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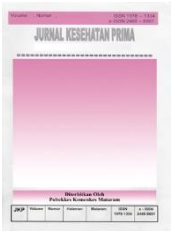

Study of Contraceptive Devices Management in The National Health Insurance

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Abstract
The National Health Insurance, which was launched on January 1th 2014, is intended to increase public access to comprehensive and quality health services, so as to achieve universal health coverage (UHC). Effective promotive-preventive efforts will reduce the incidence of disease and have an impact on reducing the number of sick people and the number of people seeking treatment so that health financing is more efficient. Family planning services are part of promotive-preventive efforts. In the management of program contraceptive devices provided by the government in the last 3 years, various problems were still encountered, including shortages of contraceptive devices (stock out), accumulation of Contraceptive devices in storage warehouses, and Contraceptive devices distribution mechanisms that were not smooth. The research was conducted using a descriptive quantitative approach. Research location in East Lombok Regency taking into account the high vacancy of Contraceptive devices (Data F/II/KB online). Then, 31 First Level Health Facilities were taken, namely Community Health Centers, Doctor's Practices, Pratama Clinics and Type D Pratama Hospitals. The research was carried out for 6 months, namely May-October 2017. The results of the research show that in general the management of Contraceptive devices in the Family Planning Regional Organizations And Apparatus of East Lombok Regency has complied with technical instructions, but there are several mechanisms for providing, storing, distributing, recording and reporting as well as Contraceptive devices monitoring and evaluation requires clear and written Standard Operating Procedures (SOP) that refer to technical manuals, and are spread throughout the Family Planning Regional Organizations And Apparatus, Health Facility and Network areas, so that the management of the mechanism runs uniformly.

Keywords: Management of Contraceptive Devices; National Health Insurance; Health Facility

INTRODUCTION

The National Health Insurance, which was launched on January 1 2014, is intended to increase public access to comprehensive and quality health services, so as to achieve universal health coverage (UHC). The National Health Insurance developed in Indonesia is part of the National Social Security System (SJSN). This system is implemented through a mandatory Social Health Insurance mechanism based on Law No. 40 of 2004 concerning the National Social Guarantee System. The goal is for all Indonesian residents to be protected in the insurance system, so that they can meet the basic health needs of a decent society (Suhanda, 2015). The National Health Insurance is also intended to realize quality control and cost control in health services, strengthen primary health services and referral systems, and prioritize promotive-preventive efforts (Raharni et al., 2017). Effective promotive-preventive efforts will reduce the incidence of disease and have an impact on reducing the number of sick people and the number of people seeking treatment so that health financing is more efficient. Family planning services are part of promotive-preventive efforts (Peraturan Menteri Kesehatan RI Nomor 71 Tahun 2013 Tentang Pelayanan Kesehatan Pada Jaminan Kesehatan Nasional, 2013).

The Family Planning program is one of the Indonesian government policies that is considered the most effective for controlling the rate of population growth. To improve the welfare of society in Indonesia, the government has launched a Family Planning program to develop acceptors while achieving the functions that have been determined to contribute to the achievement of efforts to create a quality family (Kohar, 2017)

Contraceptive devices and drugs are one of the important parts used as instruments in family planning services (Bartini & Mediastuti, 2017). Management of contraceptive devices and drugs is an important factor that determines the success of the National Population and Family Planning Agency in implementing family planning programs (Yanti, 2014). By managing contraceptive devices and drugs, the availability of contraceptive devices and drugs can be affordable so that the implementation of family planning programs can running well (Kohar, 2017)

Policies and provision of supporting facilities for contraceptive services which include adequate provision of Contraceptive devices in every health facility and network, increasing guaranteed availability of Contraceptive devices through procurement and distribution of Contraceptive devices have been regulated in Regulation of the Head of the National Population and Family Planning Agency number 286/PER/B3/2011 concerning

Instructions for implementing the reception, storage and distribution of Contraceptive devices and non-Contraceptive devices national population and family planning programs. This Perka was issued three years before the National Health Insurance program was implemented in Indonesia (Panjaitan et al., 2014).

Based on the Regulation of the Minister of Health of the Republic of Indonesia number 71 of 2013 concerning health services under the National Health Insurance, in article 19 it is stated that Contraceptive devices is not covered by Social Security Administration Agency of Health but is covered by National Population and Family Planning Agency. According to National Population and Family Planning Agency head regulation number 185/PER/E1/2014, it is stated that the contraceptives provided by National Population and Family Planning Agency for The National Health Insurance participants are condoms, combination pills, 3 monthly injections, implants/ under-the-skin contraceptive devices or what is known as birth control implants, IUD / Intrauterin Devices contraception, and new contraceptive devices and drugs according to government policy. In the Perka, it is stated that the Contraceptive devices program is distributed to first and advanced level health facilities on condition that they have a Cooperation Agreement with Health Social Security Administrator which has been registered in the National Population and Family Planning Agency via the Family Planning Health Facilities registration card (K/0/KB/2014) (Raharni et al., 2017).

The results of the research "Study of the Implementation of Family Planning Services in National Health Insurance conducted by the Family Planning and Family Research Center in 2015 in 4 provinces (Lampung, West Java, Central Kalimantan and East Nusa Tenggara) found that the data between Health Facilities in collaboration with Health Social Security Administrator There has been no synchronization with the Health Facilities registered in K/0/KB. In the management of program contraceptive devices provided by the government in the last 3 years, various problems were still encountered, including shortages of contraceptive devices (stock out), accumulation of Contraceptive devices in provincial and district warehouses, and Contraceptive devices distribution mechanisms that were not smooth (Oktriyanto, 2016).

The results of an assessment of the family planning program supply chain carried out by the JSI Research and Training Institute in collaboration with the National Population and Family Planning Agency in 11 districts/cities in 2016 found that 45 percent of the sample of health facilities experienced a shortage of contraceptives, at least one of the Contraceptive devicess provided by the National Population and Family Planning Agency was unable to provide a choice of all the methods that should be offered. There are 29 health facilities experiencing stock outs for the injection method and 21 percent experiencing stock outs for the implant method (JSI Research & Training Institute, 2016).

According to the findings of the JSI Research and Training Institute, the above Contraceptive devices vacancies are caused by several things, including: delays in the procurement process at the central level, weaknesses in inventory management, weaknesses in the Logistics Management Information System (LMIS), weaknesses in the transportation and distribution system, storage practices. Inadequate Contraceptive devices, as well as a lack of coordination, communication and accountability of HR. The weakness in inventory management is that the Contraceptive devices distribution system is based on service targets (push system) so that the calculation of the amount of Contraceptive devices that must be supplied is not responsive to changing consumption patterns. Meanwhile, weaknesses in the Logistics Management Information System (LMIS) occur due to the absence of stock records or improper stock recording in facilities. This problem cannot be separated from the mechanism for receiving, storing and distributing/distributing goods including maintenance and security as well as Contraceptive devices recording and reporting. This mechanism is a series of activities in an effort to maintain the continued availability of Contraceptive devices to support the operation of family planning programs at every regional level (JSI Research & Training Institute, 2016).

Based on this description, it is necessary to identify problems related to the management of Contraceptive devices which includes requesting, receiving, storing and distributing starting from the Central, Provincial, Regency/City levels, up to the First Level Health Facilities. The data from this research is very necessary in managing Contraceptive devices in the current The National Health Insurance era.

METHOD

The research was conducted using a descriptive quantitative approach. The research location was in East Lombok Regency with purposive sampling taking into account the high vacancy in Contraceptive devices (Data F/II/KB online). Then 31 First Level Health Facilities were taken, namely Community Health Centers, Doctor's Practices, Pratama Clinics and Type D Pratama Hospitals.

Respondents/informants in this study consisted of informants from East Lombok Regency regional organizations and apparatus of Family Planning Representatives, East Lombok Regency Health Office, and First Level Health Facilities in East Lombok.

The type of instrument used in this research is a questionnaire consisting of form 1 which is intended for family planning program managers at the district/city level, form 2 which is intended for the District/City Health Service, form 3 which is intended for first level health facilities, form 4 which is intended for district/city contraceptive equipment warehouses, additional form developed by researchers for family planning field officer coordinators. Quantitative data collection was carried out by enumerators who had been trained for this research. Apart from collecting quantitative data, the enumerator is tasked with compiling a form in the form of a monthly F/II/KB

Clinic report for each health facility visited during January 2016 to June 2017 (18 months) for photocopying. The quantitative data that has been collected is processed through a process of editing, coding, entering, cleaning and analyzing the data. Quantitative data was analyzed descriptively (Sugiyono, 2013)

RESULTS AND DISCUSSION

Profile of East Lombok Regency

East Lombok Regency is one of the ten districts/cities in the province of West Nusa Tenggara which is to the east of Lombok Island. The population in East Lombok district in 2015 was 1,164,018 people spread across 20 sub-districts, with a land area of 1,605.55 km2, so that the population density in East Lombok district in 2015 was 725 people/km2. The number of health facilities in East Lombok district in 2015 based on ownership/management was 376 units, consisting of 167 units owned by the regional government, and 214 units owned by the private sector. The regional government's health facilities consist of 1 RSU unit, 29 inpatient health center units, 43 mobile health center units (4-wheeled), 87 health center units, 1 hospital blood bank unit and 1 blood transfusion unit. Meanwhile, privately owned health facilities consist of 2 hospitals, 18 clinics/treatment centers, 5 joint doctor's practice units, 123 individual doctor's practice units, 45 pharmacies and 21 drug stores. The number of posyandu in 2015 was 1,712 units, the number of active posyandu was 681 units (39.78%). The indicator used to measure the level of family planning services is Active Family Planning Participants. Active family planning participants are new and old family planning participants who are still actively using contraception continuously to delay, space pregnancy or end fertility. The coverage rate for active family planning participants shows the level of utilization of EFA contraception. The coverage of active family planning participants in 2015 was 204,149 people (103.17% of the total EFA). Meanwhile, the minimum service standard target for active family planning participants is 72%. So the coverage of Active Family Planning participants has reached the target.

General description of East Lombok Regency Health Facilities

Table 1. Frequency Distribution of Types of East Lombok Regency Health Facilities

Variable	n	Percentage (%)
Pratama Clinic Health Center	29	93.5
Pratama Clinic	2	6.5
Amount	31	100.0

The number of health facilities in this research was 31 health facilities. The types of health facilities in this study were 29 community health centers (93.5%) and 2 primary clinics (6.5%).

Contraceptive devices supply and management

Tabel 2. Contraceptive devices Purchase Status Ditribution Frequency

Variable	n	Percentage (%)
Never buy it self	5	16.1
Ever buy it self	26	83.9
Amount	31	100

The majority of health facilities that are KKB have purchased their own contraceptives, as many as 26 (83.9%) health facilities have purchased their own contraceptives, while the number of health facilities that have never purchased their own.

Table 3. Frequency Distribution of Contraceptive devices Ever Purchased

Variable	n	Percentage (%)
Condom, Injection	1	20
Injection	3	60
Injection, implant, IUD	1	20
Amount	5	100

Table 4. Frequency Distribution of Collaboration Status of Health Facilities with Health Social Security Administrator

Variable	n	Percentage (%)

Yes	31	100
No	0	0
Amount	31	100

All health facilities in this study collaborate with Health Social Security Administrator. total of 31 (100%) health facilities collaborate with Health Social Security Administrator. The frequency distribution of health facilities that have networks in East Lombok Regency can be seen in table 6

Table 5. Frequency Distribution Table of Status of Health Facilities that Have Networks

Variable	n	Percentage (%)
Yes	29	93,5
No	2	6,5
Amount	31	100

The number of health facilities that have a network is 29 (93.5%) health facilities, while the number of health facilities that do not have a network is 2 (6.5%) health facilities.

Table 6. Frequency Distribution of Contraceptive devices Sources in the Network

Variable	n	Percentage (%)
Yes, Some Network and / or Network	7	24,1
Not at all	22	76,9
Amount	31	100

The majority of networks did not get Contraceptive devices supplies from health facilities in this study, as many as 22 (76.9%) networks did not get Contraceptive devices supplies at all from health facilities in their area.

Table 7. Frequency Distribution of Contraceptive devices Types Served

Variable	n	Percentage (%)
Condom,pill, Injecti,implant, IUD	30	97
Inject, implant,IUD	1	3
Amount	34	100

The types of Contraceptive devices served by health facilities include condoms, pills, injections, implants and IUD's. As many as 30 (97%) health facilities serve Contraceptive devices condoms, pills, injections, implants and IUD's, only 1 health facility (3%) serves injections and implants, and IUD's

Table 8. Frequency Distribution of Contraceptive devices Sources

Variable	n	Percentage (%)
District/city family planning regional organizations and apparatus	25	80.6
District/city family planning regional organizations and apparatus and buy her self	6	19.4
Amount	31	100

There are several health facilities that buy contraceptives. As many as 19.4% of health facilities get their contraceptives from the district Regional Organizations And Apparatus of Family Planning and buy them themselves, while the other 80.6% of health facilities get Contraceptive devices only from the district/city Family Planning Regional Organizations And Apparatus.

Table 9. Frequency Distribution of Contraceptive devices Routine Needs Planning

Variable	N	Percentage(%)
Calculations are carried out by the district/city Family Planning Regional Organizations And Apparatus	12	75
Calculations are carried out by the Health Facilities themselves	3	18,8
Combination 1 and 2	1	6,2
Amount	16	100

Contraceptive devices's routine needs planning calculations are mostly only carried out by the District Family Planning Regional Organizations And Apparatus as many as 12 (75%). As many as 3 (18.8%) health facilities carried out their own calculations, and 1 (6.2%) health facilities carried out their own calculations and also calculations by the district/city Family Planning Regional Organizations And Apparatus.

Table 10. Frequency Distribution of Opinions of National Population and Family Planning Agency Contraceptive devices Recipients

Variable	n	Percentage (%)
Health Social Security Administrator (PBI / Contribution Assistance Recipients) participants, non- Contribution Assistance Recipients of Health Social Security Administrator participants, non- Health Social Security Administrator /general, anyone who comes to the health facility	22	71
Anyone who comes to the health facility	9	29
Amount	31	100

Most of the 22 health facilities (71%) serve all types of family planning acceptors, including Recipient of Contribution Assistance of Social Security Administration Agency participants, non- Recipient of Contribution Assistance of Social Security Administration Agency, non- Social Security Administration Agency/general and anyone who comes to the health facility. There are 9 (29%) health facilities that serve anyone who comes to the health facility.

Table 11. Contraceptive devices Vacuum Frequency Distribution

Variable	n	Percentage (%)
Ever	11	35.5
Never	20	64.5
Amount	31	100.0

A total of 11 health facilities (35.5%) stated that they had experienced a shortage of contraceptives dropped by the regional organization.

Table 12. Frequency Distribution of Contraceptive devices Empty Events

Variable	n	Percentage (%)
2015	2	18,2
2016	4	36,3
2017	5	45,5
Amount	11	100

There were more contraceptive vacancies in 2017. A total of 5 (45.5%) health facilities experienced vacancies in 2017. In 2016 there were at least Contraceptive devices vacancies in health facilities, namely 4 health facilities (36.3%) experienced Contraceptive devices vacancies

Table 13. Frequency Distribution of Contraceptive devices Empty Duration

Variable	n	Percentage (%)
IUD		
Not Empty	6	54,5
≤1 Month	1	9,1
2 Month	2	18,2
3 Month	2	18,2
Implant		
Not Empty	8	72,7
≤1 Month	1	9,1
2 Month	1	9,1
3 Month	1	9,1
Inject		
Not Empty	5	45,5
≤1 Month	1	9
2 Month	3	27,3
>3 Month	2	18,2
Pill		
Not Empty	8	72,7
≤1 Month	1	9
2 Month	1	9
>3 Month	1	9
Condom		
Not Empty	10	91
3 Month	1	9

The type of Contraceptive devices that is most often empty is injectable, a number of 2 (18.2%) health facilities stated that they had experienced empty Contraceptive devices injectables for >3 months. Condoms are a type of Contraceptive devices that experience few vacancies, as many as 91% of health facilities stated that they had never experienced empty IUD's

Table 14. Contraceptive devices vacancies, excess and expiry

Variable	n	Percentage (%)
The Contraceptive devices Family Planning Regional Organizations And Apparatus warehouse also experienced a shortage of Contraceptive devices, Contraceptive devices was	2	22,2

used up in momentum services		
The Contraceptive devices Family Planning Regional Organizations And Apparatus warehouse also experienced a vacancy in contraceptive devices	2	22,2
Family Planning Regional Organizations And Apparatus contraceptive devices warehouse also Family Planning Local Organization Contraceptive devices warehouse also experiences Contraceptive devices vacancies, Health Facilities do not make emergency request, Contraceptive devices used up in momentum services experiencing contraceptive devices vacancies	1	11,1
Contraceptive devices is used up in momentum service	4	44,4
Amount	9	100

The majority of health facilities 4 (44.4%) stated that the reason for the vacancy at the health facilities was because Contraceptive devices had been used up in momentum services, another reason was Empty Warehouse 2 (22.2%)

Table 15. Frequency Distribution of Excess Contraceptive devices Events

Variable	n	Percentage (%)
Ever	17	54.8
Never	14	45.2
Amount	31	100

Excess Contraceptive devices occurred in 17 (54.8%) health facilities, while 14 (45.2%) others stated that they had never experienced excess Contraceptive devices.

Table 16. Time Frequency Distribution of Contraceptive devices Excess Events

Variable	n	Percentage (%)
2015	4	23,5
2016	2	11,7
2017	11	64,7
Amount	17	

The incidence of excess Contraceptive devices that occurred in 2015 was 23.5% of health facilities, in 2016 it was 11.7% of health facilities, while in 2017 it was 64.7% of health facilities.

Table 17. Frequency Distribution of Duration of Excess Contraceptive devices

Variable	n	Percentage (%)
IUD		
No More	12	70,6
≤1 Month	4	23,5
> 3 Month	1	5,9
Amount	17	100
Implant		
No More	15	88,2
≤1 Mouth	2	11,8
Amount	17	100
Inject		
No More	14	82,4
≤1 Month	2	11,8
2 Month	1	5,9
Amount	17	100
Pill		
No More	14	82,4
≤1 Month	2	11,8
>3 Month	1	5,9
Amount	17	100
Condom		
No More	3	17,6
≤1 Month	3	17,6
2 Month	2	11,8
3 Month	1	5,9
>3 Month	8	47
Amount	17	100

The type of Contraceptive devices that has experienced an excess with the longest duration, namely >3 months, is the Contraceptive devices condom type, as many as 8 (47%) health facilities stated that they had experienced an excess of condoms for >3 months. Meanwhile, the Contraceptive devices with the shortest duration of excess Contraceptive devices was implants, as many as 15 (88.2%) health facilities stated that they had never experienced excess Contraceptive devices implants.

Table 18. Frequency Distribution of Reasons for Excess Contraceptive devices

Variable	n	Percentage (%)
Too Many drops fro Family Planning Regional Organizations And Apparatus, low public interest regarding the quality of the contraceptive devices program	4	23,5
Number of Dropping too many from Family Planning Regional Organizations And Apparatus,Wrong Calculation	4	23,5
Public Interest is low regarding the quality of the contraceptive devices program	4	23,5
Too many drops from Family Planning Regional Organizations And Apparatus, Wrong calculation	1	5,9
Miscalculation, low public interest regarding the quality of the contraceptive devices program	1	5,9
Public interest is low regarding the quality of the contraceptive devices program	3	17,6
Amount	17	100

Too many droppings from Family Planning Regional Organizations And Apparatus, miscalculations, and low public interest regarding the quality of the Contraceptive devices program were the reasons most frequently put forward by health facilities, namely 4 (23.5%).

Table 19. Frequency Distribution of Expiry Events

Variable	n	Percentage (%)
Ever	20	64.5
Never	11	35.5
Amount	31	100.0

Expiry events have been experienced by health facilities, as many as 20 (64.5%) health facilities have experienced expiration events at Contraceptive devices, while 11 (35.5%) have experienced expiration events.

Table 20. Table of Frequency Distribution of Reasons for Expiry

Variable	n	Percentage (%)
The type of contraceptive devices is less popular	9	45
The type of contraceptive devices is less popular, Stock is excessive	7	35
This type of Contraceptive devices is less popular, the Contraceptive devices received is nearing its expiration date	2	10
Excessive stock, less thorough recording and reporting	1	5
The Contraceptive devices received was nearing its expiration date	1	5
Amount	20	100

A total of 9 (45%) health facilities stated that the reason for the expiry of Contraceptive devices was that the Contraceptive devices type was less popular, there were 7 (35%) Contraceptive devices type health facilities less popular, and there was excessive stock. There was 1 (5%) health facility who stated that the reason for excess Contraceptive devices was that the Contraceptive devices received was nearing its expiration date.

Table 21. Frequency Distribution of Expired Contraceptive devices Actions

Variable	n	Percentage (%)
Report to Family Planning Technical Implementation Unit	5	25
Report to Family Planning Technical Implementation Unit , Self destructed	8	40
Report to Family Planning Technical Implementaton Unit, Self destructed just leave it alone	1	5
Report to Family Planning Technical Implementaton Unit, just leave it alone	3	15
Self destructed	3	15
Jumlah	20	100

A total of 8 (40%) stated that they reported it to the Family Planning Technical Implementaton Unit and destroyed it themselves, there were 3 (15%) stated that they destroyed it themselves.

Contraceptive devices recording and reporting

Table 22. Frequency Distribution of Officers Carrying Out Recording and Reporting

Variable	n	Percentage (%)
RR special officers	1	3.2
RR special officers, Maternal and Child Health Midwife / coordinator	1	3.2
RR special officers, Maternal and Child Health Midwife / coordinator of family planning field officer	1	3.2
RR special officers, Maternal and Child Health Midwife / coordinator ,Other officers at health facilities	2	6.5
RR special officers , coordinator of family planning field officer, Other officers at health facilities	1	3.2
Maternal and Child Health Midwife / coordinator	16	51.6
Maternal and Child Health Midwife / coordinator, coordinator of family planning field officer	5	16.1
Maternal and Child Health Midwife / coordinator, coordinator of family planning field officer, Other officers at health facilities	3	9.7
Other officers at health facilities	1	3.2
Amount	31	100

Recording and reporting are important things in supporting the availability of Contraceptive devices, because by recording and reporting the amount of Contraceptive devices needed will be known. A total of 14 (41.2%) health facilities stated that the coordinator midwife carried out the recording. Then only 1 (2.9%) health facility had its recording and reporting carried out by RR officers. A total of 1 (2.9%) health facilities stated that recording and reporting system was carried out by special RR officers, Maternal and Child Health midwives/coordinators, family planning field officer, and other officers at the health facilities.

Table 23. Frequency Distribution of Types of Forms Used in Recording

Variable	n	Percentage (%)
Using R/I/KB, R/II/KB	1	3.2
Using R/I/KB, using the stock card ,use the helper book	10	32.3
Using R/I/KB, , using aid books	9	29.0
Using R/I/KB, , using aid books, do not record but only report in F/II/KB	1	3.2
Using R/I/KB , R/II/KB, do not record but only report in F/II/KB	1	3.2
Using R/I/KB, using aid books	7	22.6
Using R/I/KB, using aid book, do not record but only report in F/II/KB	1	3.2
Using Stock card, using aid books	1	3.2
Amount	31	100

A form of recording reporting for Contraceptive devices must be made by all health facilities that receive Contraceptive devices dropping from National Population and Family Planning Agency. A total of 10 (32.3%) health facilities use R/I/KB using stock cards, using aid books. Received, amount of Contraceptive devices issued, routine physical counting, remaining Contraceptive devices this month

Table 24. Frequency Distribution of Transactions in Auxiliary Books/stock cards

Variable	n	Percentage (%)
Amount of Contraceptive devices Receive	3	9.7
Amount of Contraceptive devices Receive , Amount of Contraceptive devices Released	1	3.2
Amount of Contraceptive devices Receive , Amount of	1	3.2

Contraceptive devices Released , Routine physical counting		
Amount of Contraceptive devices Receive , Amount of Contraceptive devices Released , Routine physical counting, the rest of this month contraceptive devices	26	83.9
Amount	31	100

For recording and reporting, health facilities should have an auxiliary book so they can record and report the number of Contraceptive devices correctly. A total of 26 health facilities (83.9%) stated that the transactions in the auxiliary books created included the number of Contraceptive devices

Table 25. Frequency Distribution of Mechanisms for Submitting F/II/KB Reports to regional organizations and apparatus of Family Planning

Variable	n	Percentage (%)
The manual report is sent by the health facility itself to Family Planning Technical Implementation Unit	1	3.2
Manual reports are taken by Field officer	29	93.5
Manual reports are taken by Regcency/city Family Planning Regional Organizations And Apparatus	1	3.2
Amount	31	100

In the mechanism for submitting F/II/KB reports to Family Planning Regional Organizations And Apparatus, the majority of health facilities 29 (93.5%) made manual reports and were taken by Field officer.

Table 26. Frequency Distribution of Monitoring and Evaluation Status by Family Planning Regional Organizations And Apparatus Related to the availability of Contraceptive devices

Variable	N	Percentage (%)
Ever	16	51.6
Never	15	48.4
Amount	31	100.0

A total of 16 (51.6%) health facilities stated that monitoring and evaluation activities had been carried out by Family Planning Regional Organizations And Apparatus regarding the availability of Contraceptive devices, while 15 (48.4%) health facilities stated that they had never been monitored and evaluated.

Table 27. Frequency Distribution of Contraceptive devices Storage Places

Variabel	n	Persentase (%)
Medicine Cupbard in the Maternal and Child Health room	28	90.3
Medicine Cupbard in the Maternal and Child Health room, Pharmacy section,health facility warehouse	1	3.2
Pharmacy section,health facility warehouse	1	3.2
Medicine Cupbard in the Maternal and Child Health room, Pharmacy, Pharmacy section,health facility warehouse	1	3.2
Amount	31	100.0

The majority of health facilities store Contraceptive devices in the medicine cupboard in the MCH room, namely 28 (90.3%) health facilities, there is 1 (3.2%) health facility which each keeps its Contraceptive devices in the medicine cupboard in the MCH room, pharmacy section, health facility warehouse; Pharmacy section, health facility warehouse; and medicine cupboard in the Maternal and Child Health room, health facility warehouse pharmacy section.

Table 28. Frequency Distribution of Persons Responsible for Contraceptive devices Management

Variable	n	Percentage(%)
Pharmacy, Maternal and Child Health / Family Planning field manager	1	3.2
Maternal and Child Health / Family Planning field field manager	3	9.7
Maternal and Child Health / Family Planning field field manager, Managing Midwife in the Maternal and Child Health / Family Planning field	23	74.2

Maternal and Child Health / Family Planning field manager, Managing Midwife in the Maternal and Child Health / Family Planning field Administrative Staff/RR officers	2	6.5
Maternal and Child Health / Family Planning field manager, Managing Midwife	2	6.5
Amount	31	100.0

The majority of health facilities, namely 23 (74.2%) stated that the person responsible for managing Contraceptive devices at the health facility was the Maternal and Child Health / Family Planning field Manager and the Maternal and Child Health / Family Planning Midwife.

DISCUSSION

The aim of this research is to find out how Contraceptive devices is managed in the The National Health Insurance era in East Lombok Regency, which includes provision, distribution, storage, recording and reporting mechanisms, incidents of vacancies, surpluses and expiration of Contraceptive devices in the research area. This was carried out to find out the picture of Contraceptive devices management in the The National Health Insurance era in East Lombok Regency.

The Contraceptive devices Management Mechanism throughout Indonesia refers to the guidebook for implementing planning for the need for contraceptive and non-contraceptive devices/drugs, which is a further elaboration of the norms, standards, procedures and criteria of Head Regulation Number 149/HK-010/B5/2009 dated 29 May 2009 concerning Guidelines for the Provision of Contraception and Non-Contraception. This guidebook for implementing planning for the need for contraceptive and non-contraceptive devices/drugs is a technical guide for Financial managers at various regional levels in planning the need for contraceptive and non-contraceptive devices/drugs in accordance with the division of government affairs better and fulfilling 6 (six) requirements, namely : right type, right quantity, right condition, right place, right time and right cost (Mahalia, 2012).

Family planning is an effort to regulate the birth of children, the distance and ideal age at which they should give birth. One of the efforts to ensure the continuity of family planning services is "Realizing population-oriented development and creating happy, prosperous small families" Needs Planning is a process carried out to estimate, determine, calculate and develop a priority scale of needs according to quantity, type, quality, cost, place and time. Based on the research results, the preparation of Alkon Needs Plans is carried out at the central level, provincial level and district and city levels, while the calculation of Alkon needs for each province is determined by the Central National Population and Family Planning Agency (Manullang, 2016)

Contraceptive and non-contraceptive devices function to support the operations of population and family planning programs. This needs to be supported by professional, effective and efficient management of contraceptive devices and non-contraceptive devices. (Lestari & Haksama, 2017)

One of the main tasks of the National Population and Family Planning Agency is to provide facilities and infrastructure for stable contraceptive services and long-term contraception that are more affordable, safe, high quality and evenly distributed on a city scale. Therefore, good logistics management is needed so that contraceptive and non-contraceptive devices can be distributed to all health service facilities in the district (Peraturan Kepala Badan Kependudukan dan Keluarga Berencana Nasional Nomor 3 Tahun 2017, 2017)

Based on the research results, acceptance is carried out by officers who are appointed/appointed

based on a Decree/Letter of Assignment from an authorized official to accept a number of contraceptive devices by first carrying out an inspection, including; quantity and quality, as stated in the delivery document and/or procurement contract, including; date of arrival, type and brand of contraception, quantity (box, weight and volume), unit price, IUD: each, Pill: cycle, Injection: vial; Condom: gross, Implant: set, date of manufacture/year of production, expiration date, certificate of analysis from delivery company for each Batch number, source of funds, and Batch number. Next, storage is carried out, which is a follow-up activity to the contraceptive devices reception activity, carried out in the context of maintenance and security through standardization of the contraceptive devices arrangement based on the *First In First Out* (FIFO) system.. Monitoring and evaluating the management of contraceptive devices in the Province which is carried out in stages and periodically is very important to increase support and improve the implementation of the Population and Family Planning Program. Management of contraceptives requires Standard Operating Procedures (SOP) which come from the implementation manual issued by the National Population and Family Planning Agency, Finance and Management Bureau in 2011 (Ariana, 2016).

CONCLUSION

The results of the research show that in general the management of Contraceptive devices in East Lombok Regency has complied with technical guidelines, however there are several mechanisms for planning, requesting, storing, distributing, recording and reporting as well as monitoring and evaluating Contraceptive devices which require clear and clear Standard Operating Procedures (SOP). written referring to the technical manual, and distributed throughout the Family Planning Regional Organizations And Apparatus, Family Planning Implementation Unit, Health Facilities and Network areas, so that the management of the mechanism runs uniformly.

To the managers and implementers of Contraceptive devices availability at the NTB Province National Population and Family Planning Agency Representative, Regency Family Planning Regional Organizations And Apparatus, it is hoped that each link in the Contraceptive devices management chain (Planning, Requesting, Receiving, Distribution, Recording and reporting, Monitoring and Evaluation) in implementation refers to the Technical Instructions issued by The Center of National Population and Family Planning Agency, establishes synergistic cooperation by holding coordination meetings involving all management and implementers of Contraceptive devices management from the provincial level to the lower level by inviting resource persons from the Center who are policy makers in Contraceptive devices management, so that each link in the contraceptive devices management chain becomes more orderly and well maintained. good so that Contraceptive devices is always ready to use and 6 right in planning Contraceptive devices needs (right quantity, right type, right place, right time, right condition, right cost). By implementing synergistic cooperation, there will be a common perception in data management and the implementation of needs data analysis and the preparation of standardized Contraceptive devices needs plans to support the achievement of Population and Family Planning program objectives.

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