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Review of existing Norplant® acceptor tracking system

Joedo Prihartono

REVIEW OF EXISTING NORPLANT® IMPLANT ACCEPTOR TRACKING SYSTEM

FINAL REPORT

INDONESIA

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YAYASAN KUSUMA

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PREFACE

Family planning activities in Indonesia are considered a successful national program. Since its introduction in the 1970s, the total number of contraceptive active users dramatically increased reaching 21 millions couples. The government is continuously trying to improve the quality of family planning services in the community. New developments in contraceptives at the international level have been monitored to assess the possibility of their application in Indonesia to broaden the variety of available contraceptives.

NORPLANT® implants, as a new contraceptive method was introduced in 1981 and as of November 1993 there were more than 2.07 million cumulative NORPLANT® implant users Indonesia. As a long term progestin only contraceptive, this method must be removed or replaced every 5 years when it is no longer effective. The current statistical feedback from clinic registers and previous studies show that approximately 15% to 20% of full-term users failed to come for removal.

The family planning managers need to develop an effective but simple mechanism to track the users who are approaching the removal date to remind them. The Population Council awarded a sub-contract to Yayasan Kusuma Buana for the study of "Review of the Existing NORPLANT® Acceptor Tracking System". This study offers very important information in the preparation of a simple and effective tracking system for NORPLANT® implants in Indonesia.

ACKNOWLEDGEMENTS

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We are gratefully to our BKKBN colleagues in particular, Dr. Hermini Sutedi and Dr. Heru Kasidi who provided technical as well as management support to carry out this study.

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EXECUTIVE SUMMARY

NORPLANT® contraceptive implants were introduced in Indonesia in 1981 and incorporated into the national family planning program in 1987. Since its inception, the number of users increased dramatically in most provinces and its cumulative number exceeded more than 2.07 million as of November 1993. The earlier studies on NORPLANT® implants in Indonesia revealed that many implant users are young women with small families who adopt implants for birth spacing. The studies also found that many acceptors are returning for removal at or just before the five-year deadline, as they should.

Although many acceptors return for the five-year removal, approximately 15 to 20 percent of acceptors are not returning even after six years of use for removal. The most important reason for these failures was the difficulty of remembering the proposed removal date. The risk of ectopic pregnancy may increase with the prolonged use of NORPLANT® implants, and these women after five years are no longer protected from pregnancy unless they return for re-insertion or change to another contraceptive method. The National Family Planning Coordinating Board (BKKBN) recognizes the urgent need to develop a NORPLANT® implants acceptor tracking system.

Currently, Yayasan Kusuma Buana (YKB) is assisting BKKBN in the implementation of a NORPLANT® implants Surveillance System Project in Aceh, Riau, Jambi, Lampung, and Bengkulu provinces on the island of Sumatera. Some other provinces have established and implemented their own tracking system for five-year removals. To date, there is a lack of information concerning existing tracking systems adopted by local family planning programs. In view of the huge number of current and expected five-year removals, BKKBN needs to study the strengths and weaknesses of these existing tracking systems.

The specific objectives of this review are: (1) to assess the readiness of provincial and local authorities for five-year removal of NORPLANT® implants; and (2) to list and describe acceptor tracking systems for five-year removal currently in use at provincial and local levels. These findings will be useful to develop and improve the provincial tracking system. The main beneficiaries of the study will be local family planning program

managers, providers, and field workers.

This Assessment Survey utilized a qualitative approach through in depth interviews with 93 related persons including 12 active implant users, 16 providers, and 24 field workers and volunteers from four provinces: North Sumatera, West Java, East Java, and West Nusa Tenggara (NTB). These provinces were selected through purposive sampling based on these criteria: (1) those with high current user rates of NORPLANT® (West and East Java), and (2) those with relatively low current user rates of NORPLANT® (North Sumatera and West Nusa Tenggara). East Java has the highest number of implant users (424,704) and West Java has the third highest number of users (386,308) in Indonesia . In comparison, North Sumatera (71,865) and NTB (66,107) have a much lower number of users.

In each selected province, one urban and two rural districts were selected with one village sample for each observation during the data compilation phase. A sampled family planning post and its volunteers also served as the basis for data compilation.

The responsibility in managing NORPLANT® implant programs falls mostly to the BKKBN hierarchy, while the Ministry of Health (DEPKES) hierarchy supports the program medically, especially at the health center level. The level of readiness in anticipating the rate of NORPLANT® implants removal is influenced by the number of current users. With a higher number of NORPLANT® implant users, there is more programmatic pressure, and a need for greater preparation in anticipating removals. At the provincial level, West Nusa Tenggara shows less readiness compared with the three other provinces. Even in North Sumatera there are differences among district levels in their capacity to anticipate removals. Kodya Medan and Kabupaten Langkat, with a smaller number of current users, tend to be less prepared than Kabupaten Deli-Serdang.

The BKKBN provincial office is more involved in implementing policy by coordinating and reminding the BKKBN district level on a general basis. The responsibility of maintaining the tracking system is that of the BKKBN district level who compile complete records of all NORPLANT® users (all sampled districts in West and East Java, and district Deli-Serdang). These records are established using monthly reports of family planning field workers and are updated during regular meetings with the supervisor. In this process, the BKKBN staff at the district level notify the supervisor, who then informs the field workers.

The motor of this system is the field worker (PLKB) who also maintain records of NORPLANT® implant users in what is called a "buku pintar". This buku pintar is constructed using the clinic record, and updated through contact with volunteers. The field worker contacts the health center to arrange a removal schedule, and coordinates with volunteers to inform the clients. Health center personnel also maintain their own records but rely on field workers for further contact with due or overdue clients. Health center staff claim to always counsel clients on the proposed removal date whenever they visit this facility for follow-up. However, the follow-up visits tend to cluster around the first six months of implant insertion.

The volunteer (PPKBD) acts as the spearhead of this system by actively contacting clients who are due or overdue for removal. She also maintains her local records which are updated through her contact with clients (called "pendataan PUS"). Since her coverage area is limited, she has no difficulty in maintaining her records. The volunteer contacts clients at home or through the community integrated health post (posyandu) meeting. The posyandu is the best location to pass on the message about removal time. The volunteer, under the supervision of the PLKB, provides information for the out-migrating user on who to contact in the new area. She indicates in her records the new status of this acceptor, but does not omit her name from the list, since most of the migrating clients usually come back to the original clinic for removal.

The clients who remember the proposed removal date used different approaches. For more educated clients, the availability of a client card (K-I/KB) is very useful. In the case of district Sampang (Madura), the clients who are illiterate can utilize the local calendar (Jawa/Madura) to memorize the removal date by drawing eye-catching marks on their walls (one mark for one year of use). Post-partum clients, can remember the date by looking to their youngest child (age five years means she has to remove NORPLANT®). The majority of clients, however, rely on regular contact with PPKBD through the posyandu meeting to remember the date.

In general, the tracking system used in East Java, West Java, and North Sumatera is based on a hierarchical approach. District BKKBN notifies supervisors on the number of removals based on the district's record. The supervisor arranges the PLKB to contact health centers and volunteers. The PLKB mobilizes volunteers to contact clients and he/she contacts the health center to arrange the removal schedule. The volunteer uses her

record to reach the client, either at the client's home or at the posyandu, to persuade her to come in for removal.

The system only works if the sense of belonging among all levels of personnel is strong. Kodya Medan, Kabupaten Langkat, and West Nusa Tenggara are not ready for removal services because the number of NORPLANT® users is still limited in those areas. Family planning services in Kodya Medan are mainly provided by the Pirngadi Hospital, therefore most of the NORPLANT® implant users go directly to the hospital for insertion or removal.

Since the existing NORPLANT® implant acceptor tracking systems in East Java, West Java, and some districts in North Sumatera have demonstrated positive results in guaranteeing five-year removal services, it is recommended that other provinces also strengthen this mechanism.

Many factors affect the implementation of the tracking system. Each provincial BKKBN staff must be aware of the local factors and try to adjust their mechanisms according to these factors. Coordination, close supervision, and routine meetings are important requirements for the success of this system.

To strengthen this existing tracking system, BKKBN still needs to study further its implementation with intensive monitoring and supervision. The ADB funded surveillance system in five Sumatera provinces will be the appropriate operations research activity to further test this mechanism.

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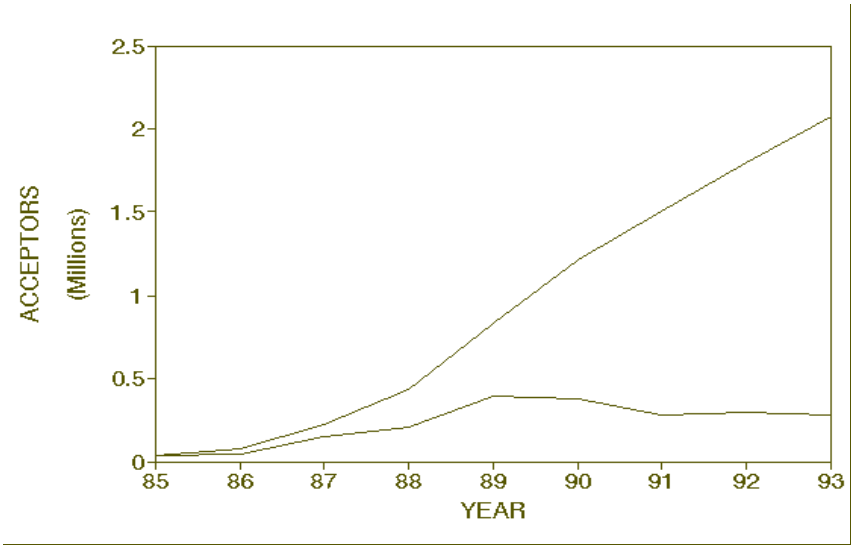
CHAPTER I
INTRODUCTION

Introduction

NORPLANT® contraceptive implants were introduced in Indonesia in 1981 with a series of coordinated scientific studies. Based on the very promising results of clinical and field studies, the long term contraceptive implants was introduced into the national family planning program in 1987. Since its inception, the number of users increased dramatically in most provinces. The cumulative number of implant acceptors exceeded more than 2.07 million as of November 1993 (Figure 1).

Figure 1 : Annual and Cumulative NORPLANT® Implant Acceptors



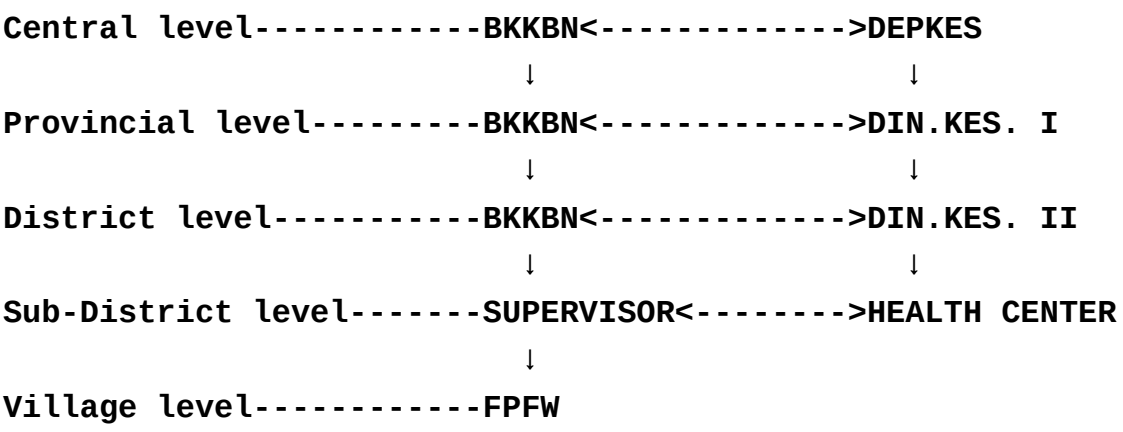
Management of the NORPLANT® implants program in Indonesia is jointly handled by the National Family Planning Coordinating Board (BKKBN) and the Ministry of Health (DEPKES). There is a distinctive but interrelated task for each institution, both at the decision making level and at the field level. The DEPKES hierarchy mainly provides technical aspects of medical services, such as physical and laboratory examinations, insertion, medical follow-up, side effects and complications management, and removal. Through counselling, the DEPKES hierarchy focuses on more specific method-related information. In terms of record keeping, DEPKES staff at the clinic fill out the forms, distribute acceptor cards, update and maintain medical records, and prepare and submit monthly reports to the BKKBN office. DEPKES clinics also provide training, assistance, and back-up to volunteers working at the integrated health post (posyandu).

On the other hand, the BKKBN hierarchy is involved in the broader aspects of NORPLANT® implants program management. They provide logistics, training, operational funds, printing and dissemination of IEC materials, motivation, recruiting, counselling, referral for new acceptors, home visits, reminders, re-counselling, and if needed, referrals for NORPLANT® implant users to a nearby clinic. Record keeping is the responsibility of the BKKBN staff. The family planning field workers, supervised by the field supervisors, link posyandu with clinics and the BKKBN office. These field staff regularly visit and collaborate with clinic staff, assisting in the preparation of monthly reports, compiling reports from posyandus for the health center, transferring clinic reports to the BKKBN office, and distributing official feedback to clinics. The field staff also coordinate, supervise, and back up community volunteers.

The BKKBN office compiles, summarizes, and analyzes clinic

monthly reports. It produces reports and feedback for local planning purposes. In the operationalization of its activities, there is a close relationship with the DEPKES office at this level. The following figure shows the official relationships between the two institutions.

Figure 2 : Relationship of BKKBN and DEPKES



The posyandu plays an important role in the delivery of essential preventative health services to the community at the neighborhood level. In pursuing "Health for All", DEPKES realizes that the availability of formally trained health providers can not meet all community health needs. Thus it launched outreach health activities, involving the community as the extension of health providers. Through this primary health care concept, DEPKES is able to guarantee health services to all members of the community, while maintaining the efficiency of limited resources.

Following the cooperative strategy, the posyandu is organized by the local community, executed by the community volunteers, and intended for all community members. DEPKES has established a standard model of posyandu which ideally provides

five basic preventative health services: babies and children under five growth monitoring, family planning, immunization, ante-natal care, and distribution of an oral rehydration solution. Posyandu activities are ideally conducted once every month and usually move from one house to another each month. Among the five basic services, ante-natal care is rarely found in the actual posyandu activities.

Posyandu in most of the areas, rural and urban slum, is an important meeting place for mothers. They come for their own family planning needs or accompanying their children for other services. The volunteers utilize this opportunity to provide IEC materials, information, motivation, counselling, and demonstrations on important health issues.

Study Justification

The recently completed NORPLANT® implant study (BKKBN, 1993) reveals that the continuation rate over a four-year period was about 80 percent and the rate decreased to 55 percent in West Sumatera and 33 percent in West Java over a five-year period. The fall-off suggests that many acceptors are returning for removal at or just before the five-year deadline, as they should. Although many acceptors are returning for the five-year removal, approximately 15 percent of acceptors are not returning even after six years of use for removal. An earlier study carried out in urban areas by Yayasan Kusuma Buana (YKB) also found that more than 20 percent of NORPLANT® acceptors failed to visit the clinics for removal after five-years of use. The most important reason for these failures was the difficulty of remembering the proposed removal date. The estimated number of implant acceptors who will require removal in 1993/1994, including five-year removals, is 114,000 (BKKBN, 1993).

The five-year removal is mandatory. The risk of ectopic pregnancy may increase with the duration of NORPLANT® implants use. Also, after five years women are no longer protected from pregnancy unless they return for re-insertion or change to another method. As a result the BKKBN, as the family planning coordinating body, feels an urgent need to develop a NORPLANT® acceptor tracking system.

Currently, YKB is assisting BKKBN in the implementation of a NORPLANT® implants Surveillance System Project in Aceh, Riau, Jambi, Lampung, and Bengkulu provinces. The system has been developed with technical assistance from John Snow Inc. and funding from the Asian Development Bank. The main objectives of this surveillance project are early detection of serious side-effects and complications, and tracking of NORPLANT® contraceptive acceptors for the five-year removal. The proposed surveillance system will consist of two interactive sub-systems :

1. A clinic sub-system for medical services.
2. A community sub-system for NORPLANT® acceptor tracking.

These two existing sub-systems have been identified for the preparation phase, and their roles and interaction will be strengthened by establishing simple and proper linkage systems through family planning field workers. After a long delay due to financial management, the first phase of this project started June 11, 1993. Recently, the BKKBN and YKB completed re-orientation of all of the BKKBN's field personnel involved in the project areas. The first phase (2 years) started by compiling names, addresses, date of insertion and date of removal at the health center/village. Information is being sent to the Kabupaten BKKBN office to notify the clients in the five provinces of Aceh, Riau, Jambi, Lampung, and Bengkulu.

Some provinces have established and implemented their own tracking system for five-year removals. To date, there is a lack of information concerning existing tracking systems adopted by local family planning programs and concerning the extent to which provincial and local family planning program managers and service providers are aware of and prepared for the large numbers of five-year removals in their geographic areas. In view of the huge number of current and expected five-year removals, BKKBN needs to study the strengths and weaknesses of these existing tracking systems. Information on locally adopted NORPLANT® implant acceptor tracking systems promises to provide important input to optimize and re-design the surveillance system which is underway in the five provinces.

Findings of this study will be useful to develop and improve the provincial tracking system. Main beneficiaries of the study will be local family planning program managers, providers, and field workers.

The study findings will be used for the following :

1. To improve the design and implementation of a five-year project on the NORPLANT® implants Surveillance System, designed to track NORPLANT® implant acceptors for five-year removals.

2. To identify various possible tracking mechanisms.

3. To design and test different tracking systems to find out the most effective strategy in terms of cost, practicability, reliability, and replicability.

4. To develop tracking messages to be used by mass media and field workers.

Objectives

Specific objectives of this review are as follows :

1. To assess the readiness of provincial and local authorities for five-year removal of NORPLANT® implants.

2. To list and describe acceptor tracking systems for five-year removal currently in use at provincial and local levels.

CHAPTER II
METHOD AND MATERIALS

Study Design

This assessment study utilized a qualitative approach through in depth interviews with 93 program related persons from four provinces: North Sumatera, West Java, East Java, and West Nusa Tenggara (NTB).

These provinces were selected to include two types of areas: (1) those with relatively high current user rates of NORPLANT® implants (users made up more than seven percent of mixed contraceptive methods), and (2) those with relatively low current user rates of NORPLANT® implants (less than three percent of mixed contraceptive methods). As of November 1993, East Java had 424,704 implant acceptors, West Java had 386,308, North Sumatera had 71,865, and NTB had 66,107. East Java and West Java represented the provinces with high prevalence rates, while North Sumatera and West Nusa Tenggara represented the provinces with relatively low prevalence rates.

In each selected province, one urban and two rural districts were selected in consultation with the BKKBN provincial staff. The accessibility from the provincial capital city and medium to high prevalence rate of NORPLANT® users were the two criteria for selecting districts. One village was chosen for each district for observation during the data compilation phase. Sampled family planning posts and their volunteers also served as the basis for data compilation. Names of sampled districts and villages with some important characteristics are given in

Appendix 1.

Respondents

Each sampled province was visited by the investigator for in depth interview sessions with selected informants. A total of 93 persons including 12 implant users were interviewed to get information regarding NORPLANT® implant removal services. A detailed list of interviewed informants is as follows:

Provincial level

1. Provincial program officer	(4 persons)
2. Field supervision officer	(3 persons)

District level

1. Reporting & recording officer	(12 persons)
2. Field program officer	(10 persons)

Sub-district level

1. Health center doctor	(4 persons)
2. Health center midwife	(10 persons)
3. Sub-district field worker supervisor	(7 persons)
4. Sub-district chairperson for mother's club	(3 persons)

Village level

1. Family planning field worker	(8 persons)
2. Village leader for mother's club	(4 persons)

3. Village midwife (3 persons)

Grassroots level

1. Family planning volunteer (6 persons)
2. Family planning post activist (5 persons)
3. Head of neighborhood (2 persons)

Clients

NORPLANT® active user (12 persons)

Questionnaires

An in depth interview guideline was prepared and used to standardize the exploration of each interview session. A total of 27 open questions were asked to various types of informants. To maximize the quality of the information, each question was asked of the informants on an idividual basis. A list of specific questions can be found in Appendix 2. Questions were pretested in Jakarta at a Puskesmas for implant users. Some questions were used in a previous study conducted by Yayasan Kusuma Buana ("Community Perspective Study on Norplant").

For an in depth interview, the time limitation was approximately one and a half hours per session. All interview sessions were held at the respondent's working place and tape recorded. Later information was transcribed. The data was analyzed qualitatively to provide information on the descriptions, strengths and weaknesses of the existing NORPLANT® implant tracking systems.

Management of the study

This study has been conducted by Yayasan Kusuma Buana (YKB) with the assistance of the local BKKBN officers, particularly for legal and administrative matters. YKB is a leading non-government organization in family planning and health, and has played a central role in the introduction of NORPLANT® implants in Indonesia. YKB carried out several scientific studies on NORPLANT® implants in Indonesia, including a study on users attitudes towards NORPLANT® implants and their removal, and a study of factors associated with due and overdue 5-year removals. Both studies were funded by the Population Council. In 1990, YKB participated in a study on "Service Delivery Systems and Quality of Care in the Implementation of NORPLANT® Implants in Indonesia", sponsored by the Population Council.

Yayasan Kusuma Buana recruited a study team consisting of one investigator who is experienced in quantitative and qualitative methodologies. Joedo Prihartono, MD, MPH is the principal investigator who has been involved in the Indonesian NORPLANT® implant studies since the beginning. He is a senior staff member at YKB and has participated in many quantitative and qualitative studies on NORPLANT® implants. One research assistant, Drs. Teguh Haryadi, was recruited to assist and support the study team administratively. He has worked for the urban slum project in YKB's Pisangan Baru Clinic. He has a formal degree in education and was trained in qualitative methodology.

CHAPTER III
STUDY FINDINGS AND DISCUSSION

Readiness for Removal Process

Local readiness for the removal process is affected by various factors, such as : extent of the family planning program, level of institution, number of NORPLANT® implant acceptors, and activities of the field staff. East Java and West Java, which represent the most advanced family planning provinces in Indonesia, showed a much greater readiness compared with the other two sampled provinces.

East Java Province

All program personnel from the provincial level down to the village level have mechanisms to project the caseload for any year. The provincial BKKBN prepares an annual projection of removal caseload based on the following mechanisms :

1. Using monthly clinic reports on NORPLANT® implant insertions with previous service statistics which reveal that 70 percent of acceptors will have attained 5-year usage.
2. Adding 30 percent of NORPLANT® implant acceptors who need removal before the 5-year period (based on previous statistics).
3. Updating information through a regular meeting with group leaders of family planning field workers.

For the program year 1993/1994, there will be 70,000 removals for the whole province, calculated by East Java BKKBN staff using the above formula. The provincial staff feels that the number of trained doctors and medical equipment are insufficient. In East Java province there are only 500 well-trained doctors on removal procedures. Since the Ministry of Health officially does not allow paramedics to perform NORPLANT® implants removal, this limited personnel must be distributed according to priority areas. To overcome the limited amount of specific medical equipment, the provincial BKKBN tries to mobilize other fund sources to procure this needed equipment.

Because the provincial BKKBN staff feels rather desperate with its limited resources, they have tried to invent some field possibilities to overcome this.

> "*.... We really need medical assurance for those NORPLANT® acceptors beginning menopause, that they do not need removal of the implants. This will ease our burden. We will also directly provide another method of contraceptive to some of the NORPLANT®* acceptors who still have to wait for removal after using it for five years. ...."

Districts Surabaya, Sidoarjo, and Sampang tend to be the prioritized areas in East Java due to their strategic location. Therefore they do not have any difficulty in providing services for NORPLANT® implant removals. In these districts, well-trained paramedics also participated actively in removal services under the supervision of the doctors. With active participation of midwives in providing removal services, these districts can fill the manpower gap. The collaboration between health centers in these districts is very close, and field workers can mobilize the most important medical equipment from one health center to another when needed.

The provincial BKKBN has planned to conduct additional removal training for doctors as well as paramedics, hoping that the Ministry of Health will soon abolish the ban on paramedics to perform removal. Local refresher training for each district is also planned locally. For urban districts in East Java, especially those located near the provincial capital, the district hospital is also involved as the provincial training facility, thus regular back-up and supervision from the provincial level is automatically guaranteed.

The schedule for removal procedures is prepared by each health facility in accordance with other types of health tasks which must be performed by the clinic anyway. The district BKKBN and the field workers adjust their plans according to this schedule. Field workers coordinate with local volunteers to contact NORPLANT® implant acceptors who need removal services. The volunteers motivate the acceptors to continue some kind of family planning method, whether they decide to use a new set of implants or shift to another method. In East Java they usually recommend IUDs as an alternative method. The field workers strengthen this process of counselling, while the health personnel discuss the prevention of infection. Following the removal service, the clients are given clear instruction on how to prevent infection, and urged to visit the clinic if there is any serious complaint such as bleeding or infection. The field workers and volunteers continue follow-up visits with acceptors to further motivate and counsel them in the family planning program.

The clinic staff prepares the sterilized equipment following the guidance of the Ministry of Health. Since almost all of the health centers do not have any autoclave, they boil the metal instrument for 20 minutes and use chemical disinfectant to sterilize non-metal supplies, such as rubber gloves, linen and

cotton. For the removal itself, the operators apply the standard procedure prepared by BKKBN. BKKBN has advised that the operator has to stop trying to remove difficult capsules after 40 minutes. In this event the client is expected to visit the clinic again after 6 weeks to remove the rest of the capsules. If the operators sense a serious difficulty, the client is referred to the nearby district hospital.

West Java Province

West Java province shows a similar pattern with East Java province in managing the NORPLANT® implants program. The provincial BKKBN is able to calculate the number of proposed removals for any year. There will be 67,250 removals anticipated by the provincial BKKBN staff to be done in West Java province for the year 1993/1994. Provincial BKKBN staff members also feel pressure due to the shortages of well-trained doctors for NORPLANT® implant removals. One staff member stated that provincial BKKBN in West Java purposely reduced the pace of NORPLANT® implant insertions.

In West Java province, the city of Bandung, districts Bandung and Sumedang also benefit from better facilities compared to districts in the sampled districts of the outer islands. District staff in all sampled districts in West Java do not have difficulty anticipating the demand for removal services. East Java province has had a similar experience in its ability to anticipate the need for removal services.

North Sumatera Province

In North Sumatera districts, the availability of well-trained personnel and medical equipment is still in relatively good balance with the number of removal procedures. Since the

number of NORPLANT® implant acceptors is still not exceeded by its capability, the current available resources can catch up with the need for removal services.

North Sumatera provincial BKKBN and the district Medan BKKBN do not have any projection for removal caseload. The provincial BKKBN staff stated that they urge the district office to make this projection, and it will only provide coordination if needed. The district Medan BKKBN relies mostly on Pirngadi Hospital which absorb most of the NORPLANT® implants insertion and removal services. Since this big hospital is capable of managing its own NORPLANT® implant acceptors, which is considered by the district BKKBN as almost all existing acceptors, the district staff feel they can focus their attention on other issues.

However, the districts Deli-Serdang and Langkat BKKBN have prepared annual projection of removal caseload using similar mechanisms found in East and West Java sampled districts. District Deli Serdang BKKBN staff showed a sample of special records kept at the district level, which was used to make this projection. This register contains the names, addresses, dates of insertion and proposed removal time for acceptors. The register is compiled based on the specific sub-district and year of insertion. There is a stronger sense of belonging among District Deli Serdang staff compared with the District Medan staff.

West Nusa Tenggara Province

The West Nusa Tenggara province, including the districts Mataram, West and Central Lombok, all do not have any caseload projection. Because the number of NORPLANT® implant acceptors is still very small, they do not have programmatic pressure for this method. In the sampled health centers, the cumulative number of

NORPLANT® implant acceptors ranges between 6 to 16 women for each clinic. They feel that with this small number of acceptors there will be no difficulty in providing removal services.

Existing Tracking Systems

Tracking systems used in most of the sampled areas are based on the role of district BKKBN in coordinating the field activities.

East Java Province

In East Java, the three sampled districts have developed an active simple recording mechanism which covers the name, address, insertion date, and proposed removal date of all NORPLANT® implant acceptors. This list is established based on the report of field workers which accompanies the official monthly F-II/KB report form. This list is updated during the monthly meeting with group leaders, and field workers.

Each field worker also maintains a similar list for his/her area. Using this list the field worker is able to identify which acceptors need removal services in a certain period. This figure is submitted at the meeting with group leaders and district staff. To confirm the removal schedule, the field worker mobilizes the volunteers to contact each client. Through this contact, the volunteers and field worker can get feed back on whether or not the acceptors are willing to visit the clinic. Though rare, two of the volunteers stated that there are some cases where the acceptor feels the implant is already suitable for her body, and refuses to have it removed. In this case, field workers directly provide counselling on the need for removal. A similar mechanism is used to track those 5-year

NORPLANT® implant users who failed to visit the clinic for removal.

Several mechanisms were found to be in place to remind acceptors of the removal date. The clinic staff always reminds the acceptors during the follow up visits of the proposed date and recommends important steps to be taken if she moves to another area. Interviews with four NORPLANT® implant users also confirmed that such messages have been given regularly. Clinic staff also distribute an individual acceptor card to be kept by the user mentioning the proposed removal date. The acceptor is urged to keep this card safely in her home as a practical reminder and as a means of communication if she moves to another area.

The field worker coordinates the volunteers in his/her area to continuously remind the users of the removal date. The volunteers regularly contact the users through the monthly posyandu or activities of local social gatherings ("paguyuban" meetings). For users who failed to visit the clinic for removal, the volunteer, after receiving notification from the field worker, visits the house of the acceptor to find out the problem. She motivates the user to visit the clinic and meet with the midwife for further counselling.

The utilization of local mass media is still very limited in East Java province. Television and radio stations have been used for more general messages about the family planning program and for specific messages on the self-reliant approach, such as Blue Circle promotion. The newspaper is not considered an effective means of communicating family planning messages because it is not read by all segments of users, especially in the rural areas. Posters, leaflets, and brochures are intended mostly to disseminate general information. While these printed IEC media

also contain some information on the duration of NORPLANT® implants use, they do not mention the possible consequences if it is not removed after 5 years.

Interviews with users, those who are still using and those whose implants have been removed, gave an indication of how they remember the removal date. Nine of the interviewed users stated that posyandu and paguyuban meetings are very helpful for remembering the removal date. For post-partum NORPLANT® implant acceptors, the age of the youngest child served as the strong reminder, while the users in district Sampang (Madura) specifically used the Arabic Moslem calendar to make simple notation on their wall to remind them of the removal date. Every completed year, she will draw a line on the wall which will always remind her of how long she has used the implants. Based on the feedback of East Java statistics, around 45 percent of NORPLANT® implant users due for removal remembered the removal date by themselves.

The interrelationship between various institutions in tracking the NORPLANT® implant acceptors can been seen in the following figure.

Figure 3 : Relationship of tracking institutions in East Java Province.

DISTRICT BKKBN

Preparing list of proposed removals through monthly BKKBN staff meeting

FIELD SUPERVISOR

HEALTH CENTER

FIELD WORKER

VOLUNTEERS

ACCEPTORS

West Java Province

West Java province, with an almost equal level of achievement compared with East Java, also exercised a similar mechanism in reminding the acceptors and tracking those clients who failed to visit the clinic for removal services.

West Java BKKBN staff, from the provincial level down to the field level, have been exposed to similar field situations as East Java BKKBN staff. They designed a similar mechanism for tracking NORPLANT® implant acceptors who have used the method for 5 years. Interviews with all levels of informants gave similar information as reported under the East Java province section.

North Sumatera Province

In North Sumatera, a similar NORPLANT® tracking mechanism can be found only in districts Deli-Serdang and Langkat, but not

in district Medan. The district Medan BKKBN office does not have any list of individual NORPLANT® implant users for its tracking system. It relies totally on the services of Pirngadi hospital, which absorbed almost all NORPLANT® implant activities in the whole city of Medan.

In districts Deli-Serdang and Langkat, the similar NORPLANT® implants tracking mechanism and strategies of reminding the acceptors on the removal date are well implemented. These districts have to manage the NORPLANT® implants program differently than the District Medan, since they have to coordinate all health center personnel in the district area. The majority of removals in these districts were done in these health centers.

West Nusa Tenggara Province

The story of West Nusa Tenggara is quite different compared with the other three provinces. The limited number of NORPLANT® implant users in this province according to BKKBN staff, can still be handled through the general approach of the family planning program. There is no special activity devoted mainly for tracking NORPLANT® implant acceptors. While the beginning stages of a similar mechanism of reminding and tracking acceptors are apparent, the implementation of such a system is still not given special attention.

BKKBN's Personnel Opinions

The establishment of a list of individual NORPLANT® implant acceptors, which serves as the basis for the existing tracking

system, can be found in almost all sampled districts. However, there are very distinct differences between high and low achievement provinces. East and West Java, as the two high achievement provinces, show a very elaborate mechanism of developing, updating, maintaining, and utilizing this list. North Sumatera, as a middle achievement province, shows intensive utilization in some districts but at the same time reveals the lack of it in other districts. West Nusa Tenggara districts are still in the beginning stages of establishing an important mechanism for their tracking system.

This kind of list and the mechanism in utilizing it in the field for tracking acceptors, was derived from the standardized official reporting and recording system. Knowing that all sampled provinces must exercise the very similar reporting and recording system, it is very interesting to probe more on the reasons for this difference. Interviews with informants, especially those in higher positions, reveal some of the explanations for this phenomenon.

Some BKKBN staff in East Java and West Java clearly stated that the programmatic pressure among them to pay more attention to NORPLANT® implant services are real. As members of the first provinces which introduced NORPLANT® implants, they realize that other provinces will look to them as a model. The number of active users in those two provinces is already very high, and coupled with the always high demand for new insertions, pushes the BKKBN field personnel to make it a priority.

Realizing that those who use implants beyond the 5-year period will be exposed to the possibility of being pregnant with a somewhat elevated probability of ectopic nidation, BKKBN realizes they have to pursue these acceptors for removals. However, constrained by the limited number of well-trained

doctors and the MOH's ban on paramedics, BKKBN in East Java tries to compensate by providing another contraceptive method to some clients who have to wait their turn for the removal of NORPLANT® implants. They even try to explore the possibility of leaving the implants intact under the skin for those clients who are entering menopause.

The BKKBN staff in East and West Java provinces also routinely urge and remind their subordinates to regularly update the list of individual NORPLANT® implant acceptors based on the real situation. They also collaborate very closely with clinic staff in maintaining this list, while preserving good communication with volunteers who are in regular contact with clients.

On the other hand, the West Nusa Tenggara BKKBN staff still do not feel this pressure. As one of the newcomers to the NORPLANT® implants program, the number of active users is still very low, and the demand is also not significant. Using regular mechanisms to manage all contraceptive users in that area can help them catch up with the need. Thus the staff feels that there is still no urgent need to start the NORPLANT® implants tracking system. However, since the central BKKBN is already promoting quality assurance for the NORPLANT® implants program, this area is also beginning to establish the needed instruments for a tracking mechanism, such as a list of individual NORPLANT® implant acceptors.

The North Sumatera province is a unique case, since it was also one of the first areas to use NORPLANT® implants. The variation between districts in this province in their readiness to manage removal services and in tracking acceptors is affected by the local situation. In Medan city, almost all NORPLANT® implant acceptors are attached to Pirngadi Hospital. As a

teaching health facility, this hospital can absorb a high number of insertion and removal procedures, actually more than the city needs. Thus, this city does not have the psychological need of other areas. District Deli-Serdang feels this pressure, and therefore has an intensive system of maintaining the list of individual NORPLANT® implant acceptors and tracking clients.

CHAPTER IV
SUMMARY AND RECOMMENDATIONS

Summary

This review of the existing NORPLANT® implants tracking system can be summarized as follows :

1. The level of readiness in anticipating the rates of NORPLANT® implants removal is influenced by the number of current users. The higher number of NORPLANT® implant users, the more the programmatic pressure, and need for higher readiness in anticipating removals. At the provincial level, West Nusa Tenggara shows less readiness compared with the three other provinces. Even in North Sumatera there are differences among district levels in their capacity to anticipate removals. Kodya Medan with a smaller number of current users tends to be less prepared than Kabupaten Deli-Serdang and Kabupaten Langkat.

2. The provincial level is more involved in establishing policy by coordinating and reminding the district level in a general manner. The backbone of the tracking system is the district level which maintains rather complete records of NORPLANT® implant users (all districts in West and East Java, district Deli-Serdang). Records are established using monthly reports of field workers and are updated during regular meetings with a supervisor. In this process, the

district level notifies the supervisor, who in turn informs the field workers.

3. The motor of this system is the field worker (PLKB) who also maintains records of NORPLANT® implant users (called "buku pintar"). This buku pintar is constructed using the clinic records, and updated through contact with volunteers. The field worker will contact the health center to arrange the removal schedule, and then contact the volunteer to inform the clients. The health center personnel also maintain their own records but rely on field workers for further contact with due or overdue clients. Health center staff counsel clients on the proposed removal date whenever they visit this facility for follow up. However, the follow up visits tend to cluster only during the first six months of implant insertion.

4. The volunteer (PPKBD) acts as the spear-head of this system by actively contacting clients who are due or overdue for removal. She also maintains her local record by updating it through her contact with clients (pendataan PUS). Since her coverage area is limited, there is no difficulty in maintaining her record. The volunteer contacts clients through home-visits or posyandu meetings. Posyandu is the best location to pass on the message about the removal date. The volunteer, under the supervision of the PLKB, provides information for out-migrating users about who to contact in the new area. The volunteer indicates this person's migrating status in her record and does not omit her name from her list since most out-migrating acceptors usually come back for removal in the original clinic.

5. The clients who remember the proposed removal date used different approaches. For the more educated clients, the

availability of client cards (K-I/KB) is very useful. In the case of district Sampang (Madura), the clients who are illiterate utilize the local calendar (Jawa/Madura) to memorize the removal date by drawing eye-catching marks on their walls (one mark for one year of use). For post-partum clients, they remember the date by looking to their youngest child (age five years means she has to remove NORPLANT®). The majority of clients, however, rely on regular contact with PPKBDs through posyandu meetings to remember the removal date.

6. In general, the tracking system used in West Java, East Java, and North Sumatera is based on a hierarchical approach. The district BKKBN staff member notifies the supervisor of the number of removals based on the district's record. The supervisor arranges for the PLKB to contact the health center and volunteers. The PLKB mobilizes volunteers to contact clients and the health center to arrange a removal schedule. The volunteer uses her record to meet with specific clients, either in her home or in the posyandu, to persuade them to come in for removal.

Recommendations

The system will work if the sense of belonging among all level of personnel is strong enough. The case of Kodya Medan, Kabupaten Langkat, and West Nusa Tenggara was due to the fact that the number of NORPLANT® implant users is still small in those areas. Services in Kodya Medan are mainly provided by Pirngadi Hospital, therefore most of the NORPLANT® implant users go directly to the hospital for insertion or removal.

Some recommendations which can be submitted are as follows :

1. The existing NORPLANT® implants acceptor tracking system in East Java, West Java, and some district in North Sumatera has shown positive results in guaranteeing the removals of almost 100% clients who already pass the 5-year period. Therefore it is recommended that other provinces also strengthen this mechanism.

2. Many factors affect implementation of the tracking system. Each provincial BKKBN staff must be aware of the local factors and try to adjust the mechanism according to these factors. Coordination, close supervision, and routine meetings are important requirements for the success of this system.

3. To strengthen this existing tracking system, BKKBN still needs to study further its implementation with intensive monitoring and supervision. The ADB funded surveillance system in five Sumatera provinces will be the proper Operations Research activity in this field.

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APPENDIX 1

A List of Sample Areas and Respondent

A. East Java Province

* Active NORPLANT users
* Proposed removals (1994)
* Trained doctors
* Trained midwives

1. Kotamadya Surabaya with active users.
2. Kabupaten Sidoarjo with active users.
3. Kabupaten Sampang with active users.

B. West Java Province

* Active NORPLANT users
* Proposed removals (1994)
* Trained doctors
* Trained midwives

1. Kotamadya Bandung with active users.
2. Kabupaten Sumedang with active users.
3. Kabupaten Bandung with active users.

C. North Sumatera Province

* Active NORPLANT users
* Proposed removals (1994)
* Trained doctors
* Trained midwives

1. Kotamadya Medan with active users.
2. Kabupaten Deli Serdang with active users.
3. Kabupaten Langkat with active users.

D. West Nusa Tenggara Province

* Active NORPLANT users
* Proposed removals (1994)
* Trained doctors
* Trained midwives

1. Kotamadya Mataram with active users.

2. Kabupaten Lombok Barat with active users.
3. Kabupaten Lombok Tengah with active users.

APPENDIX 2

MANUAL FOR THE INTERVIEWER

Please introduce yourself before the interview session, and inform the respondent on the objective of this interview. Convince the respondent that it will not affect his/her position, but it will assist the success of the Indonesian NORPLANT program. Write his/her name, position, and current involvement in the NORPLANT program.

Suggested introduction speech

My name is (.. interviewer's name ..). I am from Yayasan Kusuma Buana YKB), a Non-profit Non-Government Organization working on Population and Health activities in Jakarta. In improving the service quality for NORPLANT acceptors, especially those who need removal service, the National Biomedical Research Center (PUBIO) would like to make an inventory of existing systems to track NORPLANT acceptors after using it for 5 years. PUBIO has assigned YKB as the executing agency for this activity.

We really need your assistance for this inventory. NORPLANT was introduced here over five years ago and we believe that some systems of tracking have been developed and implemented according to local needs. Would you please give us information on those systems. We would appreciate it very much.

First of all could you please tell your involvement in the NORPLANT program ? There are several questions which I would like to ask you.

1. How many provincial/local systems have made caseload projections ? How are they made ?
2. If projections are made, how many removals are expected in this year ?
3. Are there adequate supplies to meet the expected volume of clients seeking removal and possible reinsertion ?
4. Is there a schedule for removal ? What is done if clients cannot attend during scheduled days ?

5. How much time is allowed for removals ? If all the capsules cannot be removed at one time, what arrangements are made to remove the rest ?
6. Are all required instruments and drapes sterilized ?
7. What counselling is planned/used before removing the capsules ?
8. What follow-up mechanisms are planned/used after the capsules are removed ?
9. What alternatives are offered for those who do not wish to reinsert the implants ?
10. Is training planned for removals ?
11. What supervision and back-up is there for clinicians performing removals ?
12. Is there a system to update the client's name, address, and the ways to contact her at each clinic visit ? Is it effectively used ?
13. Is the client asked how to contact her if she moves without notifying the clinic ?
14. Is there contact information for home or work ?
15. Is information well kept on topics such as date of insertion, date of any complication, date and reason for removal, and removal complications, if any ?
16. For those who do not return for removal, what procedures are there to remind them ?
17. Are field workers, volunteers, mass media, posters, radio, and TV used to communicate with users ?
18. Is a card or brochure given to acceptors showing when NORPLANT implant was inserted, specifying the date of the next follow-up visit, the name of the person who inserted the implant, and the month and year for removal ?
19. Are implant users visiting for other health services reminded about the 5-year removal ?
20. Are clients being contacted by field workers, volunteers, or letters before or shortly after the 5-year removal date ?
21. Have any other ways been tried to remind clients before or shortly after the 5-year removal date ?
22. Is there a system to track 5-year removals ?
23. Are women asked to come back on a regular basis ? What interval ? Are they reminded about 5-year removal ?
24. Are clients asked how they remember to return for the 5-year removal ?
25. During the follow-up visits, are clients counselled regarding possible NORPLANT implant removal or use of another method if a client is moving to another area ?
26. How do the clients remember to return for the 5-year removal service ?
27. What do provincial and local authorities think would help

strengthen the tracking system ? What problems do they foresee ?

APPENDIX 3

Matrix for Specific Questions

	PROV.	DIST.	CLIN.	VILL.	PPKB	ACC.
QUESTION # 1	o	o	o			
QUESTION # 2	o	o	o			
QUESTION # 3	o	o	o			
QUESTION # 4		o	o			
QUESTION # 5			o			
QUESTION # 6			o			
QUESTION # 7			o			
QUESTION # 8			o			
QUESTION # 9		o	o			
QUESTION #10	o	o				
QUESTION #11	o	o	o			
QUESTION #12		o	o	o		
QUESTION #13			o	o	o	o
QUESTION #14			o	o	o	o
QUESTION #15		o	o	o		
QUESTION #16			o	o	o	o
QUESTION #17		o	o	o		o
QUESTION #18			o	o	o	o
QUESTION #19			o			o
QUESTION #20			o	o	o	o
QUESTION #21			o	o	o	
QUESTION #22		o	o	o	o	
QUESTION #23		o	o			o
QUESTION #24			o			o
QUESTION #25			o			
QUESTION #26			o	o	o	o
QUESTION #27	o	o	o			

Note : PROV = Provincial level informants

DIST = District level informants

CLIN = Clinic level informants

VILL = Village level informants

PPKB = Volunteers

ACC. = NORPLANT Acceptors

APPENDIX 4

List of Informants

No.	N a m e	Office
1.	Dra.Puji Lestari	East Java
2.	Drs.Bambang Suyono	East Java
3.	Drs.Subandi	Surabaya
4.	Dra.Julie Sulistya	Surabaya
5.	Drs.Suwignyo	Surabaya
6.	Hariwah Yudi SH	Surabaya
7.	Mrs.Djumirah	Kec.Pabean Cantian
8.	Mrs.Made Pendit	Pusk.Wonokromo
9.	Mrs.Endang Damiati	Pusk.Wonokromo
10.	Mrs.Widi Muryati	Kec.Wonokromo
11.	Mrs.Ninuk Utoyo	Kec.Wonokromo
12.	Drs.Mansyur	Sidoarjo
13.	Dra.Dwi Wahyuningsih	Sidoarjo
14.	Drs.Siradjudin	Sampang
15.	Mr.Burawi	Sampang
16.	Mrs.Nurhayati	Pusk.Omben
17.	Mrs.Ramini	Kec.Omben
18.	Mrs.Anisatun	Kec.Omben
19.	Budi Cahyono SH	West Nusa Tenggara
20.	Dra.Yusmi Zulya	West Nusa Tenggara
21.	Mr.Yarti	Lombok Tengah
22.	Suyadi Adrian BBA	Kec.Praya
23.	Mrs.Made Suastiti	Pusk.Praya
24.	Mrs.Solichin	Kel.Leneng
25.	Mrs.Tarfi	Kel.Leneng
26.	Mr.Syafrudin	Lombok Barat
27.	Mr.Mualim	Kec.Lombok Barat
28.	Mrs.Nengah Saraswati	Pusk.Legok
29.	Mr.Ismail	Kel.Legok
30.	Mrs.Swastini	Kel.Legok
31.	Drs.Syarifudin Siregar	North Sumatera
32.	Drs.Budiman Ginting	Medan
33.	Drs.Muh.Mursal	Medan
34.	Drs.Syafrudin	Medan
35.	Dr.Derim	Pirngadi Hospital
36.	Mrs.Lince	Pirngadi Hospital
37.	Julies Lase BBA	Kec.Medan Barat
38.	Mrs.Ratna Dewi	Kel.Glugur Kota

39.	Mrs.Nastiana	Kel.Glugur Kota
40.	Mr.Sarmuden Harahap	Deli Serdang
41.	Mr.Ayub	Kec.Lubuk Pakam
42.	Dr.Amir	Pusk.Lubuk Pakam
43.	Mrs.Nainggolan	Kel.Pakam
44.	Drs.Darwan Hasrining	Langkat
45.	Drs.Amiruddin	Langkat
46.	Mr.Nginget Sembiring	Langkat
47.	Mr.Ahmad Rusli	Kec.Stabat
48.	Mrs.Ngertiken Sembiring	Pusk.Stabat
49.	Mrs.Azimah	Kel.Condong Dusun
50.	Mrs.Poniyem	Kel.Condong Dusun
51.	Dra.Elly Siti Halimah	West Java
52.	Mr.Hanafiah	West Java
53.	Mrs.Komana Dewi	Kodya Bandung
54.	Mr.Muhamad Anwari	Kodya Bandung
55.	Dr.Ade Dejani	Pusk.Cicagra Lama
56.	Mrs.Sri Rahayu	Pusk.Cicagra Lama
57.	Mr.Rahmad Saleh	Kec.Lengkong
58.	Mrs.Ameng	Kel.Malabar
59.	Mrs.Arwanti	Kel.Malabar
60.	Mrs.Ane Hidayat	Sumedang
61.	Mr.Munir Nasir	Sumedang
62.	Mrs.Suparsih	Pusk.Pesanggrahan
63.	Mr.Dedi Mulyadi	Kec.Pasanggrahan
64.	Mrs.Kono	Kel.Pasanggrahan
65.	Mrs.Rika	Kel.Pasanggrahan
66.	Mr.Ena Sutisna	Kabupaten Bandung
67.	Mrs.Atih Karnasih	Kabupaten Bandung
68.	Dr.Teti Mulyani	Pusk Bale Endah
69.	Mrs.Tuti	Kec.Bale Endah
70.	Mrs.Wahyono	Kel.Bale Endah
71.	Mrs. Suwartini	Surabaya
72.	Mr. Sualiman	Kel. Wonokromo
73.	Mrs. Widowati	Sidoarjo
74.	Mrs. Rukmini	Kel. Omben
75.	Mr. Hanafi	Lombok Barat
76.	Mrs. Partini	Kel. Logok
77.	Mrs. Nainggolan	Medan
78.	Mrs. Firda	Deli Serdang
79.	Mrs.Dedeh	Kec. Cicagra Lama
80.	Mrs. Neneng Salimi	Kec. Pesanggrahan
81.	Mrs. Warsini	Kec. Bale Endah
82.	Mr. Halimin	Kec. Bale Endah
83.	Mrs. Saodah	Kel. Bale Endah

Note: Some people were interviewed more once as they hold more

than one position.