# 2ND Phase
# Public-Private Partnership to Increase Contraceptive Choice with Socialization and Training of Health Professional in the Use of Emergency Contraception Pills

## End of Project Report
on
## "Socializing a New Method Choice to a total of 14,504 Health Professionals"

Prepared for **the Catalyst Consortium**

By
Johns Hopkins Center for Communication Programs
(STARH Program)
DepKes
PATH
PT. Tunggal

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## Implementing Team

## Glossary

| | |
|---|---|
| Akbid | *Akademi Kebidanan* (Midwifery Academy) |
| AusAID | Australian Agency for International Development |
| BPOM | *Badan Pengawasan Obat dan Makanan* (Indonesian FDA) |
| DepKes | *Departemen Kesehatan* (Ministry of Health) |
| Dinkes | *Dinas Kesehatan* (District or Provincial Health Office) |
| EC | Emergency Contraceptive |
| ECP | Emergency Contraceptive Pill |
| GTZ | *Deutsche Gesellschaft für Technische Zusammenarbeit* (German Technical Cooperation) |
| IBI | *Ikatan Bidan Indonesia* (Indonesian Midwives Association) |
| IUD | Intra Uterine Device |
| JHU/CCP | Johns Hopkins University/Center for Communication Programs |
| JNPK | *Jaringan Nasional Pelatihan Klinis* (National Clinical Training Network) |
| MOH | Ministry of Health |
| NGO | Non Governmental Organization |
| NTT | *Nusa Tenggara Timur* Province |
| NU | *Nadhlatul Ulama* (a national religious organization) |
| OBSI | Optimal Birth Spacing Interval |
| PKK | *Pembinaan Kesejahteraan Keluarga* (Family Welfare Movement) |
| STARH | Sustaining Technical Achievements in Reproductive Health |
| USAID | United States Agency for International Development |

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2nd Phase

# Public-Private Partnership to Increase Contraceptive Choice with Socialization Of Health Professionals in the Use of Emergency Contraception Pills

**Based on a successful set of interventions as described in detail in the Phase 1 End-of-Project Report, both DepKes and the Catalyst Consortium with support from the USAID/Global Bureau have offered additional support to continue ECP socialization activities. The Implementation of Phase 2 activities are described in this Report. However the reader should note that this report is an annex to the original End-of-Project Report dated August 2005. The problem statement, background, activity descriptions, and materials used in Phase 1 are described in detail in the August Report and will not be repeated here. If this report on Phase 2 activities is not attached to the Phase 1 Report, or you do not have the report in your files, please contact the STARH Program for a copy of the Reports.**

## I. Introduction

The second round of support offered by Catalyst and USAID was fortuitous, because DepKes had been seeking resources to meet demand from the field to continue the Socialization exercise. Districts involved in Phase 1 activities requested support to socialize more providers. Phase 1 provinces requested support to do more districts. Provinces not involved complained about their exclusion from the program. IBI also asked STARH (several times) to support additional Socialization Workshops. The problem was that Catalyst had a close-down date of September 30, meaning that all activities had to be done in about four weeks. Clearly this deadline was almost impossible, but when queried, DepKes, PT. Tunggal and IBI responded very (very) positively. With the models, materials, trainers, and commitment already in place additional socialization activities started immediately, with the first workshop for district OB/GYNs facilitators and district health office staff held in East Java, 5 days after approval to proceed was received from Catalyst. Meetings were held almost immediately and these meetings resulted in a work plan to socialize ECP to 7,300+ additional providers. It should be noted that DepKes was very proactive in the socialization of ECP and had done an excellent job of managing field implementation. Their immediate response and rapid mobilization of provincial and district health departments is the only reason the partnership was able to implement Phase 2 in a month.

Catalyst also offered additional support for Optimum Birth Spacing activities. The OBSI Pocket Guide produced in the first phase has been positively received. About 110,000 copies are already in the distribution pipeline. Funding was provided for additional production and for distribution of OBSI and ECP materials.

## II. DepKes Phase-2 ECP Socialization

The DepKes team, lead by Dr. Trisnawaty Loho, proposed Phase 2 ECP Socialization in six out of 13 previous ECP provinces. She proposed working in new districts in these six provinces because the provincial management structure and the commitment to do more were already there. Subsequently it was decided to drop West Java from the six and do a special workshop there. This workshop is described separately later in this report. The only change in implementation was to train district OB/GYNs to lead the training instead of sending provincial teams to each district. This allowed DepKes teams to finish the training in about 15 days. The curriculum and training materials were the same as used to train provincial trainers during Phase 1. Some changes were made to address the problems identified in Phase 1. (See August 2005 End of Project Report). In addition trainers were provided a video-CD of the presentations on: ECP and Method Choice Policy, by DepKes (Ibu Dr. Sri Hermiyanti); Clinical Issues, by Dr Djoko Waspodo ObGyn; and the Religious and Social Issues in the Use of ECP, by Maria Ulfah Anshor (The Youth Wing of Fatayat NU).

The provinces covered in Phase 2 are North Sumatra, South Sumatra, Central Java, D.I - Yogyakarta, and East Java. The new districts for socializations were selected from interested districts with active PT. Tunggal distribution capacity. The DepKes implementation of Phase 2 activities was as follows:

1. Dr. Trisnawaty contacted the five Dinkes/provinces to explain and plan implementation.
2. The existing Provincial ECP training team and STARH provided orientation to the Dinkes and OB/Gyns from the new districts in a one day meeting. In the meeting funds, materials, and financial and activity reporting requirements were provided to Dinkes/District.
3. The Dinkes/District had already set up the workshop and issued invitations. The OB/Gyns did the clinical training (most of the OB/Gyns were members of the JNPK - Clinical Training Network - or academics with experience in training).
4. The districts were encouraged to expand the target audiences of Workshops to include more private and semi-private providers, based on the Phase 1 experience where the districts gave preference to Government providers. Much to our surprise, the districts even with the short time frame were able to recruit full participation (average 100 participants) and dramatically increase the participation of village midwives (*bidan di desa*).

5. Dinkes/Province coordinated the OB/Gyns, Dinkes/Districts, and PT Tunggal Area Manager for the district Socialization Workshops.
6. Workshops were held in:

| | |
|---|---|
| North Sumatra | 9 Districts |
| South Sumatra | 7 Districts |
| DIY | 5 Districts |
| Central Java | 18 Districts |
| East Java | 21 Districts |

7. DinKes/District prepared the financial and activity report immediately after the workshop (because of the short time available).
8. All, but four, Dinkes/Districts brought their reports to a special follow-up meeting with DepKes and a STARH financial officer. Since virtually all the workshops in the province were to be held in the same week, the follow-up meetings were used to prevent any delays in getting reports in for closeout reporting to Catalyst. The four districts did not come to the closeout meeting had various reasons, but all four mailed their reports to the provincial DinKes or to DepKes Jakarta.

## III. East Java ECP Advocacy Workshop for Stakeholders

East Java made a special request for a workshop for stakeholders to broaden participation within the Health Office, the Governor's Office, and Office of Religious Affairs, *PKK* Women's group, and other NGOs. 75 participants came to the one-day workshop, which included presentations on:

a. The policies and strategies of DepKes (Dr. Dodo Anondo MPH) in support of the goals of reducing maternal mortality and associated infant mortality.
b. Dr Djoko Waspodo Ob/Gyn, presented on how contraception can impact reducing mortality. Among the methods discussed, ECP was presented prominently as the only post-coital method of contraception.
c. An ulama from the Office of Religious Affairs (Drs. Dasrif) presented on the use of ECP from the Islamic and cultural point of view to prevent unwanted pregnancies and abortions – both related to higher rates of maternal mortality.

At the close of the Workshop there was an agreement by all stakeholders to actively socialize ECP in their activities, as part of their larger commitment to safe motherhood.

## IV. West Java Provincial Socialization Workshop

West Java participated in Phase 1 ECP Socialization activities, but had problems with implementation and so not all districts were covered. STARH had agreed to do a special workshop for provincial health staff at some later point. The workshop was then expanded and implemented under the Catalyst grant. Participants came from the 13

districts not covered in Phase 1, the provincial family planning office, and BPOM-West Java (BPOM is the Food and Drug Administration of Indonesia). The one day workshop, with 140 participants, had the same message and content as the regular DepKes district workshops. The 140 district participants agreed to serve as champions for ECP in their districts.

West Java was the only province to have a problem with implementation in Phase 1. Likewise it had only one large workshop, but it was the only workshop that had a problem in Phase 2. During the workshop a dispute broke out over whether midwives could prescribe ECP. The stated policy of DepKes is that midwives can prescribe contraceptives, and ECP is a contraceptive. The ECP Guidelines (*Pedoman*) put out by DepKes states that midwives should provide or prescribe ECP or counsel on Yuzpe method. Of the 124 workshops implemented under the ECP Socialization program, the question/issue has never been raised and no one questions the role of the midwife as a provider of family planning – except in West Java. At the end of the Workshop the dispute was not resolved, but most midwives were committed to ECP and most are willing to provide.

## V. Indonesian Midwives Association (IBI) Phase 2 ECP Socialization

IBI wanted to expand ECP socialization based on the positive reaction they had to the one special socialization workshop they carried out in Phase 1. IBI proposed doing provincial-level socialization workshops in six new provinces. The participants were to be IBI members. The criteria for selection of provinces were that the provincial chapter of IBI and the chairperson had to:

- Be interested in the Socialization of ECP for their province
- Have the capacity to implement
- Have good coordination and communication between the province and districts
- Be accessible (air) from Jakarta

The implementation process was as follows:

1. IBI contacted provincial chapters (after receiving the proposal and description of the activities from STARH).
2. IBI chose to make the priority target audience for participation leading village (*bidan di desa*) and private-practice midwives from the districts closer to the provincial capital (less than one-day travel to and from the city). Some provincial IBIs changed the priority and offered invitations to almost every district. In some cases midwives paid their own transport.
3. The funding mechanism was a purchase order issued by STARH, as soon as the Catalyst – JHU/CCP Extension was approved.
4. The schedule and participation from Jakarta were as follows:

| Province | Date | IBI Pusat | STARH | Venue | Prov. Coordinator |
|---|---|---|---|---|---|
| West Kalimantan | 22-Sep-2005 | Nur Ainy M. | Novita Kasiran | Aula of Dinkes Provincial Office, West Kalimantan Jl. Ahmad Suud No.3 Pontianak | Arismawati (Ketua) HP: 0811569327 |
| South Kalimantan | 22-Sep-2005 | Ruslidjah S. | Christie Natasha | Aula of Dinkes Provincial Office, South Kalimantan Jl. Belitung Darat No.118 Banjarmasin Telp: 0511-54443, 64646, 631876 | Noorhayati Ardiansyah (Ketua) HP: 0811516559 |
| West Sumatra | 23-Sep-2005 | Ruslidjah S. | Rusdi Ridwan | Ina Muara Hotel, Jl. Gereja, Padang | Mulyati Usman (Ketua) HP: 0812 6603449 |
| Riau | 23-Sep-2005 | Hubertin S.P. | Andith Wisnu | Dian Graha Hotel, Jl. Gatot Subroto No.7 Pekanbaru | Kasmarni (Sekretaris PD) HP: 0813 6550 6800 R: 0761-47621 |
| Lampung | 23-Sep-2005 | Mustika Sofyan | Budi Harnanto | Auditorium Bapelkes Prop. Lampung Jl. Sukarno-Hatta No.7 Hajimena Bandar Lampung Telp: 0721-704550 | Diana Metti HP: 08127902296 Indarti HP: 081369187742 |
| South-East Sulawesi | 23-Sep-2005 | Misfita Farida | Siti Sulami | Kartika Hotel, Kendari. Di Kemaraya | Maswati Madjid HP: 08152501925 R: 0401-326206 |

5. A provincial workshop was held in the six provinces. IBI /Province did the workshop management and coordination. The trainers were brought in and used the existing curriculum developed for the DepKes district workshops. IBI used Provincial Dinkes, the local Ob/Gyn specialist, and PT Tunggal Area Manager as the resource persons for the ECP Socialization workshop. The chairperson of each IBI Provincial Chapter opened the IBI Provincial ECP Socialization workshop.
6. The agenda of every IBI Socialization Workshop was:
   - The EC Policy and Strategy of MOH, presented by Head of Family Health of Provincial Health Office.
   - Reproductive Health Problems in Indonesia, presented by a representative of IBI Central.
   - ECP from Islamic Point of View, presented by a local Ulama.
   - Emergency Contraception and Emergency Contraception Pills, presented by an Ob/Gyn Specialist.
   - Marketing Distribution of Postinor-2®, presented by Area manager of PT. Tunggal.

7. Based on the experience in Phase 1, special emphasis was placed on ECP as a preventive health intervention. The message focused on how almost all clients visiting midwives need information on ECP, because they might miss more than two days on the pill or be late getting an injection, or have a method failure like a broken condom, and ECP is an important tool to prevent an unplanned pregnancy. The important role of midwives was stressed because they are the "frontline" providers of reproductive and general health care for women and the community.

8. In the last session of workshops, the participants had the opportunity to ask questions to the facilitators. Some of the questions and issue raised by the participants are as follows:
    - "When is the recommended time to start regular contraception after use of ECP?"
    - "What is the most prominent side effect of Progesterone contain ECP?"
    - "How many times can one use ECP or Postinor2 in one menstruation cycle?"
    - "Can DepKes disseminate the policy on ECP (*pedoman*) more widely?"
    - "If the client missed a regular pill in her last week of her cycle (low fecundity period), should we still provide ECP/Postinor2?"
    - "Can DepKes elaborate in the policy the role and responsibilities of midwives in providing ECP for rape victims?" "Standard operating procedures for treatment of rape victims should be provided for midwives (and other providers)."
    - "Does PT Tunggal distribute Postinor2 to *Toko Obat* (Drug Store) besides pharmacies?" (Is Postinor2 available without prescription?)
    - "It is true that the Postinor2 is the only one branded ECP in Indonesia. Because I heard that Schering also has ECP with other name?"
    - "If the price of Postinor2 for the midwife is Rp 15,000, is it not too expensive for clients?"

9. The number of participants ranged from 100 to 188 persons per provincial workshop. A total of 797 midwives participated in the IBI workshops. (See Summary table in Annex A)

IBI and the national family planning program have benefited the implementation of ECP Socialization. The target audience of private and semi-private midwives provides an excellent model for public, private (commercial) and NGO cooperation in reproductive health. For midwives, ECP was, in effect, an unknown. While ECP is in the National Service Delivery Standards, it has not been perceived as available. The Socialization has given IBI confidence to participate in the introduction dissemination of new methods, techniques, and products. The collaboration and transfer of resources has improved the relationship between IBI Central and IBI provinces and districts. On the negative side, it has created a tension between IBI and the midwives, districts and provinces that were

not covered – "when are we going to get the ECP socialization program?" PT Tunggal is now very optimistic about working with IBI to distribute ECP and other products.

The IBI provincial workshops were all done to a high standard and were done on time and within budget. IBI deserves considerable credit for the successful management of ECP Socialization.

## VI. Optimum Birth Spacing Intervals

In the Phase 1 of Socialization of ECP, Catalyst also supported the development, testing, production, and some distribution of the OBSI Pocket Guide. With Phase 2 funding there were further opportunities to promote OBSI.

- Print 50,000 copies of the Pocket Guide – It is anticipated that the OBSI Pocket Guides printed in Phase 1 will be gone by the end of the year (ECP Socialization Workshops, the December Quality Conference, Aceh BKKBN distribution to FP Volunteers). To have sufficient copies for the last two Conferences, a stock for *AkBid* (midwifery schools), and replacement stock, additional copies were printed.
- Print 50,000 copies of a client-oriented OBSI poster – One of the most effective strategies of STARH has to been to address supply and demand around an issue. The Pocket Guide is for providers and enables them to supply information, but we did not have the resources in Phase 1 to put out on OBSI message for clients to create demand for information. A simple poster was produced and is being distributed as part of the larger STARH scale-up strategy. It has the following information:
    - 3 to 5 Saves Lives
    - For the health of the Mother, Child, and the Family…
    - Wait at least 3 years between deliveries
    - Talk to your health provider about the optimum birth interval for you.

The poster uses the graphics and colors of the Pocket Guide to help link the provider information in the Pocket Guide and the client information in the poster. However, the poster can stand alone.

- Support for expanded distribution of OBSI and other materials – The size of Indonesia (geographic and numeric) makes distribution of materials difficult and

expensive. DepKes and STARH used Catalyst resources as an opportunity to do a mailing to 7,800 community health centers (*puskesmas*). Materials included in the mailing are: *OBSI Pockets Guides, the OBSI poster, the ECP Brochure and Guidelines, a brochure on domestic violence for health providers, a brochure in reproductive health and integrated health care, three FP "informed choice" posters (long-term methods, short-term method, and clients' rights and responsibilities).* Additional distribution activities include: 12,000 OBSI Pocket Guides and posters shipped to Aceh Province for use by field workers and volunteer, to Nusa Tenggara Barat (NTB) and Nusa Tenggara Timur (NTT) provinces for distribution by AusAID and GTZ; distribution of materials to NGO health groups like Muhammadiyah and Muslimat; and distribution of materials to the project areas of other donors.

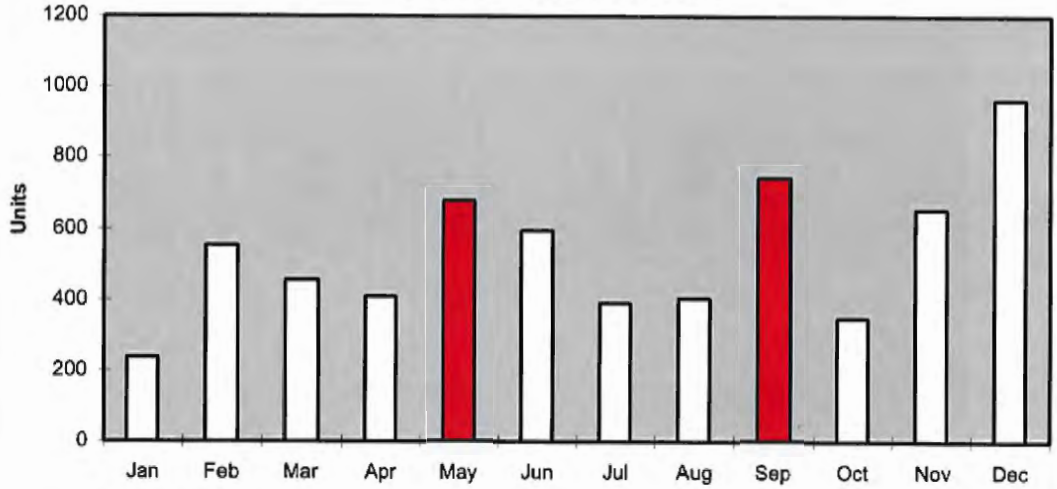
## VIII. Postinor2® Distribution Data as a Proxy for Impact of Socialization.

PT. Tunggal has provided monthly data on the movement of Postinor-2® in relation to the ECP Socialization events. It should be noted that these data are not sales data, but numbers of units leaving the PT. Tunggal distribution system. The patterns in the following figures follow a traditional logistics model: the Socialization Workshops create demand; the supplier fills the distribution pipeline; subsequent demand drops as outlets start distributing; and financially demand starts slowly increase as distributors sell the product and begin to replace stock. This pattern is apparent in the monthly Postinor-2® data – high months are almost invariably followed by low months, which in turn are followed by slowly increasing months. Note that the scale on each figure is different.

The time frame is too short to project the long term impact of the Socialization Workshops on Postinor-2® sales, but early results are positive. In addition PT. Tunggal continues to market and expand distribution. DepKes continues to promote ECP use and provide materials to providers. We also believe that the shift from marketing ECP as a curative product to a preventive health product will greatly expand sales as stocks move into households for use if needed.

The ECP Workshops also covered Yuzpe. The use of oral pills as a low cost alternative to the branded product, but we have no way to monitor impact or behavior change around the Yuzpe method.

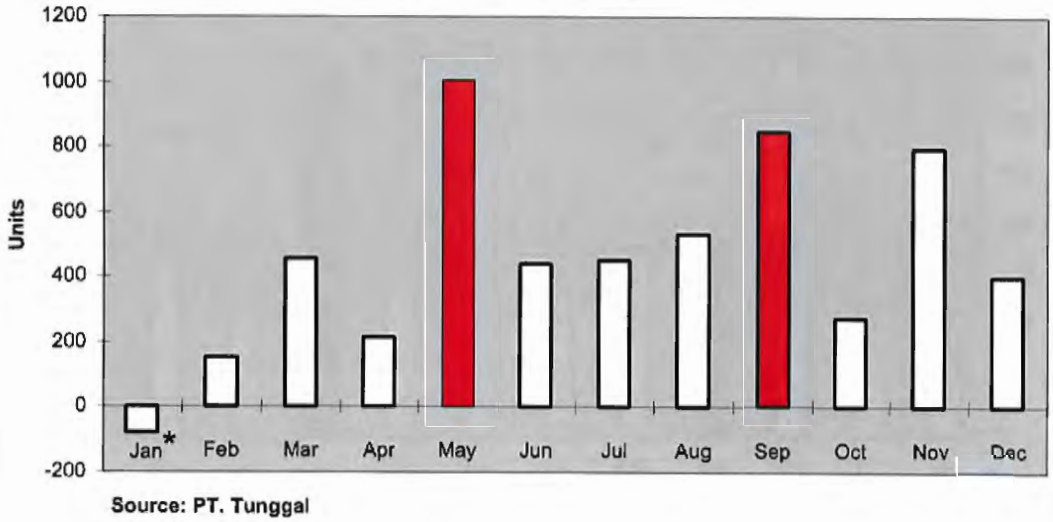
**Figure 1**
**Postinor-2® Distribution in East Java**
**January - December 2005**




**Source: PT. Tunggal**

**Months of DepKes Socialization Workshops are in color**

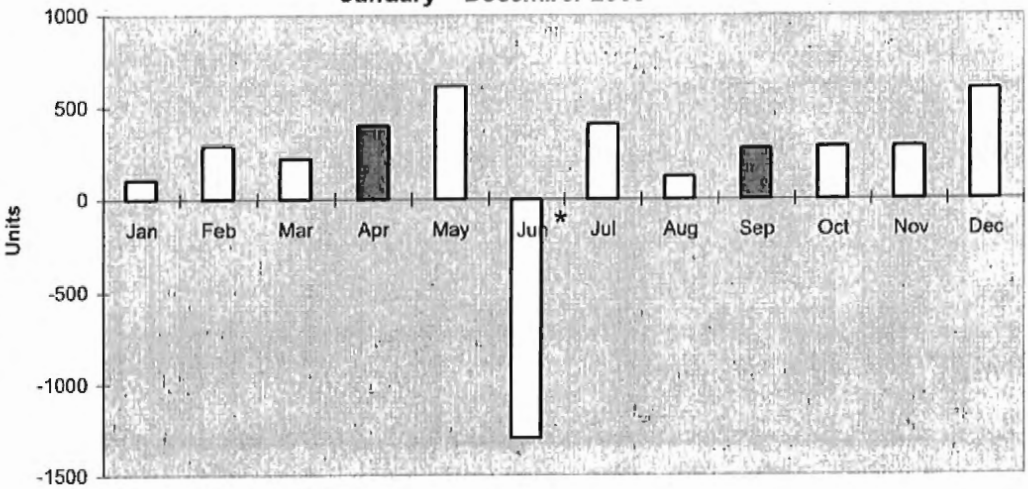
**Figure 2**
**Postinor-2® Distribution in Central Java**
**January - December 2005**




**Source: PT. Tunggal**

**Months of DepKes Socialization Workshops are in color**

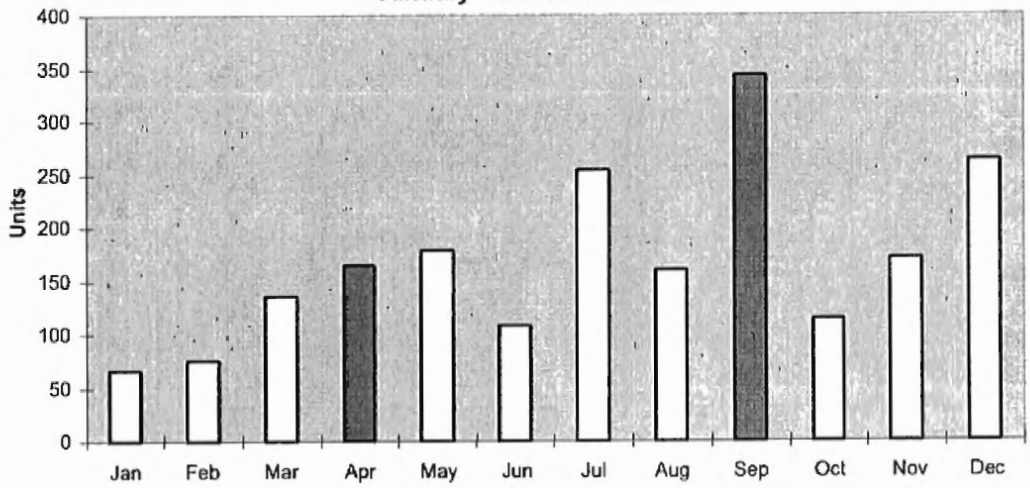
**Figure 3**
**Postinor-2® Distribution in North Sumatra**
**January – December 2005**




**Source: PT. Tunggal**

**Months of DepKes Socialization Workshops are in color**
*** Products returned to distributor**

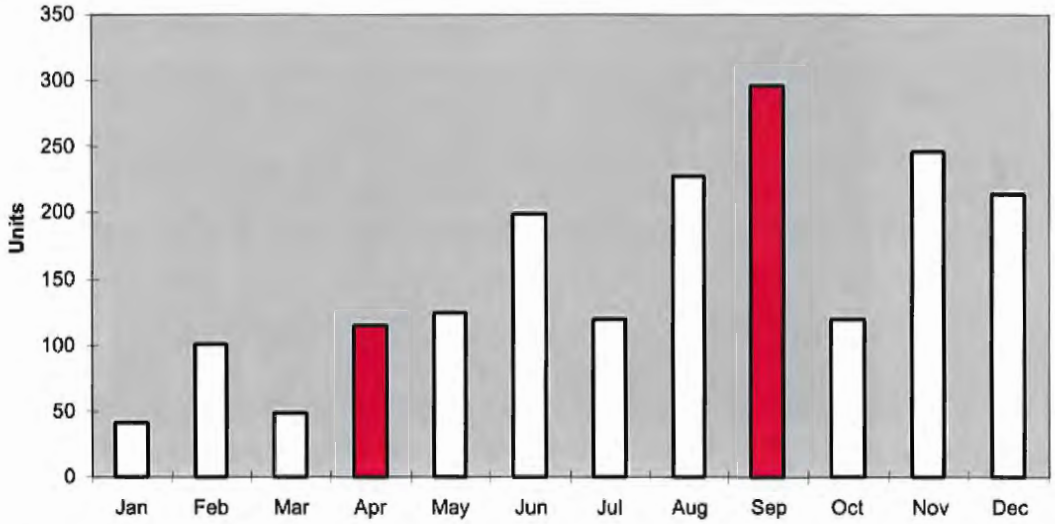
**Figure 4**
**Postinor-2® Distribution in South Sumatra**
**January – December 2005**




**Source: PT. Tunggal**

**Months of DepKes Socialization Workshops are in color**

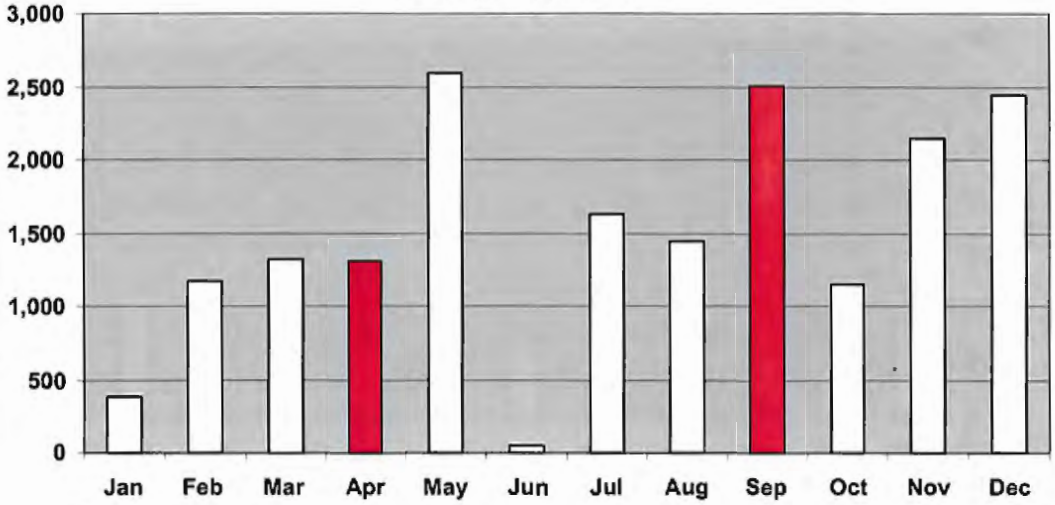
**Figure 5**
**Postinor-2® Distribution in D.I. Yogyakarta**
**January - December 2005**




Source: PT. Tunggal

Months of DepKes Socialization Workshops are in color

**Figure 6**
**Total Distribution Postinor-2® in 5 Provinces* with two rounds of DepKes Socialization Workshops**
**January - December 2005**

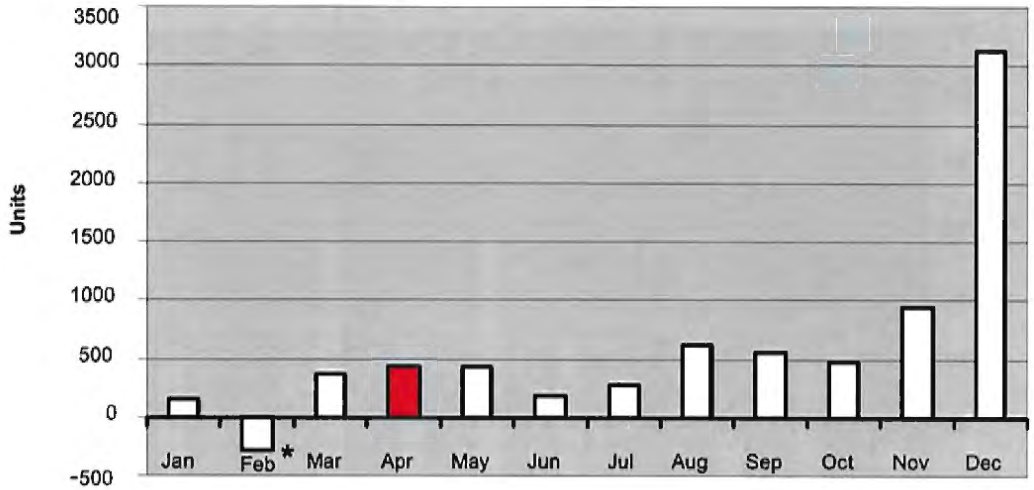



Source: PT. Tunggal

Months of DepKes Socialization Workshops are in color

* East & Central Java, North & South Sulawesi, and Yogyakarta

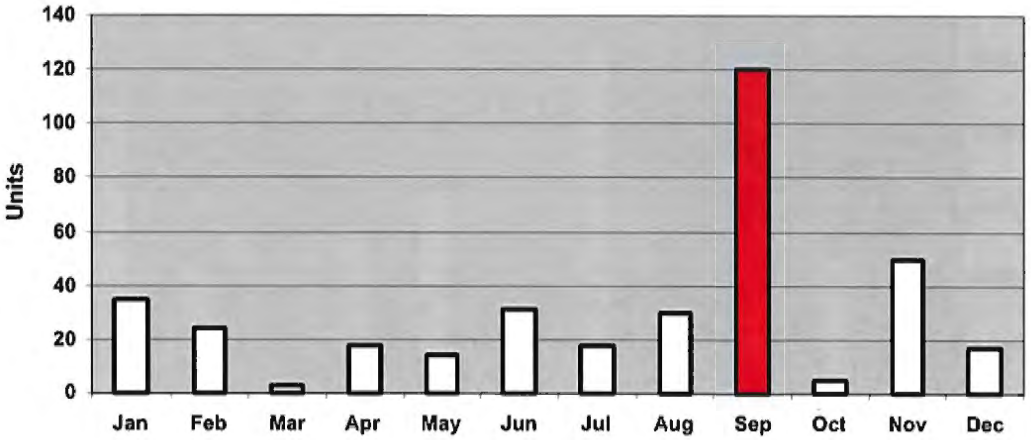
**Figure 7**
**Postinor-2® Distribution in DKI Jakarta**
**January – December 2005**




**Source: PT. Tunggal**

**Month of DepKes Socialization Workshop is in color**

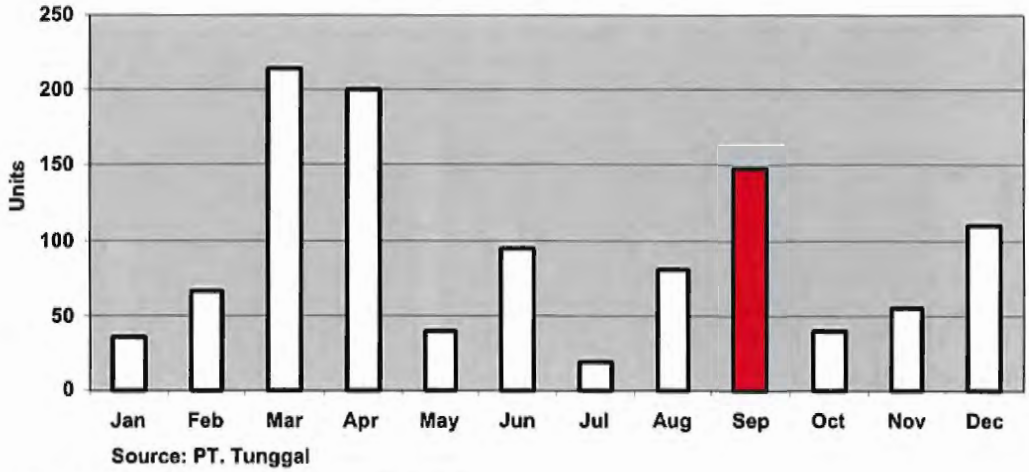
**Figure 8**
**Postinor-2® Distribution in Lampung, IBI Socialization**
**January - December 2005**




**Source: PT. Tunggal**

**Month of IBI Socialization Workshop is in color**

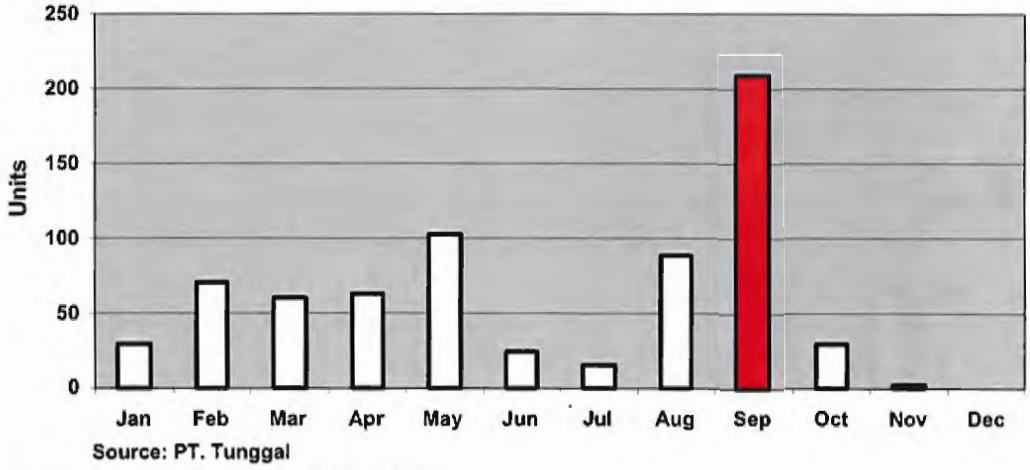
**Figure 9**
**Postinor-2® Distribution in Riau, IBI Socialization**
**January – December 2005**




Source: PT. Tunggal

Month of IBI Socialization Workshop is in color

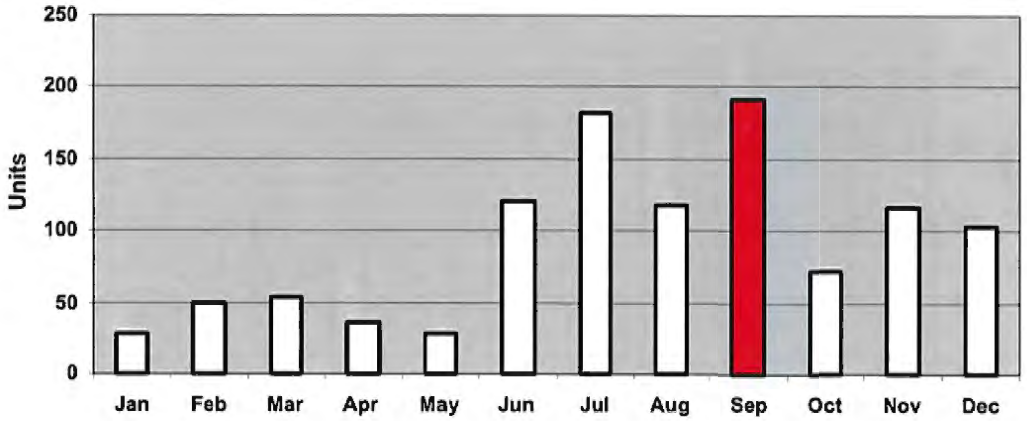
**Figure 10**
**Postinor-2® Distribution in West Sumatra, IBI Socialization**
**January - December 2005**




Source: PT. Tunggal

Month of IBI Socialization Workshop is in color

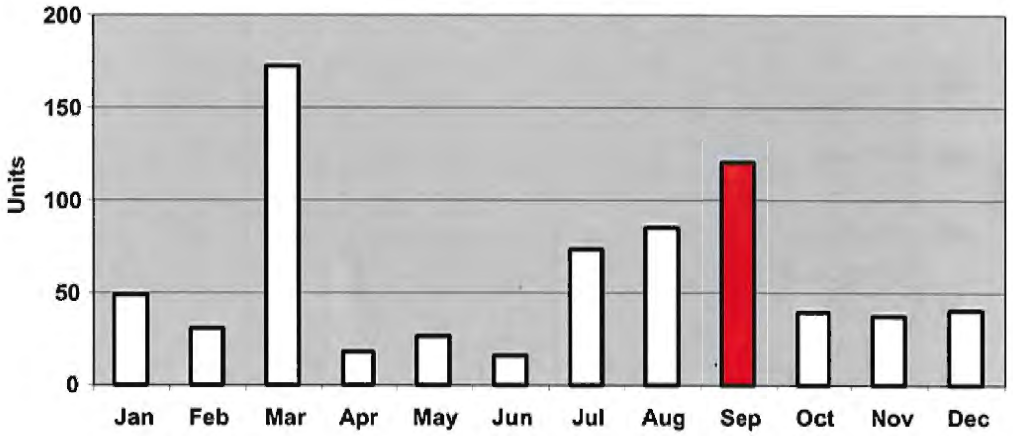
**Figure 11**
**Postinor-2® Distribution in South Kalimantan, IBI Socialization**
**January - December 2005**




Source: PT. Tunggal

Month of IBI Socialization Workshop is in color

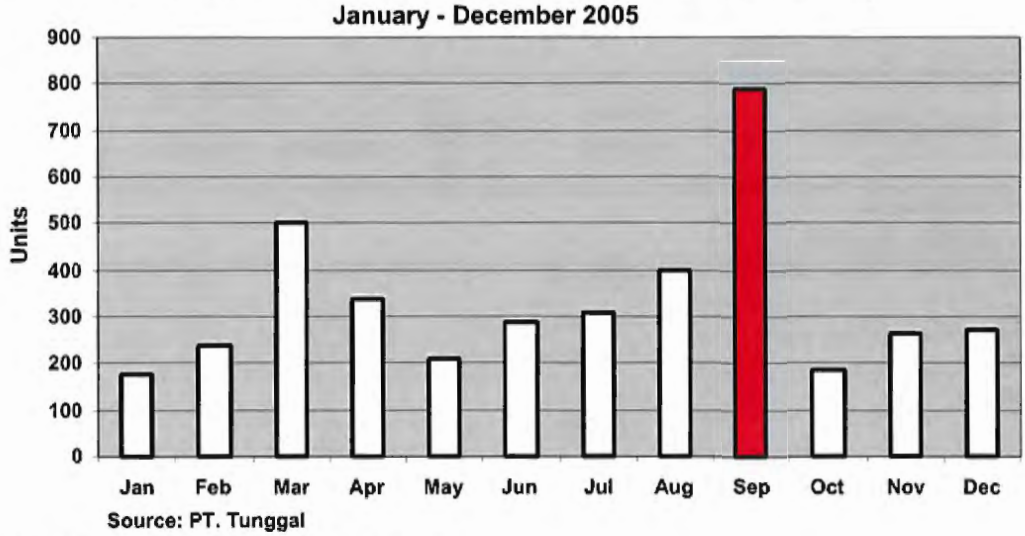
**Figure 12**
**Postinor-2® Distribution in West Kalimantan, IBI Socialization**
**January - December 2005**




Source: PT. Tunggal

Month of IBI Socialization Workshop is in color

**Figure 13**
**Total Distribution Postinor-2® in 5 Provinces* with IBI Workshops**
**January - December 2005**




Source: PT. Tunggal

Month of IBI socialization workshop is in color

* Lampung, Riau, West Sumatra, South and West Kalimantan

Annex A

# Summary Program Report
# Emergency Contraception Pill Socialization, Phase 2

| No. | Name of District | Date of Activity | Participants | | | | |
|---|---|---|---|---|---|---|---|
| | | | Medical Doctor | Midwife | Dinkes | Other | Total |
| **I.** | **Central Java Province (Implemented by Dinkes)** | | | | | | |
| 1 | Pemalang | 24/09/05 | 8 | 75 | 10 | 17 | **110** |
| 2 | Purworejo | 22/09/05 | 10 | 88 | 6 | 6 | **110** |
| 3 | Pekalongan | 22/09/05 | 19 | 67 | 13 | 1 | **100** |
| 4 | Temanggung | 22/09/05 | 18 | 72 | 10 | | **100** |
| 5 | Cilacap | 24/09/05 | 32 | 54 | 2 | 12 | **100** |
| 6 | Banjarnegara | 22/09/05 | 34 | 53 | 6 | 17 | **110** |
| 7 | Wonogiri | 20/09/05 | 0 | 97 | 3 | 0 | **100** |
| 8 | Magelang | 24/09/05 | 30 | 52 | 5 | 13 | **100** |
| 9 | Grobogan | 23/09/05 | 30 | 60 | 4 | 6 | **100** |
| 10 | Banyumas | 22/09/05 | 39 | 46 | 3 | 12 | **100** |
| 11 | Salatiga | 24/09/05 | 11 | 31 | 15 | 28 | **85** |
| 12 | Kebumen | 22/09/05 | 32 | 80 | 5 | 10 | **127** |
| 13 | Brebes | 21/09/05 | 28 | 63 | 6 | 9 | **106** |
| 14 | Rembang | 24/09/05 | 16 | 50 | 11 | 14 | **91** |
| 15 | Jepara | 24/09/05 | 20 | 40 | 13 | 23 | **96** |
| 16 | Klaten | 24/09/05 | 44 | 34 | 4 | 16 | **98** |
| 17 | Kendal | 24/09/05 | 2 | 100 | 4 | 15 | **121** |
| 18 | Purbalingga | 24/09/05 | 11 | 78 | 6 | 7 | **102** |
| **II.** | **DIY (Implemented by Dinkes)** | | | | | | |
| 19 | Kulonprogo | 22/09/05 | 7 | 80 | 10 | 3 | **100** |
| 20 | Gunung Kidul | 21/09/05 | 6 | 80 | 11 | 3 | **100** |
| 21 | Sleman | 23/09/05 | 6 | 80 | 11 | 3 | **100** |
| 22 | Bantul | 20/09/05 | 10 | 80 | 10 | 0 | **100** |
| 23 | Kota Jogyakarta | 23/09/05 | 20 | 25 | 9 | 46 | **100** |
| **III.** | **South Sumatera (Implemented by Dinkes)** | | | | | | |
| 24 | OKU | 22-Sep-05 | 12 | 77 | 6 | 5 | **100** |
| 25 | Lubuk Linggau | 26-Sep-05 | 9 | 57 | 25 | 7 | **98** |
| 26 | Musi Rawas | 23-Sep-05 | 7 | 117 | 2 | 5 | **131** |
| 27 | Pagar Alam | 26-Sep-05 | 8 | 42 | 5 | 42 | **97** |
| 28 | Muara Enim | 24-Sep-05 | 14 | 62 | 3 | 22 | **101** |
| 29 | Lahat | 26-Sep-05 | 12 | 32 | 13 | 11 | **68** |
| 30 | OKU Timur | 24-Sep-05 | 3 | 80 | 6 | 9 | **98** |

Annex A

# Summary Program Report
# Emergency Contraception Pill Socialization, Phase 2

| No. | Name of District | Date of Activity | Participants | | | | |
|---|---|---|---|---|---|---|---|
| | | | Medical Doctor | Midwife | Dinkes | Other | Total |
| **IV.** | **East Java (Implemented by Dinkes)** | | | | | | |
| 31 | Magetan | 14-Sep-05 | 27 | 61 | 2 | 10 | **100** |
| 32 | Tulungagung | 22-Sep-05 | | 62 | 6 | 32 | **100** |
| 33 | Madiun, Kota | 15-Sep-05 | 5 | 88 | 5 | 2 | **100** |
| 34 | Pacitan | 23-Sep-05 | 13 | 77 | 3 | 7 | **100** |
| 35 | Batu, Kota | 14-Sep-05 | 18 | 54 | 17 | 11 | **100** |
| 36 | Probolinggo | 21-Sep-05 | 0 | 100 | 0 | 0 | **100** |
| 37 | Sumenep | 22-Sep-05 | 17 | 69 | 6 | 8 | **100** |
| 38 | Bangkalan | 21-Sep-05 | 22 | 58 | | 20 | **100** |
| 39 | Banyuwangi | 22-Sep-05 | 45 | 51 | 2 | 2 | **100** |
| 40 | Ngawi | 20-Sep-05 | 23 | 77 | 0 | 0 | **100** |
| 41 | Lamongan | 20-Sep-05 | 0 | 79 | 4 | 17 | **100** |
| 42 | Probolinggo, Kota | 20-Sep-05 | 25 | 60 | 5 | 10 | **100** |
| 43 | Pamekasan | 22-Sep-05 | 24 | 65 | 3 | 8 | **100** |
| 44 | Blitar, Kota | 20-Sep-05 | 40 | 60 | 0 | 0 | **100** |
| 45 | Kediri, Kota | 20-Sep-05 | 26 | 74 | 0 | 0 | **100** |
| 46 | Tuban | 21-Sep-05 | 40 | 60 | 0 | 0 | **100** |
| 47 | Sampang | 14-Sep-05 | 0 | 95 | 0 | 5 | **100** |
| 48 | Mojokerto, Kota | 20-Sep-05 | 13 | 69 | 12 | 6 | **100** |
| 49 | Trenggalek | 22-Sep-05 | 19 | 81 | 0 | 0 | **100** |
| 50 | Situbondo | 20-Sep-05 | 17 | 83 | 0 | 0 | **100** |
| 51 | Lumajang | 19-Sep-05 | 24 | 55 | 9 | 12 | **100** |
| **V.** | **East Java Special Provincial Workshop (Implemented by Dinkes)** | | | | | | |
| 52 | Surabaya | 28-Sep-05 | 3 | 0 | 0 | 72 | **75** |
| **VI.** | **North Sumatera (Implemented by Dinkes)** | | | | | | |
| 53 | Tebing Tinggi | 23/09/05 | 0 | 74 | 5 | 25 | **104** |
| 54 | Asahan | 28/09/05 | 9 | 69 | 13 | 9 | **100** |
| 55 | Tapanuli Selatan | 22/09/05 | 4 | 93 | 2 | 1 | **100** |
| 56 | Tapanuli Tengah | 23/09/05 | 5 | 61 | 29 | 5 | **100** |
| 57 | Mandailing Natal | 26/09/05 | 6 | 73 | 21 | 0 | **100** |
| 58 | Humbang Hasundutan | 23/09/05 | 2 | 71 | 10 | 17 | **100** |
| 59 | Pakpak Bharat | 26/09/05 | 5 | 25 | 20 | 50 | **100** |
| 60 | Dairi | 30/09/05 | 2 | 79 | 2 | 17 | **100** |
| 61 | Padang Sidempuan | 24/09/05 | 4 | 36 | 44 | 16 | **100** |

Annex A

# Summary Program Report
# Emergency Contraception Pill Socialization, Phase 2

| No. | Name of District | Date of Activity | Participants | | | | |
|---|---|---|---|---|---|---|---|
| | | | Medical Doctor | Midwife | Dinkes | Other | Total |
| **VII** | **Lampung (Implemented by IBI)** | | | | | | |
| 62 | All district representative | 23/09/05 | 1 | 147 | 1 | 4 | **153** |
| **VIII** | **West Sumatera (Implemented by IBI)** | | | | | | |
| 63 | All District representative | 23/09/05 | 0 | 150 | 0 | 0 | **150** |
| | | | | | | | |
| **IX** | **Riau (Implemented by IBI)** | | | | | | **0** |
| 64 | All District representative | 23/09/05 | 0 | 152 | 0 | 0 | **152** |
| | | | | | | | **0** |
| **X** | **West Kalimantan (Implemented by IBI)** | | | | | | **0** |
| 65 | All District representatives | 22/09/05 | 0 | 116 | 42 | 0 | **188** |
| | | | | | | | |
| **XI** | **South Kalimantan (Implemented by IBI)** | | | | | | **0** |
| 66 | All District representatives | 22/09/05 | 0 | 130 | 11 | 9 | **150** |
| | | | | | | | |
| **XII** | **South East Sulawesi (Implemented by IBI)** | | | | | | **0** |
| 67 | All district representatives | 23-Sep-05 | 1 | 138 | 1 | 14 | **154** |
| | | | | | | | |
| **XIII** | **West Java Special Workshop (Implemented by Dinkes)** | | | | | | **0** |
| 68 | From 13 District representatives | 29/09/05 | 18 | 81 | 32 | 9 | **140** |
| | | | | | | | |
| | **TOTAL** | | **956** | **4,925** | **544** | **760** | **7,215** |