicine Warehouse | "Medicine receipt is handled by the deck warehouse staff" |
| Medicine Warehouse and Pharmacy Installation Staff | "We receive the medicine, and before we receive it we usually first check the quality of the medicine." |

Based on the results of the interview above, it was found that the reception of medicines was carried out by the Simpang Jaya Health Center medicine warehouse staff and before receiving the medicines, the quality and expiration date of the medicines that arrived were checked.

Drug Storage

Table 4. Results of in-depth interviews regarding drug storage

| Informant | Statement |
|--|---|
| Head of Simpang Jaya Community Health Center | "The provision of cupboards for medicines at this Community Health Center is in accordance with the type of medicines in their placement. However, the cupboards here are not complete and the cupboards are said to be not in good condition, the locks are not tight and the cupboards are not sturdy." |
| Head of Medicine or Head of Medicine Warehouse | "To adjust the type of medicine in storage, it is in accordance with the SOP" |
| Medicine Warehouse and Pharmacy Installation Staff | "We have stored medicine according to the category of type and use, but we don't have many cupboards and many of the locks are broken. The cupboards are already ugly." |

Based on the results of the interview above, it was found that the storage of medicines had been carried out according to the type and each medicine had been categorized, but the problem faced was that the number of medicines were stored or cupboards was small and many cupboards were damaged.

Drug Distribution

Table 5. Results of In-depth Interviews regarding Drug Distribution

| Informant | Statement |
|--|--|
| Head of Simpang Jaya Community Health Center | "Medicines are distributed if there is a prescription from a deck service doctor, there are obstacles in distributing medicines at deck infrastructure facilities" |
| Head of Medicine or Head of Medicine Warehouse | "If there is a prescription from the service room, we will provide medicine according to the prescription" |
| Medicine Warehouse and Pharmacy Installation Staff | <ul style="list-style-type: none"> - Prescription from the service room according to the patient's disease diagnosis - After the prescription is given, the service room gives the medicine to the medicine collection counter - So far there are obstacles in distributing medicines to facilities and infrastructure. We would be happy if communication with pharmacy staff used a more sophisticated network, so if there is a shortage we don't have to go back and forth, right?" |

Based on the results of the interview above, it was found that the obstacle in distributing drugs from pharmacies to drug services is the lack of facilities and infrastructure.

Drug Destruction

Table 6. Results of In-depth Interviews regarding Drug Destruction

| Informant | Statement |
|--|--|
| Head of Simpang Jaya Community Health Center | "This health center does not destroy medicines, medicines that have expired or are damaged are sent back to the Health Service. Likewise, if a request for medicine is not appropriate, for example we receive damaged medicine, we will return it to the Health Service again." |
| Head of Medicine or Head of Medicine Warehouse | "Returned to the Health Service" |
| Medicine Warehouse and Pharmacy Installation Staff | "Expired medicine is returned to the Health Service." |

Based on the results of the interview above, it was found that Simpang Jaya Community Health Center does not destroy medicines, medicines that are expired or damaged will be returned to the Health Service.

Drug Control

Table 7. Results of In-depth Interviews regarding Drug Control

| Informant | Statement |
|--|--|
| Head of Simpang Jaya Community Health Center | "If there is expired medicine, we will return it to the Health Service, and the management of medicines at the Health Center is not yet in accordance with the Minister of Health's Regulation on Public Health Center pharmacy, but we have done everything according to the applicable SOPs (Operational Standards)" |
| Head of Medicine or Head of Medicine Warehouse | "For control, we check which decks are lacking and which are more, and that's it "This is a homework for us so that the next order of medicine can be correct" |
| Medicine Warehouse and Pharmacy Installation Staff | "We have stored medicines well, but the cupboards are not very good, they are not in accordance with the Minister of Health Regulations, but they are in accordance with the SOP (Operational Standards)." |

Based on the results of the interview above, it was found that the management of medicines at the Simpang Jaya Community Health Center was not in accordance with the Minister of Health's Regulation on standard pharmaceutical techniques at Community Health Centers in 2019, however, the management of medicines was in accordance with the SOP (Operational Standards) that had been determined by the Nagan Raya District Health Service.

Observation Results

a. Planning

In drug planning at the Simpang Jaya Community Health Center, Tadu Raya District, Nagan Raya Regency, from the results of the observations that have been made, it was found that the first thing that the health workers at the Simpang Jaya Community Health Center did in planning the procurement of medicines was:

b. Drug Selection

The selection of the type of medicine to be ordered from the Simpang Jaya Health Center is to use the Puskesmas formulary, the Puskesmas formulary must be in accordance with the National formulary, Simpang Jaya Health Center in making the formulary. The Puskesmas is in accordance with the method of making drug proposals from the head of the Simpang Jaya Health Center warehouse, recapitulating drug proposals, discussing drug proposals, compiling a list of drugs to be ordered, and finally determining the Puskesmas formulary.

c. Data collection

Collecting data on drug usage or drug stock at Simpang Jaya Health Center by taking data from stock cards and LPLPO (Usage Sheet and Drug Request Sheet) in one period.

d. Calculate planned drug needs

Calculate the planned drug needs at the Simpang Jaya Community Health Center by calculating the consumption method. Simpang Jaya Health Center in planning medicines holds a meeting every 3 months in accordance with routine drug procurement, the meeting is held in a room on the 2nd floor of the building adjacent to the room to the Puskesmas, and the meeting is held by the head of the Puskesmas, head of the medicine warehouse, 1 person drug management staff, general practitioners and dentists. During the Covid 19 pandemic, the Simpang Jaya Community Health Center held a meeting by sitting down, limiting the distance and use of masks, and limiting the number of health workers who met. Before Covid, there were many health workers who took part in the meeting, but during the pandemic the number was limited and only representatives did so.

Procurement

The results of the observations carried out found that in drug procurement, Simpang Jaya Health Center carried out routine and special drug procurement. Routine procurement of medicines is carried out once every 3 months, and special procurement of medicines is carried out if medicine stocks suddenly become empty due to increased demand for medicines. The drug procurement budget at the Simpang Jaya Community Health Center comes from the APBD and JKN. In the process of procuring medicines during the Covid 19 pandemic, the Simpang Jaya Community Health Center ordered medicines via telephone, and the Puskesmas formulary was sent via photo and sent using Gmail or Whatsapp.

Reception

Receiving medicines is carried out by a health worker on duty at the medicine warehouse. Before receiving medicine during the Covid pandemic, the Simpang Jaya Community Health Center sprayed disinfectant, after that the medicine warehouse staff checked the medicine by looking at the expiry date, if the expiration date was approaching then the Community Health Center did not receive the medicine, then the Community Health Center carried out a check. on the quality of the medicine and its packaging which must be good.

Storage

Table 8 Results of drug storage observations

| Numbers | Sub Component | Assessment criteria | Results |
|----------------|----------------------|--|--|
| 1. | Medicine storage | 1. The minimum room area is 3x4 meters 2. Cabinets for each class of medicine 3. Minimum 1 refrigerator 4. Minimum 1 high alert medicine storage cabinet 5. Minimum 1 narcotics cupboard 6. Ventilation | 6 X 7 meters Not enough 2 There is There are (As is) There are none |

From the results of the observations made, it was found that in the warehouse where medicines were stored there were deficiencies in medicine storage, namely incomplete cupboards, poor cupboards, cupboards that did not have locks, and cupboards that were inadequate. The number of cupboards in each group is also lacking or limited.

Distribution

The results of observations that have been carried out in the process of distributing medicines are carried out with the first doctor at the health service at the Simpang Jaya Community Health Center prescribing medication according to the patient's disease diagnosis, the drug prescription is placed in the prescribing room, then the Simpang Jaya Community Health Center pharmacy staff take the prescription and look for the medicine that matches what is in the prescription, then the pharmacy staff puts the medicine in the prescription room and then it is taken by the health service doctor, in the process of distributing the medicine from the pharmacy to the health service at the Simpang Jaya Health Center between the pharmacy health workers and Health service workers at the Simpang Jaya Community Health Center do not meet in person and do not have direct contact, meaning there is no communication, communication is limited to just looking for paper that has been reviewed by the service doctor, this has been done since the Covid-19 pandemic occurred.

Annihilation

Simpang Jaya Health Center does not destroy medicines. If there is medicine whose expiry date has reached the limit and there are drugs that are damaged, then Simpang Jaya Health Center returns the medicine to the Health Service. This is in accordance with regulations from the Nagan Raya District Health Service.

Control

The drug control process at the Simpang Jaya Community Health Center is carried out by the head of the Community Health Center, head of the drug warehouse, and drug management staff. What is done in drug control is checking drug stocks and ensuring that drugs are stored in good condition, this ensures that there is no sudden shortage of drug stock.

4. DISCUSSION

Medication Planning

Drug planning according to the Minister of Health regarding standard pharmaceutical service techniques is an activity carried out by a group of organizations by preparing an activity for the future. In carrying out drug planning, drug selection must primarily be carried out by determining the type of drug preparation, with the drug selection process carried out in the context of manufacturing. drug formulary, the drug formulary makes it easier for doctors at the Community Health Center to carry out drug checks, drug formulary checks are carried out at

least once a year. Next, collect data. The data that has been collected is data on drug use in the previous period. This is done to determine drug use in the previous period. Next, calculating the planned drug needs requires results like this by calculating the consumption method so that in drug planning you can choose the right drug to order using this method.

This is in line with the Policy Implementation Analysis Model according to the Meter and Horn Model which explains implementation as actions carried out by individuals or groups that are directed to achieve the goals outlined in the policy. This theory explains that planning group collaboration is very good, especially when it is supported by the right human resources in their field.

The results of the in-depth interviews that were conducted showed that the Simpang Jaya Community Health Center ordered medicines once every 3 months and ordered medicines outside of the ordering schedule if there was a sudden shortage of stock and there were obstacles in HR (Human Resources) in the management of medicines, health workers in the area. There are 6 people managing medicines with 1 pharmacist and 5 midwives, this is not in accordance with the Minister of Health's Regulation on standard pharmaceutical guidance techniques in 2019. In the Minister of Health's Regulation, there must be a minimum of 2 pharmaceutical staff or pharmacists in the human resources for managing medicines. Furthermore, in drug planning at the Simpang Jaya Community Health Center there are also problems in the RKU (Drug Requirements Plan) where the drugs that arrive do not match the quantity ordered, this has an impact on the stock of drugs which can be empty at any time if the stock is only small.

Drug Procurement

Procurement is a process of providing the need for medicines. This is done to meet the need for medicines at the Community Health Center or in another health installation. In procuring medicines, the thing that is done is requesting medicines, after planning the medicines that will be provided at the Community Health Center, then making a request for medicines to Health Department or other distributors.

The results of in-depth interviews conducted by researchers with informants at the Simpang Jaya Community Health Center showed that there were obstacles in the demand for medicines, namely insufficient funds so that they could not order medicines on a large scale

for their medicine stock, so requests for medicines that were not too much were made due to lack of costs or funds in ordering medicines.

Medication Acceptance

Receiving medicines by the Community Health Center from the District Service pharmacy installation and other sources is an activity carried out by a pharmaceutical health worker or pharmacist who is an expert in that field. The pharmaceutical health worker or pharmacist is responsible for checking that the medicine must be in good condition until it reaches the Community Health Center. Before receiving a drug, a pharmacist must ensure the expiration date and quality of the drug. A pharmacist must receive a good drug.

The results of in-depth interviews conducted by researchers with informants at the Simpang Jaya Community Health Center were that the medicine was received by a midwife who was on duty at the medicine warehouse, a health worker. Before receiving the medicine, the midwife checked the medicine to ensure the quality of the medicine the patient would use.

Drug Storage

Drug storage is a process carried out in drug management, pharmaceutical preparations are stored and arranged neatly in cupboards and refrigerators with the aim of maintaining drug needs by maintaining drug availability and making it easier to monitor and take drugs. The results of in-depth interviews conducted by researchers with informants at the Simpang Jaya Community Health Center are that the medicine storage area is not good, this can be seen from the cupboard which is lacking and less sturdy, also the locks in the cupboard have been damaged a lot. This is a concern for health workers. due to excessive use of drugs and fear of loss.

Drug Destruction

Destruction of medicines is something that is done to damage and eliminate medicines or medical materials in the Puskesmas, destruction of medicines is carried out based on their form and type in accordance with the law. Drugs that are damaged and expired have their distribution permits withdrawn so that bad things don't happen and then the drugs are destroyed according to their category.

The results of in-depth interviews conducted by researchers with informants at the Simpang Jaya Community Health Center are as follows: Consumable medicines or medical materials at the Simpang Jaya Community Health Center are not destroyed at the Simpang Jaya Community Health Center. Medicines that have expired and are not good are recalled by the Nagan Raya District Health Service to be destroyed by Nagan Raya District Health Service.

Drug Control

Drug control is an activity to ensure that the availability of drugs at the Puskesmas is good, drug control is carried out by substituting for drug approval from a doctor, if there is a shortage of drugs, orders can be made outside of the drug ordering schedule in accordance with the Puskesmas formulary, and submitting requests for medication. to the District/City Health Service.

Results from in-depth interviews conducted by researchers with informants Simpang Jaya Health Center is as follows: drug control at Simpang Jaya Health Center by checking or inspecting drugs in each cupboard to ensure the quality of the drugs. Medication management is not yet in accordance with the Minister of Health's Regulation on standard pharmaceutical techniques at Community Health Centers in 2019, however medication management at Community Health Centers is in accordance with applicable SOPs.

Observation

The following are the results of the findings of discrepancies in the cupboards where medicine is stored at the Simpang Jaya Community Health Center with the Minister of Health's Regulation regarding the pharmaceutical instruction techniques of Community Health Centers in 2019.



Figure 1. Medicine Storage Cabinet

The width of the medicine warehouse room is 6 can be closed tightly, this has an impact on the quality of the drug and its quality. There are 2 refrigerators, and there is a cupboard for storing high alert drugs. There is a cupboard for storing narcotic drugs but it is inadequate or not very good. In the medicine warehouse there is no ventilation because the medicine warehouse is equipped with air conditioning or air conditioning.

5. CONCLUSION

Based on the results of research on drug management during the Covid-19 pandemic at the Simpang Jaya Community Health Center, Tadu Raya District, Nagan Raya Regency, the following conclusions were obtained:

- a. Implementation of medication management based on the Minister of Health's Regulation on technical guidelines for Community Health Center pharmaceutical services in 2019 in the Simpang Jaya Community Health Center work area, Nagan Raya Regency has been maximally implemented, seen from the appropriateness of the drug management that has been determined.
- b. Drug planning at the Simpang Jaya Community Health Center is still carried out by health workers such as midwives and not yet carried out by experts such as pharmacists or pharmacists.
- c. When procuring medicines, there is often a lack of funds, procurement of medicines from the Nagan Raya District Health Service and other distributors.
- d. Receiving medicines at the Simpang Jaya Community Health Center has been carried out properly, before receiving the medicines the medicines have been checked, both on the medicine packaging and the expiration date on the medicines.
- e. Medicine storage at the Simpang Jaya Community Health Center has been carried out appropriately for each type and category of medicine, however there is a shortage of cupboards and many of the cupboards are not good.
- f. The distribution of medicines has been carried out well, but the facilities and infrastructure are still lacking, there are no electronic devices in health services, to make reporting and recording easier and faster.
- g. Simpang Jaya Health Center does not destroy medicines, damaged and expired medicines are sent to the Nagan Raya District Health Service.
- h. Medicine management at the Simpang Jaya Community Health Center is in accordance with the SOP, but not yet in accordance with the Minister of Health's Regulations regarding standard pharmaceutical techniques at Community Health Centers in 2019.

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