

## Improvement Strategy for Procurement Using the Hanlon Method at the Public Health Centers in Kediri

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### ABSTRACT

Public Health Center (PHC) was a health center that needed and demanded by the community, accordingly availability and quality of medicines at PHC should met the needs. Purpose of this study were to determine the level of conformity and specify selection and procurement strategies for pharmaceutical service standards in Kediri's PHC based on priority scale of problem using Hanlon analysis. Design of this study was a non-experimental study, with data were analyzed quantitative and qualitative, collected using questionnaire instrument by conducting interviews, while results of this study was data in the form of counting results from respondent's answers. The research results indicate that the procurement compliance level at the Public Health Centers in Kediri City has one problematic indicator, namely the percentage of procurement compliance with the actual usage for each drug item. Meanwhile, three indicators that are in compliance include the frequency of procurement for each drug item, the frequency of invoice errors, and the frequency of delayed payments by Puskesmas in relation to the accordance with predetermined schedules

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## INTRODUCTION

The "After identifying issues in healthcare services at the Primary Health Centers in Kediri City, improvement efforts can be undertaken using the Hanlon method. The Hanlon method is chosen for its ability to compare various health problems in a relative, rather than absolute, manner. It provides a fair and objective framework for determining problem priorities based on four criteria groups: the magnitude of the problem, the emergency level of the problem, the ease of addressing the problem, and factors determining the feasibility of program implementation (*PEARL factor*) (Nurbeti, 2009).

Kediri City, in 2016, had a population of 281,978 people with a population density of 4,416/km<sup>2</sup>. The city falls under the Work Area of the Regional Coordination Body II Bojonegoro, East Java Province, overseeing 3 districts, 46 sub-districts, 9 Primary Health Centers with 2 Treatment Primary Health Centers, Seroja Clinic, Labkesda, and 26 Sub-primary Health Centers (Adima, 2015).

## LITERATURE REVIEW

The research aims to enable the Primary Health Centers in Kediri City to enhance their position and presence in existing healthcare services. The expected outcome is the development of competitive strategies that improve their existence and provide quality services to the community (Farida, 2016). Therefore, this research will focus on the topic, improvement strategy for procurement using the hanlon method at the public health centers in Kediri.

## METHODOLOGY

Type of research conducted is observational (*non-experimental*). Data collection involves interviews with pharmacists at 9 Primary Health Centers in Kediri City. The interview results are in the form of calculations derived from respondents' answers. Observations are also carried out to assess the presence and completeness of data or consumers, Standard Operating Procedures (SOPs), and facilities in pharmacy services.

Research instruments were obtained from the Primary Health Centers in Kediri City and processed through validity and reliability tests to determine the extent to which a measuring tool can be relied upon in obtaining information and is capable of revealing accurate information. The interview process included inquiries about the requirements of planning and procurement as established in the pharmaceutical service management of Primary Health Centers in Kediri, based on the indicators obtained.

Research process involves the preparation of interview sheets and evidence of data collection, the development of interview instruments in accordance with the variables in the study, and interviews with pharmacists at the Primary Health Centers in Kediri City. Subsequently, interviews were conducted with pharmacists at each Primary Health Centers in Kediri City. Data selection was performed to avoid errors, and if any anomalies were detected, in-depth interviews were conducted with the leaders and pharmacists at the 9 Primary Health Centers in Kediri City.

The data processing involved the collection of data from each Primary Health Center, followed by the assessment of the average for each component of the PEARL test (A, B, C, and D). Data from the 9 Primary Health Centers were consolidated into a single dataset representing Primary Health Centers in Kediri. Qualitative analysis of the research variables was then organized descriptively based on the characteristics of each research variable. Based on these findings, the first priority was given to the issue with the highest Overall Priority Rating score (Sugiyono, 2014).

## RESEARCH RESULT

A Primary Health Center is a healthcare facility that provides community health efforts and primary individual health services, with a greater emphasis on promotive and preventive measures, to achieve the highest possible level of community health in its operational area. Seeking medical care at a Primary Health Centers is more comfortable and practical for some people because of its proximity to residential areas, making it convenient for healthcare access.

The objectives of a Primary Health Centers include supporting the achievement of National Health Development by enhancing awareness, willingness, and ability to lead a healthy life for every individual residing in the Primary Health Centers' operational area. Administratively, in Kediri City, it falls within the jurisdiction of Regional Coordination Body II Bojonegoro, overseeing 9 Primary Health Centers: Primary Health Centers Kota Wilayah Selatan, Primary Health Centers Kota Wilayah Utara, Primary Health Centers Balowerti, Primary Health Centers Pesantren I, Primary Health Centers Pesantren II, Primary Health Centers Mrican, Primary Health Centers Sukorame, Primary Health Centers Campurejo, and Primary Health Centers Perawatan Ngletih.

Table 1. The Seriousness Level Of The Procurement Issues At The Public Health Centers In Kediri City

Problem of Procurement	Kriteria dan Scor					OPR
	Maksimum					
	A	B	C	BPR	D	
The percentage of procurement compliance with actual usage for each drug item	1	1	1	0,66	4	2,66
The frequency of procurement for each drug item	1	1	1	0,66	3	1,98
The frequency of invoice errors	1	1	1	0,66	3	1,98
The frequency of delays in payments by Public Health Centers in relation to the established timelines	1	1	1	0,66	3	1,98

Source : Processed Data, 2020

Note :

A : Magnitude of the problem. Score 1-10 (small to large)

B : Seriousness of the problem. Score 1-10 (not serious to very serious)

C : Ease of problem resolution. Score 1-10 (not difficult to very easy)

D or PEARL : Possibility of problem resolution. Score 0 = no, 1 = yes

BPR: Basic Priority Rating:  $[(A+B)C] / 3$

OPR : Over priority rating :  $BPR \times D$

## **DISCUSSION**

Issues and challenges frequently encountered during the drug procurement process include difficulties when utilizing the e-catalogue. Distributors are selected locally and are directly engaged by the central provider without knowledge of the remaining stock quantities at the distributor's end. Distributors often struggle to meet the demand for drugs required by all Public Health Centers due to the unknown stock levels at the distributor, revealed only after the framework contract is signed by the Procurement Implementation Unit (PPK). This occasionally leads to delays in deliveries to the Health Department, extending the waiting time for the arrival of drugs beyond the agreed-upon timeframe.

The prolonged waiting time for drug deliveries is attributed to the distributor having to place orders for the required drugs from the drug supplier first. To address this issue and ensure smooth service delivery, the Health Department of Kediri City must maintain constant communication with distributors to monitor the progress of order fulfillment. Assistance often comes from the Central Government and Provincial Health Department, resulting in the donated drugs sometimes nearing their expiration dates. The proximity of the expiration dates necessitates the immediate distribution of donated drugs to every Public Health Centers in Kediri City, even if they do not require the specific medication.

Public Health Centers can independently procure drugs outside the routine procurement process if the needed drugs are unavailable or there is a shortage. The funding for these individual Public Health Centers procurements comes from the National Health Insurance (BPJS) and annual routine and Excise Fund (CUKAI) budgets.

To prevent duplication in drug procurement by both Public Health Centers and the Health Department of Kediri City, Public Health Centers is obligated to verify their Drug and Medical Supplies Needs Plan with the Pharmacy Installation and the Secretary of the Health Department of Kediri City. Interviews have revealed that some Public Health Centers opt to purchase drugs directly from Pharmaceutical Distribution Businesses (PBF) or through local pharmacies with the approval of the Head of the Public Health Centers. This decision is made due to distributors not accommodating drug purchases from Public Health Centers directly. Purchasing drugs from various sources leads to significant price disparities for some medication items, causing each Public Health Centers to maintain different drug price lists when creating accountability reports.

The availability of health information is crucial in healthcare management, especially in drug administration. To address this, a Health Information System (Sistem Informasi Kesehatan or SIK) is essential. The SIK is implemented to collect, manage, report, and utilize health information, acting as a vital

integration between Public Health Centers and the Health Department of Kediri City, enhancing the efficiency and effectiveness of healthcare services. Each Public Health Centers in Kediri City is equipped with a complete SIKDA server and computer facilities, supporting the performance of personnel in each Public Health Centers.

## CONCLUSIONS AND RECOMMENDATIONS

A strategy and improvement plan are formulated to address planning and procurement issues in Puskesmas based on pharmacy service standards and indicators derived from the Ministry of Health RI in 2008 and Pudjaningsih in 1996. The acquisition from the priority scale is carried out to overcome planning and procurement issues at Puskesmas. Based on the priority of issues, Puskesmas in Kediri City can implement improvements and enhance the quality of pharmaceutical services. This, in turn, aims to achieve the quality in line with pharmacy service standards at Public Health Centers.

Table 2. Strategy for Addressing Procurement Issues in Public Health Centers

Priority	Problem	Strategy
1	The percentage of procurement compliance with actual usage for each drug item	<ul style="list-style-type: none"> <li>- There is a need for improvement to align procurement with the actual utilization for each drug item.</li> <li>- Collaboration between Puskesmas pharmacists and prescribing doctors is essential to dispense each drug item effectively.</li> <li>- Coordination with the Health Department of Kediri City is necessary to address the issue of drug items that are distributed but not needed by individual Puskesmas in Kediri City.</li> </ul>
2	The frequency of procurement for each drug item	<ul style="list-style-type: none"> <li>- The frequency of procurement for each drug item at the Public Health Centers in Kediri City has met the established standards or regulations.</li> <li>- It is necessary to maintain the quality of service for the following year.</li> </ul>
3	The frequency of invoice errors	<ul style="list-style-type: none"> <li>- No invoice errors were found, so the frequency of invoice errors has met the established requirements.</li> <li>- It is necessary to maintain the quality of service for the coming year.</li> </ul>

Priority	Problem	Strategy
4	The frequency of delays in payments by Public Health Centers in relation to the established timelines	<ul style="list-style-type: none"><li>- No delayed payments were found by the Public Health Centers, indicating that the frequency of delayed payments by Puskesmas has met the established standards.</li><li>- It is necessary to maintain maximum service quality for the following year.</li></ul>

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