

Report of
The Third Batch Of
The Third Country Training Program on
Behavior Change Communication (BCC)
In Family Planning Reproductive Health; Indonesian Experience
Indonesia, 7 July – 5 August 2010



National Family Planning Coordinating Board
Ministry of Foreign Affairs
State Secretariat Republic of Indonesia
Japan International Cooperation Agency

Preface

This report describes implementation of the Third Batch of Third Country Training Program on Behavior Change Communication (BCC) Training: The Indonesian Experience that conducted from 7 July to 5 August 2010 in Jakarta, West Java, and Bali provinces. The course was attended by 20 (twenty) Officials from six countries, namely; Cambodia, Ethiopia, Kenya, Yemen, Mozambique, and Timor Leste.

The course is contributing to strengthen the Communication Strategy of Family Planning and Reproductive Health in Asian and African countries. Specifically, it's intended to enable participants to understand and to develop strategic communication for Family Planning and Reproductive Health, processes and techniques upon their return home using BCC ACADAE tools.

I would like to express my gratitude to JICA Indonesia, the State Secretariat of the Republic of Indonesia, and the Ministry of Foreign Affairs of Republic of Indonesia, for their continuously collaboration and support throughout this successful training. Also thank you to the officials of BKKbN central level, West Java, and Bali provinces, and other people who contributed in it.

Jakarta, August 2010

Drs. Eddy Hasmi, M.Sc.
The Head of Center for International Training and
Collaboration of BKKbN

Executive Summary

The Third Batch of the Third Country Training Program on Behavior Change Communication (BCC) in Family Planning/Reproductive Health: The Indonesian Experience has been conducted in Jakarta, West Java, and Bali from 7 July – 5 August 2010.

The Training was attended by 20 participants from six countries; Cambodia, Yemen, Mozambique, Ethiopia, Kenya, and Timor Leste, which learned the BCC ACADAE (Assessment, Communication Analysis, Design, Action, and Evaluation) tools through class session and field observation. There are three main components of the training, which are:

1. Class-room Lecture, where participants discussed Strategic Issues on FP/RH programs in Indonesia and theory of BCC;
2. Class Exercise and Assignment, where participants practiced the BCC-ACADAE steps, communication analysis, and developing the Country Plan of Action which includes country presentation;
3. Field observation, where participants visited organization/institution that implement family planning/reproductive health program in West Java, Bali, and Jakarta in order to deepen their knowledge and skills of communication.

In West Java, participants were briefed the role of BKKBN province in coordinating the potential institutions in delivering the FP-RH messages. They also informed the role of Media Production Center in developing the communication media, and learned about how BKKBN work with other Stakeholders. Participants also observed the family planning and reproductive health activities in the grass-root levels. During field visit, participants went to Jayagiri and Lembang Sub District to observe family enumeration, cadre meeting and social gathering, village coordination meeting, sub-district coordination meeting, district consultative meeting. They were also observing the income generating activities, discussing with both village and private midwife. In Bali, participants travelled to Sanur and Denpasar District to visit Community Health Center, Posyandu (Family Planning and Health integration service), BKB (Family

group with Children under Five), GSI (Mother Friendly Movement), IPPA (Indonesian Planned Parenthood Association), Youth center in Senior High School, and Radio stations. Participants also visited Sanglah Public Hospital, private clinic of Surya Husada, and radio station of Smarapura. In Jakarta, participants went to IPPA Jakarta province to observe and dialogue on the role of IPPA in promoting ARH program, preventing HIV/AIDS, and providing contraceptive service.

During the training, participants also had the opportunity to have cultural orientation in Jakarta, West Java, and Bali. Cultural orientation was done by visiting tourist objects and social event. During sightseeing in Jakarta, participants visited Taman Mini Indonesia Indah, National monument, Jakarta's Fair, and Cempaka Mas shopping mall. In Bali, participants visited Puputan Renon, Tanah Lot and Alas Kedaton. For the social event, participants shared their culture, value, and emotion to strengthen brotherhood and friendship through singing, dancing, and celebrating the birthday of the participants.

The evaluation is conducted to view the effectiveness of the training. It cover facilitator performance, pre and post test, and field visit feedback. The evaluation result concluded that the performance of facilitator is considered a range from very good to excellent. The pre and post test indicate that the participants knowledge has increase from 48.8 to 64.8. Meanwile, the participants are very satisfied with the field visit in which they gave comment ranging from very good to excellent. Overall, the effectiveness of training is 4.82 (very good – excellent) and the efficiency of training is 4.8 (very good – excellent). Participants also recommended JICA and BKKBN to extend the similar training in the future in order to strengthen the capacity of developing countries, particularly country in Africa.

Jakarta, September 2010.

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LIST OF ABBREVIATIONS

BCC	Behavior Change Communication
ACADAE	Assessment Communication Analysis Design Action Evaluation
CAM	Causality Analysis Matrix
BAM	Behavior Analysis Matrix
AAM	Audience Analysis Matrix
CCAM	Communication Channels Analysis Matrix
CMAM	Communication Media Analysis Matrix
DD	Design and Development
IA	Intended Audience
PA	Primary Audience
SA	Secondary Audience
IEC	Information, Education & Communication
TFR	Total Fertility Rate
MMR	Maternal Mortality Rate
IMR	Infant Mortality Rate
CPR	Contraceptive Prevalence Rate
CBR	Crude Birth Rate
MCH	Maternal & Child Health
ARH	Adolescent Reproductive Health
ASRH	Adolescent Sexual & Reproductive Health
RH	Reproductive Health
CP	Country Program
CPD	Country Program Document
CPAP	Country Program Action Plan
CCA	Common Country Assessment
PoA	Plan of Action
CST	Care Support and Treatment
VCT	Voluntary Counseling & Testing
CAC	Comprehensive Abortion Care
MMC	Metropolitan Medical Centre
PWH	People With HIV/AIDS
TCTP	Third Country Training Program

TCDC	Technical Cooperation Development Country
TCTP	Indonesia Technical Cooperation Program
CCITC	Coordinating Committee for International Technical Cooperation
SMART	Specific, Measureable, Appropriate, Reasonable, Time bounded
ANC	Antenatal Care
TBA	Traditional Birth Attendance
PMTCT	Prevention of Mother to Child Transmission of HIV
MoPH	Ministry of Public Health
CDC	Communicable Disease Control
KB	Keluarga Berencana (FP = Family Planning)
BKB	Bina Keluarga Balita (Group of Parent with children under five)
BKR	Bina Keluarga Anak dan Remaja (Group of parent with adolescent)
BKL	Bina Keluarga Lansia (Group of parent with elderly)
BKKBN	Badan Koordinasi Keluarga Berencana Nasional (National Family Planning Coordinating Board)
UPPKS	Usaha Peningkatan Pendapatan Keluarga Sejahtera (Income Generating activity group)
GSI – BL	Gerakan Sayang Ibu & Bayi Baru Lahir (Mother Friendly Movement and Newborn Baby)
Mobyan	Mobil Pelayanan (FP mobile services)
Alkon	Alat Kontrasepsi (Contraception devices)
ASI Eksklusif	Air Susu Ibu (Exclusive Breastfeeding)
Suami siaga	Husband alert
Desa siaga	Village alert
Bidan Delima	Delima Delima Midwives

I. INTRODUCTION

A. Background

The Government of Indonesia collaborates with the government of Japan through JICA Third Country Training Program conducted the training course in the field of Behavior Change Communication (BCC) from 7 July to 5 August 2010. The training was attended by 20 participants from 6 countries.

Communication is a key element in delivering family planning program to the community. Indonesia has been considered as one of the most successful countries that effectively can change people behavior to adapt the small family norm and practice modern contraceptives. By having this experience, Indonesia is honored to share the experience to others developing countries that is facing a similar population problem.

B. Course Title, Goal and Objective

1. Course Title

The Third Batch of The Third Country Training Program on Behavior Change Communication (BCC) in Family Planning/Reproductive Health: The Indonesian Experience.

2. Goal

To provide participants with knowledge and experience to develop Communication Strategy on Family Planning and Reproductive Health program.

3. Objective

The general objective of the training is to enable participants in understanding and developing communication strategy on FP/RH, processes and techniques.

The specific objectives are to enable participants in:

- Conducting Assessment and Communication Analysis of behavior problems in FP/RH;
- Developing Communication Strategy of FP/RH using ACADAE steps;
- Developing key messages of FP/RH using P-Process.

II. IMPLEMENTATION

A. Preparation

1. Development of Curriculum and Course Content

The proposed Training Document contains curriculum and course content is prepared by the Center for International Training and Collaboration (PULIN) - BKkbN. The document is reviewed and discussed with Four Parties that were involved in the implementation of the training. Those parties are: the Representative of Ministry of Foreign Affairs of the Republic of Indonesia, the Representative of State Secretariat of the Republic of Indonesia, the Representative of JICA Indonesia and BKkbN.

The course consists of 3 types of component: 1) Class room-based lectures; 2) Exercise and assignment in class; and 3) Aplied field study. The proportion of the learning process for participants consists of 30% class lectures, 30% exercise and demonstration in class, 30% field observation/study, and 10% for other activities such as social events and cultural orientation. (The schedule of the training is attached in Annex 1).

2. Selection of Participants

The selection of participants were conducted into two stages. The first stage was the selection of participating countries and number of participants. The second stage was the selection of participants who were nominated by participating countries.

The information of the eligible participants was prepared in the document of General Information (GI). The general information of the Training was submitted to the State Secretariat of Republic of Indonesia on April 2010 and then forwarded to the diplomatic channel in selected participating country by Ministry Foreign Affairs of the Republic of Indonesia through Indonesian Embassy on May 2010. The deadline of application was on 7

June 2010. (The GI is attached in Annex 2).

3. Facilitators of the Training

The facilitators of the training consists of Senior Officers of BKkbn, Team of Facilitators of BCC-ACADAE, the experts in Communication Strategy, and Practitioners of the Communication program and development.

B. Implementation of Training Activity

1. Class room-based Lectures

1.1. Joint Administrative Briefing and Introduction to the course

Joint Administrative Briefing presented by Sunarto, Drs., MPA., PhD., the Head of Division for International Training of BKkbn.

The contents of briefing are as follows:

- The schedule of the training and the learning sequences;
- Rights and obligations of participants;
- Cultural orientation; and
- DSA, hotel accommodation, food etc.

1.2. Introduction to JICA activities

Introduction to JICA activities presented by Sri Widyastuti, Dra., the Representative of JICA Jakarta. In her presentation, all participants were briefed on the information related to JICA activities in Indonesia as the following:

- Japan's Official Development Assistance (ODA);
- Priority program to support Civil Minimum and MDGs; and
- JICA Technical Cooperation and Component along with the information on The Third Country Training Program (TCTP) in Indonesia for the year 2010.

- 1.3. Strategic Issues on Adolescent Sexual and Reproductive Health (ASRH) and lesson learned from Indonesian Experience to Implement the Program Strategic Issues on Adolescent Sexual and Reproductive Health (ASRH) presented by Masri Muadz, Drs., M.Sc., as Director for Adolescent and Reproductive Rights and Protection of BKkbn.

The contents of briefing are as follows:

- ARH Strategic Issues and program in Indonesia;
- Definition, policy, strategy, and the main programs of ARH; and
- Target of Youth center in each sub-district.

- 1.4. Strategic Issues of Preventing HIV/AIDS, RTI/STIs Service and lesson learned from Indonesian Experience to Implement the Program HIV/AIDS in Indonesian Epidemic, Policy and Strategy Responses presented by Wenita Indrasari, Dra., M.Si, MPH. from National AIDS Commission.

The main issues of the presentation are as follows:

- HIV/AIDS situation in Indonesia as emerging health
- National Program and Management to prevent HIV/AIDS;
- Program target and achievement of combating HIV/AIDS; and
- Current and future challenge in combating HIV/AIDS.

- 1.5. Overview of International Training Program

Overview of International Training Program presented by Sunarto, Drs., MPA., Ph.D., as the Head of Division for International Training of BKkbn. Information that was discussed during presentation as the following:

- The background of establishing ITP;
- Vision, mission, program, and achievement;
- Number of participating countries and participants;
- ITP course offered;

- Donor and International Institutions that support ITP; and
- The role of JICA to support ITP.

1.6. Theory of BCC

Theory of BCC presented by Sunarto, Drs., MPA., Ph.D., as the Head of Division for International Training of Center for International Training and Collaboration (PULIN) - BKkbn.

The contents of presentation are as follows:

- The characteristic of BCC model (Evident based, focusing behavior change, theoretical approach, integrated communication campaign and medical services, academic approach, SMART oriented);
- Four theories of BCC (Theory of Health Belief Model, AIDS reduction Model, Change model, Reason Action model);
- The stages to change behavior by different theories; and
- Psychology concern to change behavior.

1.7. Strategic Issues of Improving MCH and Lesson learned from Indonesian Experience presented by Eddy Hasmi, Drs., M.Sc., as the Head of Center for International Training and Collaboration of BKkbn.

The issues during the session are as the following:

- Trend and current status of MMR in Indonesia;
- The comparison of MMR Indonesia with regional and global situation;
- Policy, program, strategy to reduce MMR;
- Save motherhood program; and
- Collaboration between government and community in improving MCH.

1.8. Strategic Issues of FP/RH in Indonesia

Strategic Issues of FP/RH in Indonesia was presented by Eddy Hasmi, Drs., M.Sc., as The Head of Center for International Training and Collaboration of BKkbN.

The substances of session are as follows:

- History of Program Development;
- Contraceptive Prevalence Rate (CPR);
- FP Unmet need, Total Fertility Rate (TFR);
- Population growth;
- The basic policy of decentralization (Law no. 22/1999);
- FP vision and mission;
- FP Institutions at the District and City Level, Staffing at the Grass-root Level; and
- Budget supports.

1.9. Overview of Strategic Communication using ACADAE

Overview of Strategic Communication using ACADAE presented by Eddy Hasmi, Drs., M.Sc., the Head of Center for International Training and Collaboration of BKkbN.

Substances that were discussed during the session are as follows:

- Definition of BCC (as a set of an organized communications and processes for influencing social and community norms, to promote individual behavior change and maintaining for a better quality of life);
- ACADAE as a tool in developing strategic communication on FP/RH in Indonesia (steps, matrix, worksheet); and
- The 5 brief steps of ACADAE.

1.10. ACADAE – Steps

This core substance of the training was delivered by Team of Facilitators that consists of members: 1) Sunarto, Drs., MPA., Ph.D., 2) Rina Herartri, Dra., MPS., Ph.D., 3) Mien Yuliety, Dra., M.Sc., and 4) Rindang Ekawati, Ir., M.Sc.

The contents that were discussed during the session are as follows:

- BCC Learning process and sequences;
- Assessment (Result chain, problem tree, Causality and behavior analysis);
- Communication Analysis (Stakeholder, audience, channel, and media analysis);
- Design, Development, and Action; and
- Monitoring and Evaluation.

1.11. The Introduction to P-Process

Delivered by B. Samekto, Drs., M.A. He briefly introduced of P-Process as the following:

- The steps of P-Process (Program and Audience Analysis, IEC Strategic Design, Media and Message Development for IEC Program, IEC Program Implementation and Monitoring, and IEC Program Evaluation & Re-Planning);
- Focus and locus of IEC Program Intervention;
- SWOT Analysis as a tool to analyze the audience (Demographics, psychographics, segmentation, communication capacity, ability of media and personnel, media habit);
- IEC campaign model (Below the line, above the line, through the line) advantages and disadvantages; and
- Output Exercise (Problems of the FP/RH communication program, what are the causes of the problems, policies of the FP/RH

communication program, the strengths, demographic and psychographics nature of the audience, the segmentation of the audience, the media habits of the audience, productive capability related to media, and personnel competencies in communication development and management).

1.12. Communication Objective and Message Design

Delivered by Rina Herartri, Dra., MPS., Ph.D, the substance covers as the following information:

- Goal and objective;
- Example of communication messages in newspaper, radio/TV;
- Positioning for IEC program design;
- Message development;
- Characteristics of the message;
- Common approach of the message;
- Hierarchy of human behavior changes;
- 7 Cs for effective communication; and
- Steps in producing the media.

2. Exercise and assignment in the class

2.1. Country Presentation Assignment

Country presentation contained assessment to investigate evidence based that describes current achievement of the program in six participating countries. This assessment will enable participants to find out problems which they are currently facing.

Each country groups were assigned to present their current country status from the program, which includes the following:

- Actual and burning issue in FP-RH programs;
- Current and desired behavior;
- Gap and factors influencing current behavior;
- Current government effort (Policy, Strategy, program, and

- achievement); and
- Data resources.

2.2. Exercise of ACADAE Steps

Participants were divided into six groups representing the number of participating countries to exercise of ACADAE Steps. The exercise is to develop 2 (two) substances of communication strategy intervention: 1) Analysis ACADAE Steps using worksheet matrix; and 2) Document writing. The steps of exercise were run as the following:

- Participants use the country presentation as a baseline data;
- Participants are briefed with theory, doing the exercise, and presenting the result in front of class; and
- The exercise using the worksheet matrix as a tool to develop communication analysis.

2.3. Developing Country Plan of Action

After having field observations in West Java, Bali, and Jakarta, participants came back to class to actuate all the lessons that they have learned. They have obtained both knowledge and experience from class and fields into Plan of Action. They have given the opportunity to consolidate the conclusion of their Indonesian experience and prepare the draft of Presentation of Country Assignment on Communication Objectives and Message Design by using ACADAE tools, for their improvement of the family planning program in their country. This activity was briefed by the team of facilitators (Sunarto, Drs., MPA., Ph.D; Rina Herartri, Dra., MPS., Ph.D; Mien Yuliety, Dra., MSc.; and Rindang Ekawati, Ir., MSc.).

3. Applied field study

Field observation was conducted in West Java, Bali and Jakarta. The objective of field observation is to examine the theory of BCC and to see how

the policy of FP-RH programs, particularly in communication program generated into implementation by various stakeholders in grass-root. Detailed of field observation in each location is as the following:

3.1. Field Visit to West Java Province:

3.1.1. Briefing at provincial level

There are four provincial presentations that were given to participants in the office of BKKBN Province West Java. The four presentations are: 1) Overview of FP/RH Program with emphasis on Advocacy, BCC and Community Mobilization in West Java Province emphasized on BCC and Community Mobilization, delivered by The Head of Training and Program Development of BKKbN West Java Province, Yudhi Suryadhi, Drs., M.Kes.; 2) The Role of Women Organization (PKK) in implementing Advocacy, BCC, and Community Mobilization of FP Program, delivered by Ibu Euis; 3) The Operational Mechanism of Family Planning in Provincial down to the Grass root, delivered by Mien Yuliety, Dra., MSc.; 4) The lesson learned of the Implementation of FP/RH at West Bandung District, presented by Yani, Dr., The Secretary of Head Division for Family Planning; and 5) The role of Media Production Center of BKKBN West Java Province in managing the communication programs, delivered by Bapak Aan.

During the presentation, participants raised the following issues:

- Why does people prefer more hormonal contraceptive, particularly injection and norplant?
- How does BKKBN provincial office and headquarter distribute the jobs?
- Does local government spent budget to family planning program?
- What are services given to Adolescent?. Does BKKBN provide contraceptives to adolescent that need contraceptives?

- Why does PKK want to participate in family planning without paid, and in what activity PKK collaborating with BKKBN?
- What are the difficulties of District office in implementing family planning under the otonomy? and
- What are products developed by MPC?, Does MPC collaborate with external relevant institutions in developing and disseminating the messages of family planning and reproductive health programs?, And, What kind of facility that MPC has?

3.1.2. Observe the Family Enumeration at Jayagiri and Kampung Cijeruk.

The activity of Family Enumeration was explained by the cadre. Some of the information conveyed during observation was as the following:

- The preparation to conduct enumeration (orientation, schedule, forms);
- The benefit of family enumeration (knowing contraceptive users, level of family prosperity, enumeration as a forum to motivate family to join family planning;
- The demonstration how to fill out R/I/KS/08 form; and
- The demonstration how to draw and fill out the map.

3.1.3. Observation the Sarasehan/Social Gathering

Participants were divided into 2 groups, visited cadre meeting (Sarasehan) in two different location. Group I visited Jayagiri Village, and group II visited Lembang village.

Sarasehan in Jayagiri chaired by Bapak Cece Wahyudi and accompanied by Ibu Asih, the field worker.

The agenda of Sarasehan is as the following:

- Analyzing the result of family enumeration;

- Prioritizing the problem;
- Developing the communication message; and
- Planning the intervention to solve actual problem.

During the observation, participants raised concern regarding the following issues:

- Whether cadres are paid to run family planning activities;
- How cadres manage the time for social and domestic activities; and
- Why do people want to be volunteers?

3.1.4. Observe the Village Coordination Meeting

Participants were visited to the office of Head Lembang Village – West Bandung to observe of coordination meeting.

The coordination meeting chaired by the Head of village, Kusnindar, Drs., and attended by sub village cadres of PPKBD, the Head of family planning field worker by Ibu Sri Hastuti and village apparatus. The agenda of the meeting consist of achievement evaluation, next month plan, and problem solving. At village level is as a channel for planning and evaluating of advocacy, BCC and community mobilization activities.

During observation, participants raised the following issues:

- Who attend the meeting?
- How often does the meeting conducted?
- Who chair the meeting?
- Why does religious leader attend the meeting?
- Why does Army attend the meeting?

3.1.5. Observe the District Consultative Meeting in West Bandung

Participants observed the District consultative meeting held in the meeting room of West Bandung District. The meeting that was attended by all of the Family Planning Field Workers and

senior officers in Family Planning Board West Bandung chaired by Dodo Zakaria, Dr., MBaT., as the Head of Family Planning Board, and the field worker by Ibu Sri Hastuti. The agenda of the meeting is to consolidate the achievement of family planning, to identify the problems particularly from the grass-root, as a channel for planning and evaluation advocacy, BCC and community mobilization activities at district level. This is the monthly meeting forum between field workers and officers in district office. One of the effect the decentralization has is the decreasing family planning field workers quantitatively as well as qualitatively. This situation makes field workers find difficulties in performing as the motivators.

During observation participants raised the following issues:

- How often has this meeting done?
- Who are the actual participants of the meeting?

3.1.6. Observe the Income Generating Activity (UPPKS)

Sarasehan that is located in Cadre's house in the Subvillage - Rt.01 until Rt.04, Jayagiri was the observation location for group I. Ibu Nung, cadre of UPPKS Melati I, explained that her group has about 20 members that consist of both married women and girls. This UPPKS group has income generating activities such as dolls, color stones accessories, snacks/crispy/cake, and shoe leather production. During the meeting, the discussion also focuses on family planning issues. The members were not only come from pre prosperous, but also prosperous families. Group II in UPPKS Jeruk Manis Rt.01/08 Lembang – West Bandung. This UPPKS group has income generating activities such as snacks/crispy, wool bag, hat, and shawl production. One of the cadres gave information that she gets benefit as recognition from neighborhood and improves the knowledge.

Participants raised the following issues, during observation:

- What is the benefit in joining UPPKS?
- In the UPPKS Jeruk Manis, are there any other products?
- How about the marketing of all products?
- How does cadres manage the time to run social and domestic activities?

3.1.7. Observe the Bidan Desa/Village Midwife Teti Nurlianti in Jayagiri Village and Bidan Delima/private midwife Rusmauli Silaban in kampung Cijeruk Lembang.

During the visit, bidan Teti explained that besides helping in delivering the baby, she also promotes and provides the family planning service such as; IUD, injectable, and pill. She then also explained that she gets salary from village government. Bidan Rusmauli explained that besides helping delivering the baby, she also provides the family planning service such as; IUD, injectable, and implant insertion. She charges 600 thousand rupiahs for normal delivery for two nights inpatient. The clinic also provides posters, leaflets, and brochures of contraceptives. Ibu Rusmauli had around 300 acceptors each month who come for contraceptive services.

The issues were raised by participants during the discussion with bidan are as the following :

- Where does the facilities and equipments of midwife come from?
- What is TBA activity?, does it included in the activity? How?
- Does midwife (bidan) get contraceptive from BKKBN?
- Does midwife (bidan) provide free service to poor family?

3.2. Field Visit to Bali Province:

3.2.1. Visit Public Health Center (PUSKESMAS)

Participants were divided into 2 groups. Observation of Group I to Public Health Center (PHC) conducted in Kuta and Abianbase, Badung Regency - Bali. Samara Jaya, MD., as one of the Doctor in the clinic explained the eighteen roles of PHC and Family Planning is one of it. As the PHC that located in the tourist area, this institution also provides the health service to the foreigners. PHC Kuta 1 has a special clinic for mother and child that is located about 200 meters from PHC. When participants visited this clinic, they were impressed with the clinic situation, such as; cleanliness, atmosphere, and comfortability. This PHC also conduct monthly health examination to the sex workers in order to prevent STI. The clinic also provides free family planning services except for retribution fee.

While in Abianbase, Made Sekarini, Dr., explained that the PHC has 18 roles which also includes family planning services. She explained that PHC Abianbase has 8 sub PHC and sub Maternal and Child Health under her supervision. Both PHC Kuta 1 and Abianbase has VCT clinic to accomodate patient who wished to have examination of HIV.

While group I visited Kuta, group II visited PHC Densel (Denpasar Selatan/South) II – Sanur. During the visit, the participant was welcomed by the Head of PHC Densel II, Anak Agung Ayu.

During the observation, participants raised several issues;

- Where does PHC get contraception?
- What is the primary caused of death during delivery?

- Does PHC provide services for non Indonesian?
- Does PHC provide free service to poor family?
- What is the most preferred contraceptive used by client?

3.2.2. Visit Public Hospital Sanglah Denpasar

Sanglah Hospital is one of the best hospitals and it's also the referral hospital. When visiting hospital RSUP Sanglah, participants enjoyed seeing film about panorama and community life of Bali in practicing Hindu religion. Participants were hosted by Anak Agung Ngurah Jaya Kusuma, Dr., Sp. OG., as the Director of Medical and Nursing services.

Jaya Kusuma, Dr., explained the history of hospital from type C to become the Center of referral hospital. Besides providing the health and family planning services, this hospital also promotes health and family planning campaign through audio, video, pamphlets, and direct campaign to community within the hospital. To maximize the service of vasectomy, this hospital sends specialist to visit remote area. During the observation, participants concerned regarding the following issues:

- Is the poor family getting free charge of service?
- Why the number of acceptors besides sterilization is low?
- What is the primary cause of death during delivery?
- Does hospital conduct surveillance ?

3.2.3. Visit Private Clinic and Private Midwife

Participants were divided into two groups. Group one visited private clinic of Surya Husada in Nusa Dua, and group two visited private midwife – Ibu Suri in Denpasar. In Surya Husadha, the information was given by Ajeng, Dr. (Clinic's Manager), Denny, Dr., and Gede Astawa, Dr.

Surya Husadha Nusa Dua Delivery and Specialist Polyclinic is one of the business units of PT. Surya Husadha, and the biggest unit is Surya Husadha Hospital in Denpasar. The Clinic first opened in 2008 with the capacity of 8 rooms with 10 beds, which intends for post partum mothers and their babies. Under the leadership of Ajeng's, Dr., as the Clinic's Manager, now, the services provided by this clinic includes General Practitioner, Specialists, ER, Obstetric gynecologist Room, Laboratory, Radiology Room, Complete Resuscitation Equipment, Pharmacy and advanced Ambulance. The Clinic is not only supported by Ob-gyn and Pediatricians, but also Internist, Surgeon and ENT Specialist, and also Dentist.

The Clinic's target markets are Hotel employees that have become the member of Surya Husadha Hospital Club as well as general population. She also explained that the clinic is fully private and does not receive subsidy from government. Patient who would like to have service of family planning and health has to pay. The clinic receives contraceptives from drugstore or direct from the pharmacist company.

While the group II in private midwife Denpasar, get the information from Ni Wayan Suri, SKM, S.ST. She mentioned that the clinic provides service of IUD, injectable, pil, and condom.

During the dialogue, participants raised suggestion and question as follows:

- The clinic should have implant service and sterilization to maximize access of FP services;
- Does the clinic get contraceptive from BKKBN?. How does the clinic collaborate with MoH and BKKBN?

3.2.4. Visit Posyandu and Family with Children under Five groups

Participants were divided into 2 groups; Group I visited health and family planning integrated post (Posyandu) and group II visited family with children under five (BKB) in Yandu Banjar Penenjoan, Cabe Sub-Village, Darmasaba village, Abiansema

- Badung.

The local community welcomed participants by showing dance and singing which was performed by the member of Children Under Five Group. About ten young children performed the modern children dance and sang songs. Participants were welcomed by Head of BKB, Bapak I Wayan Candra, and the groups were managed by Ibu Ni Kadek Murniasih.

Bapak Candra explained that posyandu is run by community chaired from cadres of PKK and monthly activity. The number of children under five that registered in posyandu so far is 52 children. About 95,91% of total children actively attend the posyandu. The health personnel from Public Health Center always comes to supervise and assist the services during activity. Group II that visited Yandu Banjar Pulugambang, Peguyangan in North Denpasar was welcomed by Head of District, Bapak I Made Mertajaya, S.Sos, M.M, Head of Peguyangan Village by Bapak I.G.A. Putu Ratmata, and Head of Area by Bapak Made Warsa.

After observing Posyandu, participants observed BKB Teratai that is located next to Posyandu. They were welcomed by Head of Cengkilung Village, Bapak Kangin, and the Cadre, Ibu I Made Sarni as cadre of BKB Teratai. During the visit, several mothers demonstrated how to treat and educate their children by using educational toys. The group also demonstrated five different types on how to teach children at the difference age group ie: 1st, 2nd, 3rd, 4th, 5th of age. Participants then visited BKB Gadung and were welcomed by Ibu Ni Nyonab Sujiani, PKK officer, and Ibu Eka as the Cadres of BKB.

During dialogue at Posyandu, BKB Teratai, and BKB Gadung, participants raised issues as follows:

- How do cadres manage all activities in each?
- What are the benefit of mothers joining the group?
- How do cadres solve the rumors?

3.2.5. Observe the GSI-B (Mother Friendly Movement) at Abiansemal, Badung.

Participants were briefed by head of GSI, Bapak IBG. Wisnu Wardhana and midwife Rai Sudani Wisnu. They explained that GSI has activities such as blood donor, saving money among the members that would use when they are delivering, encouraging people who has car to allow it as a private ambulance, and monitoring the high risk pregnancy. GSI join activity among government, community, and NGO to encourage husband, neighborhood, and local community in reducing maternal death and improving the quality of mother health. In implementing blood donor activity, GSI collaborates with Indonesian Red Cross (PMI).

During the discussion, participants raised the issues of how to prevent babies when the mother is infected by HIV i.e: is the mother allows to breastfeed the baby. They are also questioning whether there are people living with HIV/AIDS in that community.

3.2.6. Visit Adolescence Reproductive Health (ARH) program at school

Senior High School is a potential institution to deliver ARH messages to the pupils. In order to understand the role of Senior High School in delivering ARH message, participants visited (SMAN) 2 public school, in Denpasar city. This school has been collaborating with BKKBN for four years in developing the ARH

programs. Ketut Sunarta, Drs., M.Hum, the Principal school accompanied by some teachers welcomed participants. He highlighted that the ARH program is very important in introducing the concept of reproductive health to students. Students Performed profile of PIK – Remaja (RE'SMAN) by Aisyah, Padmanabha, and a group of opera.

During the visit, participants also visited counseling room where they found brochures, leaflets, posters, and stickers of reproductive health informations.

3.2.7. Visit International Planned Parenthood Chapter (PKBI) Denpasar

In PKBI participants were welcomed by I Nyoman Mangku Karmaya, Dr., B.A.(K)., M.Repro., DR., Prof., the Head of PKBI. He explained that the institution run programs such as HIV and AIDS prevention, Adolescent Reproductive Health program (ARH), and family planning services. For ARH program, PKBI has KISARA Youth Clinic (Kita Sayang Remaja/we love youth) since the year of 1994. This clinic provides several activities: i.e. (a) Counseling; (b) IEC for individual and groups through radio, internet, leaflet, poster, etc; (c) Campaign of youth program; (d) Training and youth empowerment; (e) Producing IEC media; and (f) Conducting research. PKBI also offers the outreach program including in remote area, this programme also include income generating activities.

3.2.8. Visit Radio Smarapura, FM-99.7 MHz.

On the last session of the last day's activities in Bali Province, both groups visited the Radio Smarapura in Klungkung. Participants were welcomed by the radio manager, Ibu I.G. Ayu Raka Andini, and escorted by central and provincial facilitators.

From the observation, there were a few activities related to ARH; (a) IEC and youth counseling (off air activity); and b) on air IEC. Ibu Ayu was conveyed that as the biggest radio broadcast in Bali, they have developed PIK-KRR (ARH group) since the last four years, where the adolescents given a chance to have counseling and discussion on air. This program obtained great interest on RH issue in adolescent, since it has good cooperation with the district government, BKKBN, PKBI and University - Bali.

During the observation, participants had an on-air dialogue:

- With PIK-KRR executives and also each participant representatives sing from their countries song; and
- What are such area to coverage of the radio, the ARH substance, resource persons, and the frequent of activities?

3.3. DKI Jakarta Province:

3.3.1. Visit Perkumpulan Keluarga Berencana Indonesia (PKBI) Clinic in DKI Jakarta.

Indonesian Planned Parenthood Association (IPPA)/PKBI is a NGO that has specific target audience in which the government cannot reach especially on Preventing STI and HIV/AIDS from Mother to Child Transmission (PMTCT) Program. Some of main activities done by this NGO such as to provide Voluntary Counseling and Testing (VCT), campaigning and treating STI and HIV/AIDS services.

Participants were welcomed by Chair of PKBI, Edi Sugiarto, and the presenter, Amika, SPd., from Learning and Empowering Centre who presented: (a) The essence of PKBI Clinic and its objectives; and (b) The role of NGO (stakeholders) in the relation with Prevention of Mother to Child Transmission of HIV (PMTCT).

Participants concerned the following issues during the observation:

- Promoting the use of single needle in preventing HIV/AIDS is dilemma. From one side, it can minimize the dissemination of HIV/AIDS, but on other side can increase the use of single needle; and
- Promoting information of RH to adolescent is good but not enough, when there is an adolescent who need contraceptive is not allowed to have contraceptives.

4. Other Relevant Activities

There were four other relevant activities conducted during the training, which are:

4.1. Opening Ceremony

The sessions of the opening ceremony consecutively go to the following:

- The Implementation report by the Head of Division for International Training of BKkbN, Sunarto, Drs., MPA., PhD;
- Remarks by Moh. Fachrurozi, Drs., the Representative of the State Secretariat of RI;
- Remarks by Ibu Siti Nugraha Mauludiah, Dra., Representative of the Ministry of Foreign Affairs of RI;
- Remarks by Mr. Tomiya Keiichi, the Representative of Japan International Cooperation Agency;
- The attachment of nametags by Kasmiyati, Dra., M.Sc., Deputy for Training and Development BKKBN to the representatives of participants (Mr. Ramos Bartolomeu Jose Mboane from Mozambique and Ms. Celestina Da Costa Alves from Timor Leste); and
- The opening speech by the Deputy for Training and Program development of BKkbN, Kasmiyati, Dra., M.Sc.

4.2. Cultural orientations in DKI Jakarta, West Java, and Bali

In Jakarta, participants visited Taman Mini Indonesia Indah (Miniature Park of Indonesia), The Jakarta's Fair, and also Cempaka Mas shopping center. In West Java, Bandung, participants visited Cihampelas Walk (Ciwalk). While in Bali, participants enjoyed visits to Renon, Alas Kedaton - Monkey Forest, Tanah Lot and Sanur Beach, and also Airlangga shopping center.

4.3. Social culture and event

- Social event

For making participants more enjoyable and relax with the training circumstance, the training organizer conducted the ice breaker activity every day for about 5 minutes. The training organizers also conducted the social event. During the social event, participants shared their own cultures performances such as; dance, song performance, socio drama, and role play.

- Birthday celebration

During the course there were four participants who had their birthday. To celebrate their birthday, training organizer conducted birthday celebration during dinner.

4.4. Closing Session

The Closing ceremony goes to the following agenda:

- The closing report was delivered by Bapak Sunarto, Drs., MPA., Ph.D., Head of Division for the International Training of BKkbN;
- The impression of participant that represented by Bapak Amaral from Timor Leste , and as the President of the Class;
- Remarks by Bapak Mohammad Fachrurrazi, Drs., the Representative of State Secretariat of R.I.;

- Remarks by Ibu Sri Widyastuti, Dra., the Representative of Japan International Cooperation Agency; and
- The closing speech by Bapak Eddy Hasmi, Drs., M.Sc., as the Head for Center of International Training and Collaboration of BKkbN.

To appreciate the commitment of participants during the training programs, the Organizing Committee presented the Certificate, a package of training materials, book addresses to the participants, facilitators, and officials of Center for International Training and Collaboration of BKkbN, and also souvenir to each participant, which followed by congratulations from the officials.

4.5.Evaluation

Evaluation is conducted to see the effectiveness of the training. Each participant is given the evaluation form that consist issues related to: 1) the ability of facilitator such as the relevance of topic presented by facilitator to the participant's concern or facilitator's readiness; 2) Field Observations; and 3) Overall view of participant to the training activities. Participants requested to give the grade; 1 for very bad, 2 for bad, 3 for good, 4 for very good, and 5 for excellent. The result of evaluation is as the following:

- For Facilitator
The relevance of the topic is 4.9 (very good-excellent), and the readiness of facilitator is 4.65 (very good-excellent);
- Field Observation
Field observation in West Java is 4.6 (very good-excellent), and in Bali is 4.6 (very good-excellent);
- Overall Training
Effectiveness for all aspects is 4.82 (very good-excellent), and efficiency of the training is 4.8 (very good-excellent).