

## Kebijakan penempatan Apoteker di Puskesmas

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### Abstrak

Background: Act Number 36 of 2009 on Health states that the government has the responsibility to regulate the planning, procurement, empowerment, and control/ing of the quality of health workers in performing health care in Indonesia. Meanwhile the Government Regulation Number 51 of 2009 requires that the practice of pharmacy must be done by pharmacist and one of the health facilities conducting pharmacy practice is the community health center. A cross sectional qualitative study has been done to identify the role of regional institution in the assignment of pharmacist in community health centers, and to obtain information on problem and barrier of the assignment. Methods: The study was carried out in cities of Tangerang, Bandung, Surabaya and Bantul District. Data were collected through in-depth interviews with those responsible in Provincial Health Office, District Health office, Regional Man-power Institution (BKD) and community health center, besides by conducting focus group discussion with pharmacists from District Health Office, Community Health Center, School of Pharmacy and Regional Indonesian Pharmacists Association. Data were analyzed qualitatively using triangulation method and temporary study results were revised in a round table discussion with experts in Jakarta. Results: Results of the study show that: 1) Referring to regional role: (a) the role of Provincial Health Office was recording the demand of and the assignment of pharmacist, (b) the District Health Office had the authority to determine the demand of pharmacist and to assign as well as to control pharmacist in community health centers, (c) the regional man-power institution documented and forwarded the number and kind of pharmacy staff needed by the District Health Office to the national man-power institution (BKN), and (d) the role of head of community health center was managing pharmacist according to their main job, i.e. managing drug supply 2) Referring to problem in pharmacist assignment: (a) District Health Office was aware of the need of pharmacist, but in planning pharmacist was not regarded as a priority compared to other health workers, (b) the request for pharmacist was not based on the real organization needs resulted from the analysis of work burden such as regulated, (c) limited formation given by BKN, and such that the assignment of health workers was not based on their competencies, and (d) Training of health personnel has not been done because of budget limitations.