Evaluasi Pelaksanaan Program Pemberian Tablet Tambah Darah Remaja Putri Tahun 2019 di Kota Pekanbaru

Evaluation of The Implementation of Fe Supplementation Program for Adolescent girl in 2019 at Pekanbaru City

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ABSTRAK

Latar Belakang: Program pemberian tablet tambah darah (TTD) merupakan salah satu upaya penanggulangan anemia berdasarkan rekomendasi WHO yang salah satu sasarannya adalah remaja putri. Indikator keberhasilan program ini adalah diharapkan dapat menurunkan kejadian anemia pada remaja putri.

Tujuan: Penelitian ini bertujuan untuk mengevaluasi pelaksanaan program pemberian TTD kepada remaja putri tahun 2019 di Kota Pekanbaru dengan menggunakan tahapan dari input, proses dan output dari pelaksanaan program ini.

Metode: Penelitian ini menggunakan metode kualitatif yang kemudian disajikan dengan naratif deskriptif. Data yang diperoleh adalah data primer yang didapatkan dan dikumpulkan dengan wawancara mendalam terhadap 27 orang informan dan data sekunder dengan telaah dokumen dan kemudian di analisis dengan analisis konten.

Hasil: Hasil penelitian menunjukkan bahwa pelaksanaan program TTD remaja putri di Kota Pekanbaru sudah berjalan, namun masih terdapat banyak kendala dalam pelaksanaannya sehingga cakupan keberhasilan dari program ini belum mencapai target nasional. Kendala dalam pelaksanaannya berupa masih kurangnya koordinasi kerjasama antar lintas sektor, masih kurangnya penyediaan media KIE dalam sosialisasi dan masih rendahnya tingkat kepatuhan remaja putri dalam konsumsi TTD.

Kesimpulan: Dibutuhkan penguatan koordinasi dan pengontrolan dalam pelaksanaan program TTD remaja putri di Kota Pekanbaru, perlu adanya peningkatan pengadaan media KIE untuk menunjang keberhasilan program ini dan perlu adanya peningkatan pemberian edukasi terhadap remaja putri dan bahkan orang tua atau wali terhadap pengetahuan mengenai pentingnya program tablet tambah darah ini.

Kata Kunci: Tablet Tambah Darah, Remaja Putri, KIE

ABSTRACT

Background: The program for giving Fe tablets is one of the efforts to overcome anemia based on WHO recommendations, one of the targets is the adolescent girl. Indicators of the success of this program are decreasing the incidence of anemia in adolescent girls and increasing adherence to iron tablets consumption.

Objectives: This research aimed to evaluate the implementation of the Fe tablets program for adolescent girls in 2019 in Pekanbaru City by using the stages of input, process and output from the implementation of this program.

Methods: This research used a qualitative method which is then presented with a descriptive narrative. The data obtained are primary data obtained and collected by in-depth interviews with 27 informants and secondary data by document review and then analyzed by content analysis.

Results: The results showed that the implementation of the Fe tablets program for young women in Pekanbaru City has been running, but there are still many obstacles in its implementation so that the scope of success of this program has not reached the national target. Constraints in its implementation include the lack of coordination of cross-sectoral cooperation, the lack of provision of IEC media in socialization, and the low level of compliance of adolescent girls in consuming iron tablets.

Conclusions: It is necessary to strengthen coordination and control in the implementation of the Fe tablets program for adolescent girls in Pekanbaru City, it is necessary to increase the procurement of IEC media to support the success of this program and there is a need for improvement providing education to the adolescent girl and even parents or guardians on the knowledge about the importance of this Fe tablets program.

Keywords: Fe Tablets, Adolescent Girl, IEC

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INTRODUCTION

Anemia is defined as a condition in which the level of hemoglobin (Hb) in the blood is lower than normal 1. Anemia is one of the three major challenges in nutritional problems faced by Indonesia today, namely the high incidence of micronutrient deficiencies which can then increase the risk of anemia 2. In adolescents, it is evidenced by Basic Health Research data in 2018 which states the prevalence of thin and very thin adolescents is 8.7% at the age of 13-15 years and by 8.1% at the age of 16-18 years 3. Excess nutrients will be in line with the increased risk of obesity and non-communicable diseases (NCD) related to diet, such as hypertension, coronary heart disease, type 2 diabetes, and others in the future. The prevalence of overweight and obesity is 16% at the age of 13-15 years and 13.5% at the age of 16-18 years. One of the problems faced by Indonesian youth in particular is the problem of micronutrient nutrition. Adolescents' need for iron, which increases with growth, development and menstruation, is hampered by malaria, hookworm infestation and schistosomiasis 4. Approximately 12% of adolescent boys and 23% of adolescent girls experience anemia which is mostly caused by iron deficiency (iron deficiency anemia).

In Tesfaye’s study, the incidence of anemia was caused by several factors. Common causes of anemia were due to nutritional factors and non-nutritional causes such as heavy/chronic bleeding, infections, genetic disorders and cancer. Anemia due to nutritional deficiency is the most common form of anemia 4. But the most common factor was a lack of micronutrients, namely iron 5. One of the age groups that are prone to anemia are adolescents and especially young women 6 7. In 2019, globally the prevalence of anemia for all age groups was 22.8% with a total case rate of 1.42 billion people with anemia worldwide 8. In 2018, the prevalence of anemia in general for ages 5-14 years was 26% and for ages 15-24 years it was 32%. The highest proportion of anemia occurs in the 15-24 year age group 9.

To overcome the problem of anemia, anemia prevention efforts based on WHO recommendations are by giving Fe supplementation through the Iron Nutrition Anemia Management Program. The program is set to be given to groups of pregnant women and young women. In 2014, the Ministry of Health issued a regulation in Permenkes No. 88 of 2014 concerning "Standards for Blood Supplementing Tablets for Women of Childbearing Age and Pregnant Women" 10. Then the regulation was followed up with the issuance of a circular letter from the Director General of Public Health Number HK.03.03/V/0595/2016 regarding the provision of Fe tablets to adolescent girls and women of childbearing age 11. Based on this, on the commemoration of National Nutrition Day in 2021, the Ministry of Health carries the theme "Healthy Adolescents, Free of Anemia" as a momentum to increase commitment in building health and nutrition towards a healthy nation and achievements, especially through balanced nutrition education and supplementation of Fe tablets in adolescent girls 2.

Based on data from the Pekanbaru City Health Office in 2018, the coverage of Fe supplementation to adolescent girls was only 10.8% and increased in 2019 to 37.2% 12. Where the target for achieving national success in 2018 is 25% and in 2019 it is 30%. This shows that the achievement of success in Pekanbaru City has not met the national target. Even though the coverage in the provision of giving Fe tablet for adolescent girls has increased, not all public health center areas are running the giving Fe tablet for adolescent girls program 13. There are still public health centers that are 0% in the coverage of giving this Fe tablets. Judging from the low success rate of the Fe tablets program for adolescents in Riau Province and Pekanbaru City which has not reached the expected target of the 2015-2019 RPJMN, plus there is no complete data regarding the prevalence of anemia because there is no measurement of hemoglobin (Hb) levels in adolescents. Therefore, it is necessary to review the problems faced and identify the inhibiting and supporting factors in the program for distributing Fe tablets to adolescent girls, especially in Pekanbaru City by conducting program evaluation research. Evaluation research implies collecting information about the results that have been achieved by a program that is carried out systematically so that accurate data is produced. By evaluating the program, you can see the overall implementation of the program. Is the program running in accordance with the program objectives, Can see the results of achievements, weaknesses and strengths that exist, see the obstacles and supporting factors which can then be improved so that they become recommendations for program implementation. The aim of this research is to evaluate the variable that will be discussed in this study is the informant’s understanding of the input, process and output of the program implementation of Fe tablets to adolescent girls.

METHOD

This research uses a qualitative study method. This research was conducted in Pekanbaru City, Riau Province in May 2021 – June 2021. In-depth interviews were conducted with informants consisting of key informants and supporting informants where the COVID-19 pandemic was still happening by following strict health protocols. The key informants consisted of the Riau Provincial Health Office, Pekanbaru City Health Office, Riau Provincial Education Office, Pekanbaru City Education Office, Pekanbaru City Ministry of Religion and nutrition workers at several health centers in Pekanbaru City. Supporting informants consisted of School Health Unit coaches and adolescent girls in several schools in Pekanbaru City. The selection of informants was carried out by purposive sampling technique by determining the criteria of the informants in accordance with the research objectives. The criteria for the selected informants were based on consideration of knowledge and understanding on the implementation of the Fe tablet program for adolescent girls in Pekanbaru City. The identity of the informant is displayed by being given a letter coding.
according to the agency and the order of the interview. Primary data were collected through in-depth interviews using interview guidelines with informants and presented descriptively. Secondary data is obtained by reviewing documents, policies, guidelines and regulations related to research. Both data are needed for the purpose of triangulation of sources to strengthen the results of the data obtained. The collected data was then transcribed verbatim and a content analysis approach was used to reduce and obtain analytic data. Then the results of the interviews were categorized according to the discussion of the agreed themes. The variable that will be discussed in this study is the informant’s understanding of the input, process and output of the program implementation of Fe tablets to adolescent girls.

RESULTS AND DISCUSSION

Tabel 1. Informant Characteristic

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<tr>
<th>No</th>
<th>Informant</th>
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<tr>
<td>2.</td>
<td>Supporting Informant</td>
<td>1. Several School Health Unit staff in Pekanbaru City, 2. Several adolescent girls in several schools in Pekanbaru City</td>
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Input

In program evaluation, the input section is a collection of parts or elements contained in the system and which are needed for the system to function. Input is the initial part of the system that provides the needs for the implementation of activities for the system. In the input there are several elements such as budget, human resources, regulations, facilities and infrastructures.

Human Resources

It is stated in the Circular Letter of the Directorate General of Public Health No.HK.03.03/V/0595/2016 concerning the Provision of Fe Tablets to Adolescent girls and Women of Childbearing Age, it is stated that the Provincial Health Office distributes Fe Tablets to the District/City Health Offices, then The District/City Health Office distributes it to the public health center and the public health center continues the distribution to schools through school health unit activities. Based on the Circular Letter of the Mayor of Pekanbaru No.440/DINKES-KESMAS/1926/2019 concerning Support for giving Fe Tablets to Adolescent girl in Schools, it is stated that the implementing staff in this Fe tablet program are implementing staff in the field, namely nutritionists at the public health center and The supervisor of the School Health Unit is assisted by student representatives (OSIS, PMR, Youth Health Cadre) in the school.

"...In its implementation, it has been arranged and distributed in the respective public health center, later it will be adjusted according to the work plan and main tasks..." (UD02, PJ Program of Pekanbaru City Health Office)

"... because the program from the official service automatically goes down to the nutrition section at the public health center, but in practice we do not stand alone, we collaborate with the school health unit first and then the pharmacy department for the availability of drugs..." (UP01, health center nutritionist)

"...from the determination of the resources for the implementation of the Fe supplementation program for adolescent girl, it involved nutritionists, doctors from the health promotion department and school health unit staff at the public health center..." (UP03, health center nutritionist)

From the results of in-depth interviews, it was found that the human resources for the implementation of the program for giving Fe tablets were already available. Nutrition workers in each field of nutrition both at the health office and at the public health center level are available with one person in each section. In practice, the nutrition department does not run and stand alone. The nutrition division collaborates across programs, namely with the pharmacy, health promotion and school health unit divisions at the public health center. Each field works with its respective duties and functions but are interrelated and help each other.

The results of this study are in line with Fitriana’s that the Fe supplementation program has been integrated with other programs. The resources involved include administration for correspondence, nutritionists and school health unit 13. Human resources are one of the aspects that support the success of a program.

"...if you say it’s not enough, Ms. If you look at the whole program, I think it’s sufficient, but the lack of human resources is not enough to hold 1 nutrition program because there are many nutrition programs. If you look at it as a whole, it’s not enough, because it’s still stuck..." (UP01, health center...
For the implementation of financial assistance in the nutrition program that must be received because it is sensitive tablets of her research K, which will be useful for the provision of Fe tablets, stated that the budget for the field health center had budgeted through the Health Allocation Fund budget, so that the public health center no longer spent a budget for the availability of Fe tablets.

"...but for the budget for the provision of tablets, the budget comes from the Provincial Health Office, but the agency cannot fully fulfill it. There is a budget calculation, for example the fulfillment of the province is 75% and then from the respective districts or from the center 25%..."  (UD01, Riau Provincial Health Office Program PJ)

"...the budget for the supply of drugs comes from the agency, the budget comes from the DAK, which will be followed by pharmacy people. After that, the pharmacy will pick up the tablets from the puskesmas and share them with the nutrition section..."  (UD02, PJ Program of Pekanbaru City Health Office)

In carrying out fieldwork in distributing Fe tablets to schools, the implementing staff received financial assistance from the Health Operational Assistance. All of the main informants, namely nutritionists at the public health center, stated that the budget for the field activities for the Fe tablet program came from Health Operational Assistance funds. This is in line with Fitriana's research which states that the results of her research show that Fe tablets activities were obtained from the Samarinda City Health Office 11. However, for the allocation of funds for the distribution of Fe tablets to adolescent girls, Health Operational Assistance funds are used in the form of transportation funds. This is also conveyed in the results of the study where the informant stated that there was no significant expenditure of funds when distributing Fe tablets to schools except for transportation costs.

"...if it's appropriate, sis, it means that we should get aid funds from the Health Operational Assistance indeed, but maybe what's not appropriate is that the amount can't cover all of our down activities..."  (UP01, health center nutritionist)

"...hm, that's Health Operational Assistance funds, health operational assistance..."  (UP04, health center nutritionist)

Based on the results of in-depth interviews with informants regarding the timeliness of the disbursement of the budget funds, the following information was obtained:

"...if our funds are disbursed, we are usually never on time. Because Health Operational Assistance funds are usually accrued in 3 months, so the disbursement will pass from that month because it is related to the length of the process for disbursing funds..."  (UP02, Puskesmas nutritionist)

The allocation of funds is appropriate in accordance with the details of the activities made. However, in terms of timeliness in reducing their funds, there are still some puskesmas that are not on time in budgeting their funds.

**Regulation**

In 2014, the Ministry of Health issued a regulation in the Minister of Health Regulation No. 88 of 2014 concerning "Standards for Blood Supplementing Tablets for Women of Childbearing Age and Pregnant Women". Then the regulation was followed up with the issuance of a circular letter from the Director General of Public Health Number HK.03.03/V/0595/2016 regarding the provision of iron tablets to adolescent girls and women of childbearing age, it was stated that the Provincial Health Office distributed Fe Tablets to the District/City Health Offices, then the District/City Health Office distributes this iron supplement to the Public health center and the Public health center continues the distribution to schools through school health unit activities. Pekanbaru City itself has followed up through the Pekanbaru Mayor's Circular No. 440/DINKES-KESMAS/1926/2019 regarding Support for Giving Fe supplementation program to Adolescent girls in Schools.

Based on in-depth interviews, most of the informants stated that they had followed the circular from the Ministry of Health and received a circular from the Mayor of Pekanbaru to support the provision of Fe tablets for adolescent girls at school. For the city level, this circular is used as a reference and reinforcement in implementing the program in the field. This circular is also the basis for the establishment of cross-sectoral cooperation in supporting the Fe tablet program in schools.
“... hm there is a circular made from the Mayor. But derivatives, from the Ministry of Health, the new provincial health office to us...” (UD02, PJ Program of Pekanbaru City Health Office)

"...because this is a government program and we are under the service, so we follow the rules from the service, from the service means it is also derived from the ministry of health...” (UP04, health center nutritionist)

“... yes, Ms., there are 3 letters of support from the city health office, the provincial health office and the health ministry. 3 is the letter that we brought down the field early...” (UP03, health center nutritionist)

This is in line with Rahmat Hidayat’s research which states that the Merlung Health Center as one of the health facilities in Merlung District which runs a Circular regarding the provision of Fe tablets to adolescent girls and women of childbearing age who then implements this program in all junior and senior high schools in Merlung District 10.

Facilities and Infrastructure

The availability of Fe tablets has been regulated by the Health Office by following the mechanism or flow of requests for Fe tablets in accordance with the Guidelines for the Prevention and Management of Anemia in Adolescent Girls and Women of Childbearing Age issued by the Ministry of Health in 2018. Based on in-depth interviews, Pekanbaru City in implementation has followed the reference of the above guidelines. The Pekanbaru City Health Office has utilized the available funding sources, namely Health Allocation Fund in providing Fe tablets. The results of the study are in line with the guidelines from the Ministry of Health where district and city nutrition officers recapitulate the planning for the needs of the proposed Puskesmas from each school which then reports to the District and City Pharmacy Installations (IFK). IFK reports this plan to the Provincial Pharmacy Installation with a copy to the Provincial Health Office. Then the Provincial IFK proposed the need for Fe tablets to the Directorate General of Pharmacy and Medical Devices at the Ministry of Health.

The results of the study found that there were obstacles or obstacles in the facilities and infrastructure in the implementation of the blood tablet program for teenage girls in Pekanbaru City, namely the lack or absence of Communication, Information and Education (IEC) media during outreach to schools so that the information conveyed was not well conveyed and less motivating young women. The media is only in the form of presentation materials and also some videos, but for the procurement of leaflets, booklets or posters are not yet available.

“...because it’s like this, before the sign is given, information is given first, then the community can accept it, right? He can accept that he wants to drink his Fe tablets. Maybe here we need facilities and infrastructure to convey information to the public...” (UD02, PJ Program of Pekanbaru City Health Office)

“...we should have leaflets for us to give to students so that apart from providing counseling, children can also read. According to my mother, if there is a shortage, there is not enough procurement for leaflets or brochures for children’s learning facilities...” (UP03, health center nutritionist)

“... if for facilities and infrastructure, maybe we need IEC media, because young women are also very difficult to accept to be able to consume these tablets...” (UD01, Riau Provincial Health Office Program PJ)

According to Saban’s research, media posters, leaflets/brochures greatly affect the increase in students’ knowledge about anemia, so that in supporting the Fe supplementation program, adolescent health education with media is very necessary.15. The results of the study which stated that there was still a lack of IEC media in the implementation of the female adolescent blood tablet program were supported by statements from female adolescent informants, namely:

“... if I’m not mistaken, there is a puskesmas person who comes to school to tell you about this, but if you are given a brochure, there is nothing, sis...” (PR01, Young Women)

Supporting Factors and Inhibiting Factors in the Input Stage

At the input stage of the Teenage Girls Blood Enhancement Tablet Program in Pekanbaru City, there were still some obstacles and inconsistencies with the guidelines and regulations from the document review, such as there were still schools that were not welcome with the Fe supplementation program, there were still many parents who did not allow their children to take Fe tablets, there is still a lack of IEC media facilities and infrastructure in its implementation and there is still a lack of implementing personnel for this program.

“... if there are many who hinder, yes, actually, but it’s more on the technical side in the field. Sometimes we have an okay deal with the principal but the school health unit staff is not very welcoming to us...” (UP01, health center nutritionist)

“... a lot of young women are afraid to drink it, right. Because of the effects of taking these Fe tablets, sometimes there is nausea, dizziness, but actually that’s normal. Those whose names are parents, we give them to their children, we don’t
meet their parents, so sometimes their parents are worried about how they don't allow their children to drink signed...” (UD02, PJ Program of Pekanbaru City Health Office)

Supporting factors in implementing the input from the program for giving blood tablets to young women, such as the support from a circular letter from the Ministry of Health, the Provincial Health Office and a Circular from the Mayor of Pekanbaru. Then the Riau Provincial Health Office distributed control cards to monitor the consumption of Fe tablets in adolescent girls in several districts/cities. Then there is support from cross-sectoral parties, namely schools, schools that accept the program for giving this Fe tablet in schools so that this program can run well. Then there is support from across programs at the public health center, each program or team that is incorporated in the implementation of this Fe supplementation tablet program works well with each other and supports each other.

“... the supporting factor is Alhamdulillah, every year it is supported by letters from the mayor down to the health office. The letter will strengthen us to go down to schools so that it explains that our program is a clear program. Then Alhamdulillah, the human resources at the puskesmas supported the implementation of the program...” (UP03, health center nutritionist)

"... those who support it at least, if the circular letter supports it...” (UD02, PJ Program of Pekanbaru City Health Office)

Process

In the process section, it is a collection of parts or elements contained in the system and which functions to convert inputs into planned outputs. Processes in the health system can be viewed from the management function. The management functions applied using the health service system are planning (planning), organization (organizing), action or implementation (actuating) and monitoring (controlling).

Planning

Based on the results of the review of the Guidelines for the Prevention and Management of Anemia in Young Women and Women of Childbearing Age, it is stated that the planning for the need for the implementation of the Fe tablet program includes calculating the number of targets and calculating needs. The target of iron supplementation activities in school institutions is adolescents aged 12-18 years in accordance with the Circular Letter of the Director General of Public Health Number HK.03.03/V/0595/2016. Calculation of remittance targets at the central and district/city levels uses the 2015-2019 Health Development Program Target Data. Meanwhile, the calculation of the public health center and school levels uses the latest Basic Education Data from junior high and high school or the equivalent. 16.

Based on the results of in-depth interviews, it was found that the planning activities in the Fe tablet program in Pekanbaru City were in accordance with the guidelines from the Ministry of Health. The Pekanbaru City Health Center always conducts screening of students in schools every new academic year to obtain data on the number of students in each school. Then decide to go to the chosen school and calculate the target number and need for this Fe tablet. The results will be reported to the Health Office for the availability of Fe tablets. The slight difference with the guidelines is that the Riau Provincial Health Office still uses projection data for the provision of tablets, while the City Health Office and Public Health Centers in Pekanbaru City have used real data in the field for the provision of tablets.

“... if the planning of this activity is involved, it is clear that IFK is the only part of nutrition. There is a drug demand plan (RKO). So the RKO is always side by side with him from the pharmacy installation and the program manager...” (UD01, Riau Provincial Health Office Program PJ)

"... we use real data...” (UD02, PJ Program of Pekanbaru City Health Office)

"...we use real data, the data is from school health unit. We know that school health unit has a screening activity. Networking. This screening is carried out at the beginning of every year, at the beginning of the new school year for school children...” (UP01, health center nutritionist)

This research is in line with Alita’s statement that the preparation process includes the needs planning process (calculation of the number of targets and calculation of needs), provision and socialization. 17.

“... We have a mini workshop that we run, but we don’t discuss the signatory specifically. Every month we hold lokmin so we discuss other programs as well...” (UP02, health center nutritionist)

The informant’s statement found that the public health center always held mini workshops every month to discuss all health programs in the public health center. There is no mini workshop that specifically discusses the Fe supplementation tablet program, it has been incorporated in the discussion of all programs in the mini workshop which is held every month.

Organizing

Based on a review of documents from the Pekanbaru Mayor’s Circular regarding the support for the Fe tablet program in schools, it is stated that the Health...
Office monitors the availability of Fe tablets at the City Pharmacy Installation and distributes Fe tablets to the public health center. Then the public health center distributes it to schools. Cross-sectoral collaboration, such as the Education Office and the Ministry of Religion, is directed to socialize the Fe tablet program in schools’ side by side with the Health Office. Based on in-depth interviews, it was found that the City of Pekanbaru in each implementing agency did not have a formal and written organizational structure related to this Fe supplementation tablet program. Each level of the implementing agency works in accordance with their respective main tasks and functions,

“...oh nothing, according to the main task. For example, I am responsible for the signatory reports for pregnant women and young women. At least the mother is in accordance with the job description...”
(UD01, Riau Provincial Health Office Program PJ)

“... if the organizational structure is specifically set, it’s not. Because he fell, he was flexible, so if you say there is a special organizational structure, it’s not. Not in writing, yes, if for example we go down from the beginning, that’s all. Must be a nutritionist, health promotion and UKS...”
(UP03, health center nutritionist)

Implementation
The results of a document review of the Guidelines for the Prevention and Management of Anemia in Adolescent Girls and Women of Childbearing Age found that the basic approach of this Fe tablet program is the Blanket Approach, which means trying to cover all program targets. Blood supplement tablets are given to adolescent girls aged 12-18 years at school with a frequency of 1 tablet every week throughout the year. Giving Fe tablets to adolescent girls at school can be done by determining the day of taking iron tablets together every week according to the agreement of each school.

Based on the results of in-depth interviews with informants, it was found that the distribution of Fe tablets in Pekanbaru City was carried out using a blanket approach which was distributed by the team each month as many as 4 tablets per student with 1 tablet of Fe tablet taking 1 tablet for 1 week. This is in line with Hasanah’s research which conducted distribution using a blanket approach. The distribution is carried out in stages from the Provincial Health Office, then through the City Health Office which distributes Fe tablets to the public health center and the public health center distributes it to schools. In practice, implementing parties such as public health center in Pekanbaru City have not checked Hb levels before giving Fe tablets. This is because there is no available Hb level measurement tool so that the measurement cannot be carried out. The implementing, namely the public health center, stated that they carried out socialization before giving Fe tablets, but from the recipient side, namely adolescent girls, they said that most of the public health center did not conduct socialization in detail so that information about Fe tablets was not conveyed properly to adolescent girls. Cross-sectoral parties such as the Education Office and the Ministry of Religion have never socialized this program in schools together with the Health Office. However, from the recipients, namely adolescent girls, they said that most of the public health center did not carry out detailed socialization so that information about this Fe tablet was not conveyed properly to adolescent girls. Cross-sectoral parties such as the Education Office and the Ministry of Religion have never socialized this program in schools together with the Health Office. However, from the recipients, namely adolescent girl, they said that most of the public health center did not carry out detailed socialization so that information about this Fe tablet was not conveyed properly to adolescent girl. Cross-sectoral parties such as the Education Office and the Ministry of Religion have never socialized this program in schools together with the Health Office.

“...the process is at least at the beginning of the year, it’s like that, we budget it in the Special Allocation Fund for Fe tablets for adolescent girls and pregnant women. Then we disburse the funds in the middle of the year around June. Then after that, pharmacy immediately ordered Fe tablets to be distributed to the public health center. Later the public health center will immediately run it in the field or school and then report it every month. If for the procurement it is only once a year...”
(UD02, PJ Program of Pekanbaru City Health Office)

After getting a Fe tablet from the Pekanbaru City Health Office, each public health center will run this program to schools.

“After we plan, usually we are nutritionists together with the school health unit staff, we recruit one doctor who is willing to come with us to provide counseling. So later, after receiving the letter, we will make an invitation letter signed by the head of the public health center, later we will make the date and which school we will drop off at. So we distributed the invitations to the schools that we went to, we met with the school health unit staff at school to hold counseling about the sign. Later we will ask for contact from the school or leave our contact to confirm whether they agree to the counseling on the day and date that we specify. If they are willing we will go down, if not we will reconfirm what date they are willing to go down...”
(UP03, Health Center nutritionist)
The city of Pekanbaru itself has not been in accordance with the process in distributing Fe tablets for 12 months and all schools have received Fe tablets. The city of Pekanbaru has only run for 8 months in 1 year and only a few schools in the working area of the public health center are given this program in schools. Most schools are not determined to take one day with Fe tablets, so it is often not controlled and monitored in the implementation of taking Fe tablets. This is not in line with Fitriana's research, where the distribution is routine and has determined the day of taking Fe tablets together so that the consumption of Fe tablets in adolescent girls can be controlled 13.

Statements from informants regarding the lack of detailed socialization and determination of drinking days together. This was stated by several adolescent girls’ informants, namely:

"... no, if you don't have a drink on the same day, just let you know when it's the best time to drink your Fe tablets, sis..." (PR02, Young Women)

"... if you have socialized about tablets that add blood, you've never done that, sis..."

"...Yes, Sis, for several weeks, every Friday morning. Drink at the same time, the same in class..." (PR11, Young Women)

Monitoring

Based on the results of a review of the Pekanbaru Mayor’s Circular, it was found that the school and the public health center carried out monitoring by filling out the Fe tablets monitoring card which was carried out by school health unit teachers assisted by student representatives (OSIS, PMR, Youth Health Cadres) at the school. However, based on the results of in-depth interviews, most schools do not use control cards for monitoring the consumption of Fe tablets, most of them only record their names on the form when they drink and then collect them to the school health unit staff. On average, most of the public health center always carry out monitoring once a month to schools. Monitoring is followed by recapitulation of data from the previous month and provision of stock of Fe tablets for the following month.

"... if our regular visits are only once a month or sometimes twice a month. For example, if there is a field trip coincided with another activity. It’s flexible, but most often at least once a month...(UP02, Health Center nutritionist)

"...yes, we come regularly every month, we ask beforehand about the report..." (UP01, health center nutritionist)

This is in line with Fitriana’s research which states based on the results of research that monitoring of Fe tablets is only in the form of reporting data from implementing officers every month. The data comes from statements from school health unit teachers only regarding the amount of Fe tablets that has been distributed 13.

It was found that the school health unit staff had not routinely monitored and reminded adolescent girls about the consumption of Fe tablets. The monitoring process carried out is still ineffective because the recording process is not carried out strictly so that it is possible for adolescent girl to be dishonest in consuming the given Fe tablets.

Recording and Reporting

Based on the results of a document review from the Guidelines for the Prevention and Management of Anemia in Young Women and Women of Childbearing Age, it was found that at the registration stage, adolescent girls will record through the School Health Unit. Recording is carried out by the school health unit implementation team at the school in accordance with additional tasks. This Fe tablets administration is recorded on the Nutrition Supplementation Card and My Health Report Book. In the results of in-depth interviews, it was found that all of the target adolescent girls did not receive my supplementation card and health report book. So that the recording process is carried out on a form made by the public health center containing the name and checklist column as a sign that they have consumed Fe tablets per week.

"... reports are recapitulated every month and given to us..." (UD02, PJ Program of Pekanbaru City Health Office)

"...we make forms per class, later per class we will recap it again into per school, now we report the number of these schools to the office..." (UP04, health center nutritionist)

"...the report is once a month we ask the school, whether it is filled or empty, every month we still make a report..." (UP01, health center nutritionist)

Based on the results of the document review from the Guidelines for the Prevention and Management of Anemia in Adolescent Girls and Women of Childbearing Age, it was found that at the reporting stage, the recapitulation of school records will be reported to the public health center and then will report to the Health Office. The frequency of reporting for all levels is every 3 months. This is in accordance with what was obtained from in-depth interviews, where starting from the school level reported the results of the recapitulation every month to the public health center. Then the public health center also reports the recapitulation every month to the City Health Office. For the level of the City Health Office to the Provincial Health Office, it is done every three months. Reports that are reported are only the name of the adolescent girl and the number of times she has taken Fe tablets for 1 month.
Supporting Factors and Inhibiting Factors in Process Stages

The supporting factor of this stage of the process is the support from across sectors, across programs and also from the recipients of the program, namely schools and especially young women.

“...if the supporting factors are cross programs that support this program. And also the school that involved school health unit teachers in giving this Fe tablets...” (UD01, Riau Provincial Health Office Program PJ)

"...if the supporting factors are supported by all school residents, school principals and even students also support...” (PG03, UKS Supervisor)

The inhibiting factor is that there are still schools that are not willing to participate in this program, the lack of attention to the expired date of tablets in the distribution so that there is a buildup of tablets, there are still many parents who forbid their children to take Fe tablets and there is still a lack of coordination and control in its implementation. Referring to the flow of Fe tablets demand and distribution, it can be seen that there can be obstacles in the Fe tablets procurement process. The long process makes the Fe tablets procurement time a little longer. So it can be budgeted for this Fe tablets with an age of approximately 18 months so that it can still be distributed when the new tablet stock is still in the process of handling and the remaining stock of the tablet is not close to the expiration date.

“...then there is this young woman whose parents don't allow it, even though this is not actually a drug, it's a supplement like a vitamin. There are also those who ask for help from the school health unit teacher at school because that is not our only job, so we have problems...” (UD01, Riau Provincial Health Office Program PJ)

“...if there is nothing that hinders their activities, sis, but yes, the tablet was about to expire, sometimes I don’t dare to give it to the child, so I just put it in the school health unit...” (PG03, UKS Supervisor)

Output

Output (output) is a collection of parts or elements resulting from the ongoing process in the system. Output can be physical and non-physical. The output in the health system is the implementation of effective, efficient and equitable health development which can be seen from the degree of public health.

Scope of Success of the Young Women TTD Program

Based on the results of a document review from the report on the percentage of success of the Fe supplementation program for adolescent girls in Pekanbaru City in 2018 it was 10.8% and in 2019 it increased to 37.2%. This percentage figure refers to the National Medium-Term Development Plan (RPJMN) 2015-2019 where the percentage for the Fe tablet program in 2018 is 25% and in 2019 it is 30% data 12.

Based on the results of in-depth interviews, it was found that the program for giving Fe tablets has only been implemented in Pekanbaru City starting from 2018, so there are still many shortcomings in its implementation. In 2019 there was indeed an increase in the percentage of success for the Fe supplementation tablet program in Pekanbaru City, and the percentage has also reached the national expectation figure of 37.2%. However, in overall implementation, there are still public health center that do not run the program or the percentage of success is still 0% and also not all schools can run this program, so it can be said that there are still many shortcomings in its implementation. Pekanbaru City itself states that it has not been able to fully implement this program within 12 months each year,

“... from 2018 to 2019 there was an increase. From 2019 to 2020 it decreased due to the pandemic...” (UD01, Riau Provincial Health Office Program PJ)

“...2019 was pretty good, yes, the coverage increased compared to 2018 which was still falling...” (UD02, PJ Program of Pekanbaru City Health Office)

“... if the success is said to be successful, it's not 100%, plus the factor that we haven’t been able to do 12 months, then we also feel unable to go down to all schools in the work area, automatically the percentage of success will also decrease from the total number of students. total targets are all...” (UP03, Health Center nutritionist)

Target Accuracy and Distribution Time

Based on the document review of the Circular Letter of the Director General of Public Health Number HK.03.03/V/0595/2016, it was found that in the implementation of the provision of Fe tablets for adolescent girl there are several points, namely:

- How to give Fe tablets with a dose of one tablet per week throughout the year.
- Giving Fe tablets is done for young girls aged 12-18 years
- Giving Fe tablets to young women through school health unit in educational institutions (junior and high school levels or equivalent) by determining the day to drink Fe tablets together every week according to the school’s agreement.

Based on the results of in-depth interviews, the implementation of the Fe tablet program in Pekanbaru City is in accordance with the provision for adolescents aged 12 to 18 years who are at the level of education in Junior High School to Senior High School. The provision of
Fe tablets throughout the year is still an obstacle in Pekanbaru City, because the implementation in Pekanbaru City has only run for 8 months out of 12 months throughout the year starting from February or March and finishing in September or October. Timely distribution is recommended for consumption after meals or before bedtime. In practice, there are still many that are not appropriate for the time of consumption. Usually, adolescent girls will take their tablets in the morning or afternoon when they are at school and often not accompanied by eating first.

“... if the program is implemented properly, because we are from the government, it’s been done for young women, because that’s why teenagers had their periods and were prepared for their future. Then now these children could be due to lack of blood factor so they are less enthusiastic about learning. That’s why this program was carried out so I think it’s right...” (UP04, health center nutritionist)

“... the implementation is right for young women, and it is according to what was planned so it is right...” (UP03, health center nutritionist)

Supporting Factors and Inhibiting Factors in the Output Stage

The supporting factor in this Output stage is the participation of schools and health centers to support the success of the program.

“... all of them support the implementation, but that was usually the problem in the technical field...” (UP01, health center nutritionist)

“... the participation of schools and health centers in the success of the program...” (UP04, health center nutritionist)

The inhibiting factor is that there are still some school health unit who are not right in recording and reporting so that it affects the percentage of program reporting.

“... if for the output the most influential is the recording and reporting, yes, the first one, like it’s still late in collecting it and it’s still not in accordance with our wishes, so it affects the results of the report...” (UP01, health center nutritionist)

“... lack of control so we need support from all school residents to increase the success of this signet consumption...” (UP03, health center nutritionist)

CONCLUSION

It can be concluded that the distribution of Fe tablets in Pekanbaru City has been going quite well, but there are still some obstacles in its implementation. At the input stage, the human resources for the Fe supplementation program can be said to be sufficient, but when viewed as a whole for the nutrition program, it cannot be said to be adequate. It needs to be reviewed in terms of workload analysis in the work area of the health office or health center so that it can be seen both objectively and subjectively in the constraint of the shortage of implementing human resources. From all stages of input, process and output, it can be concluded about the factors that support the implementation of the program and the factors that hinder the implementation of the program. In addition to supporting factors, there are inhibiting factors in the implementation of the Fe tablet program in Pekanbaru City, namely some technical problems in the field and still not all cross-sectoral agencies have participated in working together for the success of the Fe tablet program in schools.

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