

INSTITUTIONAL CAPABILITY & EXPERIENCE: Johns Hopkins University



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH



February 2015

The CEO (Cilandak Executive Office) Building, 5th Floor, Jl. TB. Simatupang No.18C, Cilandak
Jakarta 12430 - Indonesia
Phone (+62 21) 2986 8870; Fax (+62 21) 2986 8875
e-mail: info@jhuccp.or.id
Website: <http://www.jhuccp.or.id>

Overview

The Johns Hopkins Bloomberg School of Public Health is dedicated to the education of a diverse group of research scientists and public health professionals, a process inseparably linked to the discovery and application of new knowledge, and through these activities, to the improvement of health and prevention of disease and disability around the world.

Since its founding in 1916, the Bloomberg School has advanced research, education and practice to create solutions to public health problems around the world.

Faculty, staff and students have helped eradicate smallpox, made water safe to drink, improved child survival, reduced the spread of HIV and uncovered the dangers of tobacco smoke. Researchers and scientists are now discovering ways to eliminate malaria, increase healthy behavior, reduce the toll of chronic disease, improve the health of mothers and infants, and change the biology of aging.

Every day, the Bloomberg School works to keep millions around the world safe from illness and injury by pioneering new research, deploying knowledge in the field and educating tomorrow's public health leaders.

Johns Hopkins University in Indonesia

Over the past 19 years, JHU has administered many health-focused programs and subcontracts. All of the programs are designed in partnership with a broad range of local stakeholders to create effective and sustainable health communication programs and outcomes. Among the organizations JHU has worked with include ministries of environment, health, information, social welfare, family planning and population body, education and women's affairs; advertising and research agencies; local government units; local and international non-governmental organizations; academic institutions; private voluntary health organizations; associations of health care professionals; women's groups; and media and journalists' organizations.

One of Johns Hopkins' main implementers of programs in Indonesia is the Center for Communication Programs (CCP). CCP envisions a world in which communication saves lives, improves health, and enhances well-being. The Johns Hopkins Bloomberg School of Public Health, established CCP in 1988 to consolidate several health communication programs and focus attention on the central role of communication in health behavior change. CCP is known throughout the world for its mass media programs, an approach that when used appropriately can take prevention efforts to scale by achieving national coverage. An overall strategic program to move individuals and communities toward healthier behaviors, however, requires a comprehensive approach that combines mass media, community mobilization, interpersonal communication, and capacity building.

Another John's Hopkins entity implementing programs in Indonesia is the Johns Hopkins Bill & Melinda Gates Institute for Population and Reproductive Health. The Gates Institute conducts and facilitates cutting-edge research in family planning, reproductive health, and population dynamics and translates science into evidence-informed policies, programs, and practice. The Institute works as an innovator, partner, advocate, and convener to bridge the gap between knowledge and implementation and promote access to universal reproductive health and family planning for all.

Johns Hopkins University has expertise in several areas of strategic programming, including:

Social and Behavior Change Communication (SBCC): The major portion of CCP's portfolio involves SBCC. Its largest SBCC project is the USAID-supported Health Communication Capacity Collaborative (HC3). HC3 works across a wide spectrum of health issues: HIV/AIDS, family planning/reproductive health, malaria, youth, and others. In addition to support from USAID, CCP manages numerous programs and grants in collaboration with a wide range of donors including UN agencies, private foundations, corporations, and non-governmental organizations.

Research and Evaluation: CCP has unsurpassed research and evaluation capabilities. The highly acclaimed Research & Evaluation Division evaluates all major CCP communication programs to measure impact and improve future activities. The research staff—which consists of more than ten highly experienced professionals, each with a doctoral degree—is knowledgeable in both theory and practical application of behavioral science and communication research. They have pioneered use of innovative data collection and analysis techniques in the field of communication research.

Training and Capacity Building: JHU is a learning institution that is committed to sharing its expertise. Over 1,000 health professionals from developing countries have traveled to Baltimore to participate in CCP's state-of-the-art, tuition-based, training courses. JHU has trained an additional 3,000 professionals overseas. JHU also houses the world's largest collection of health communication materials. In addition to its comprehensive website, the Media/Materials Clearinghouse contains pamphlets, posters, audio/visual materials, training materials, job aids, electronic media, and other resources designed to promote public health.

Knowledge Management: CCP's Knowledge Management Unit provides consensus-based knowledge generation, advanced knowledge synthesis, and innovative knowledge delivery.

CCP's flagship KM program is the Knowledge for Health Project (K4Health), whose mission is to transform the way evidence-based, accurate, and up-to-date health information is captured, synthesized, shared, adapted, and used so that health advocates, planners, managers and providers throughout the world can improve health service delivery and health outcomes. K4Health is using state-of-the-art technology to synthesize experiential and scientific knowledge, share information broadly, and encourage local use and adaptation. CCP's programs around the globe also reflect the excitement and opportunity provided by new and emerging technologies.

JHU's Indonesia Programs

JHU has pioneered the development of SBCC projects based on systematic needs assessments and clear strategies for positioning and presenting the benefits of health interventions to appropriate audiences. A cornerstone of projects is a scientific research methodology for measuring the impact of SBCC projects by examining linkages between the activities themselves and changes in the audiences' knowledge and/or behavior. The STARH, SIAGA or Alert and COREMAP campaigns and the Safe Water Systems program in Indonesia serve as a good example of a successful application of this systematic approach.

I. Sustaining Technical Achievements in Reproductive Health and Family Planning (STARH)



The STARH program was designed to assist the Indonesia national family planning program in sustaining achievements and in making the transition to a mature family planning program. The specific focus of STARH was assuring the quality and choice of family planning and reproductive health (FP/RH) services in Indonesia at all levels: national, provincial, district and community. STARH's 12 model building districts were located in the provinces of North Sumatra, South Sumatra, Bangka Belitung, Lampung, Banten, West Java, Central Java, and East Java.

Achievements of the program include:

- Updated and disseminated standards of care for FP/RH, working closely with international and Indonesian medical professional organizations, STARH.
- Introduced QIQ, the Quick Investigation of Quality (a tool for monitoring the quality of services provided in family planning clinics), in 137 clinics in 9 provinces across Indonesia.
- Improved and expanded reproductive health clinical training capacity by developing a Contraceptive Technology Update (CTU) on family planning, as well as a curriculum for updating clinic staff in infection prevention practices.
- Implemented communication campaigns designed to motivate clients to seek out high-quality FP/RH services and create environment of informed choice. These campaigns included: the Smart Brochure, Appreciative Community Participation tools (ACP) and the Sahabat campaign.
- Increased involvement of private sector midwives in providing quality reproductive health services - Quality Recognition of Private Sector Midwives (Bidan Delima).
- Increased networking around adolescent reproductive health issues, holding the first conference of adolescent-serving NGOs in May 2004.
- Improved advocacy—and advocacy capacity—for FP/RH at all levels. STARH developed cross-sectoral advocacy teams at the district level to keep FP/RH issues “center stage” during the government’s decentralization.

II. Indonesia's Maternal and Neonatal Health Program: Promoting shared responsibility through the SUAMI SIAGA (alert) multi media campaign



The SUAMI SIAGA (alert) initiative implored everyone to take part in saving women's lives. SIAGA, an acronym of Siap (ready), Antar (take, transport), jaGA (stand by or guard), began in 1998 under the UNFPA-funded program with the Ministry for Women's Empowerment and CCP. The original mass media campaign focused only on husbands—Suami SIAGA—promoting their involvement in pregnancy, preparation for delivery, and any potential emergency. Results from the evaluation were impressive, therefore, expanding and continuing the SIAGA concept was a natural fit for the MNH program in Indonesia, launched in 1999.

Launched between 1999 and 2002, each phase of the SIAGA campaign shared a common look but had distinctive goals and approaches. The *Warga* SIAGA campaign, launched in November 2001, encouraged individual citizens to be alert and prepared for a delivery by doing their part in arranging for transport, funds, a blood donor, and recognizing danger signs. The *Bidan* SIAGA campaign, launched in March 2002, promoted the midwife as a skilled and friendly provider who is prepared to help throughout the pregnancy.

Achievements of the campaign include:

- Most respondents (75 percent) who were exposed to the overall SIAGA campaign found the information relevant and could apply it to their lives.
- Forty-one percent of the women who exposed to the campaign were aware of 'bleeding' as an indicative danger sign during pregnancy as opposed to 16.4 percent who were unexposed.
- For most of the schemes, wives and husbands who were exposed to the campaign were more likely to report using arrangements for safe childbirth.
- Nearly 67 percent of the exposed women reported using a skilled provider for childbirth in comparison to only 44.2 percent of women who were not exposed to the campaign.
- These interventions have contributed to an increase in the numbers of births attended by skilled providers from 43.2% in 1997 to 66.2% in 2003.
- The SIAGA logo is still recognized as related to safe motherhood in market research.

III. The COREMAP Public Awareness Campaign



COREMAP (Coral Reef Rehabilitation & Management Program) was a 15-year environmental management project of the Indonesian government and the National Institute of Sciences, with funding from The World Bank, Asian Development Bank, and AusAID. The project ended in 2002.

The primary goal of COREMAP was to help communities manage their own local resources by way of developing local capacity to manage environmental resources, strengthening policies, legal structures and enforcement practices, and developing public support for and participation in marine environmental management efforts.

CCP designed and implemented the public communication component of COREMAP. A national mass media campaign was launched, along with educational materials for elementary schools. The project included the design and implementation of a school poster contest and a national coral reef awards program. CCP also developed and coordinated contracts with local NGOs in four provinces to carry out local communication campaigns and training in support of community-based coral reef management efforts. Finally, CCP designed and implemented training in communication skills for program managers, community leaders, and NGOs at both provincial and national levels.

Achievements of the project include:

- Launched the national media campaign in 2000 with both President Abdurrahman Wahid and Vice-President Megawati Sukarnoputri. Follow-up in March 2000 indicated an initial 35% awareness level of the campaign and its logo.
- Collaborated with NGOs in Riau, South Sulawesi, and Papua Barat to bring about significant progress in: lobbying, community-based training, media relations, and development of coral reef communication materials.
- Committed a coral reef song, which was found to be very popular. It was re-recorded for release by popular musicians in local musical styles in Riau, South Sulawesi, and Papua Barat.
- Produced a series of half-hour television feature programs in collaboration with Garin Nugroho, one of Indonesia's top directors.

IV. Safe Water Systems Program



Aman Tirta was a two-year program, implemented by CCP, designed to increase access to safe water through a simple and low-cost point-of-use water treatment. The program used a private-public partnership model to create the first-ever fully sustainable non-subsidized commercial model for safe water systems. The partnership combined commercial manufacturing and distribution of the safe water product (Air RahMat) with behavior change communication for the positioning and promotion as well as community participation.

Air RahMat was targeted to middle-low income mothers and the main beneficiaries of the program were children under-5 and family members. A comprehensive and integrated communication and marketing strategy was launched, to position Air RahMat as an easy-to-use, economical, affordable, and safe option for providing safe drinking water. The Aman Tirta program was led by CCP and also included: PT Tanshia Consumer Products; PT Dos Ni Roha to distribute; Lowe Worldwide; and CARE International Indonesia.

V. GLEEH Program in NAD



The GLEEH project was an extension of the previous IMHYSA (Improving Health, Hygiene & Sanitation in IDP Communities in Aceh) project that focused on improving health, hygiene and sanitation among tsunami affected populations during the emergency phase of relief operations in Aceh. GLEEH (which stands for “Clean”) was a two-year project (2006-2008) that built on the work conducted under the IMHYSA to ensure continuing service and capacity building of vulnerable populations in Aceh. CCP supported the GLEEH program by providing technical assistance on formative research of the GLEEH concept and hygiene behaviors; strategic communication planning, hygiene program implementation, and monitoring and evaluation of program impact.

The goal of the GLEEH program was to bring about sustained improvements in health and hygiene in five areas, namely: 1) hand washing with soap; 2) safe water; 3) sanitation; 4) food hygiene; and 5) de-worming. To bring about this change, the GLEEH program increased access to specific hygiene goods and services (hardware) and developed the materials to promote the adoption of hygiene and health behaviors.

VI. Community and School-driven hygiene improvement program for Yogyakarta and Central Java: the Dusun and Sekolah Resik

The Dusun & Sekolah Resik program was the extension of CCP’s UNICEF-funded Hygiene Promotion Program. The extension was for nine months of program activities, from January 1, 2007 to September 30, 2007. CCP continued its work in 69 dusuns (villages) and 77 schools in earthquake-affected areas in Yogyakarta and Klaten, Central Java.

With support from UNICEF, CCP conducted a 3-month hygiene promotion intervention from June 30 to September 30, 2006 to prevent diarrhea and other hygiene-related illnesses. The campaign disseminated messages about the five hygiene behaviors through radio, TV, and interpersonal communication. The campaign also built capacity of 500 NGOs and Volunteers through on-the-job training in hygiene promotion. As a result of this intervention, 69 dusuns and 77 schools reached consensus to promote the five hygiene behaviors in their dusuns and schools, and agreed on Action Plans to make their dusuns and schools become *Dusun Resik* and *Sekolah Resik* (Hygienic Village and Hygienic School).

The objective of the extension was to implement the hygiene improvement program previously developed in the program areas to increase the knowledge, positive attitudes, and practices of hygiene behaviors to ultimately reduce the incidence of acute diarrheal diseases among children under five. The program's activities helped block the fecal-oral pathways for diarrhea disease transmission by improving the existing hygiene-related infrastructure and promoting behavior change.

VII. Water, Sanitation and Hygiene ("WASH") Promotion in in Banda Aceh and Aceh Besar Districts of NAD (15-month period, from May 1, 2007 to July 31, 2008)

CCP implemented the UNICEF WES pilot project in 60 schools and gampong/dusun in Banda Aceh and Aceh Besar Districts to improve water and sanitation practices and thus reduce acute diarrheal and other WASH related diseases among school children. CCP selected 60 schools for the pilot program. Activities were planned and implemented using a community-participation approach to encourage a sense of ownership for the facilities built by the UNICEF WES Pilot Project and commitment to their sustainability.

CCP's primary focus was on school-led hygiene promotion, using a participatory approach to enable schools to develop action plans for hygiene improvement and skills acquisition among students, teachers, and the wider community. The program encouraged schools—and schoolchildren—to serve as catalysts for behavior change in hygiene and sanitation, both within and outside school walls. The approach to hygiene promotion tapped the potential of children to act as agents of change: to educate and influence their parents and other family members about the Five Hygiene Behaviors, model positive attitudes towards the behaviors, and encourage adults to practice healthy hygiene.

VIII. Community-Based Avian Influenza ontrol Project (CBAIC)

The Community-Based Avian Influenza Control Project (CBAIC), launched in July 2006, was part of the USAID/Indonesia strategy for reducing the risk of pandemic flu. Overarching goals include prevention of pandemic flu from the H5N1 strain of avian influenza and establishment of Government of Indonesia capacity for pandemic response; and reduced occurrence of AI transmission in poultry and humans. Specifically, CBAIC was part of three USAID strategic objectives: Strengthen Government of Indonesia planning, preparedness, and coordination among government sectors and levels and donor agencies; increase effectiveness of H5N1 prevention and control in poultry; and decrease high-risk behavior associated with transmission of H5N1 among poultry and from poultry to humans.

Working to meet these USAID objectives, the CBAIC team was led by Development Alternatives Inc. (DAI) in partnership with the CCP, Winrock International, Training Resources Group and local partners.

CBAIC focused on three interrelated elements: 1) Strengthening national, provincial and district avian influenza planning and pandemic preparedness in coordination with the government of Indonesia; 2) Managing and coordinating village and community-level training activities for disease surveillance and response; and 3) working to affect behavior change to improve control and prevention of Avian Influenza in Indonesia.

IX. Advance Family Planning (AFP Program)

Advance Family Planning (AFP) is an evidence-based effort that began in 2009 to help developing countries achieve universal access to reproductive health (MDG 5b). Supported by the Bill & Melinda Gates Foundation and the David and Lucile Packard Foundation, the AFP Consortium includes Johns Hopkins University Bloomberg School of Public Health, African Women's Development Fund, Partners in Population and Development, and Futures Group International.

AFP's goal is to increase funding and improve policy commitments at all levels of government, among bilateral and multilateral donors, and the private sector. It builds on past investments and ongoing activities in reproductive health advocacy, leadership development, knowledge generation, and innovative service delivery projects. AFP's success depends on effectively working with established reproductive health organizations such as BKKBN, Ministry of Health and other government institutions, Ikatan Bidan Indonesia (IBI), Ikatan Dokter Indonesia (IDI), and other professional organisations, USAID, UNFPA, and other donors, parties, and individuals.

AFP's efforts concentrate on providing evidence to policy makers who control resources for family planning—money, people, and commodities—and how these resources are used. AFP assumes policy makers will act on compelling evidence that is presented in an accessible way and by a credible messenger. Our approach tailors messages to decision makers and is designed to change the way policy makers choose to enact and implement policies and allocate resources. A core part of AFP is identifying quick but important wins, determining what policy makers' support is required to implement them, developing evidence-based advocacy messages, and helping family planning champions deliver these messages at a time they are most effective.

AFP has been implemented in Indonesia since 2010-2012 (the original project ended in 2012 and was re-funded). AFP's organizational structure consists of an Advisory Committee and a Core Working Group (CWG). Apart from advocacy activities at the national level there are also two districts that are currently part of the AFP program i.e., Bandung District and Pontianak City. Therefore, AFP aims to influence FP efforts at the national and district levels.

X. Strategic Against Flu Emergence (SAFE Program)

SAFE was a two-year project to support USAID/Indonesia's Avian and Pandemic Influenza (API) Program to reduce the impact and transmission of avian influenza (AI) to animals and humans, and limit the emergence of a pandemic influenza virus. Led by Development Alternatives, Inc. (DAI), the SAFE project worked to promote public-private partnerships, good poultry farming practices, improved biosecurity and hygiene behaviors at farms and markets, and improved care-seeking behavior for AI. As a core partner, JHU-CCP designed and implemented SBCC campaigns targeted at workers along the poultry value chain and at poultry consumers at risk for AI.

The goal of SAFE was to assist the Government of Indonesia and the private sector to strengthen their capacity in prevention and response to AI and other emerging pandemic threats. SAFE worked with central and local government institutions, private sectors, NGOs, service providers, community groups and other stakeholders. SAFE operated in ten high-risk districts of West Java and Banten to accomplish the following four objectives:

1. Strengthen and expand public private partnership in high risk districts to improve biosecurity and good farming practices in order to limit AI transmission among poultry.
2. Promote behaviors that lower the risk of AI transmission among poultry in high risk districts using targeted behavior change communication strategies.

3. Increase knowledge of signs/symptoms and risk factors for AI-related illness in people and promote behaviors that improve household-level care-seeking in response to AI-related illness in high-risk district using targeted communication campaigns.
4. Facilitate coordination among partners by sharing information and hosting meeting.

XI. Improving Contraceptive Method Mix (ICMM) Project began in Indonesia in October 2012.

Funded by USAID and AusAID, this four-year project is investigating the impact of applying targeted advocacy and knowledge management (KM) activities to improve the contraceptive method mix in two Indonesian provinces: East Java and Nusa Tenggara Barat (NTB). District-level working groups, working closely with project staff, will develop an advocacy plan to government and NGO leaders for increasing the priority of family planning (FP) - specifically long-acting and permanent methods (LAPMs) - at the district level.

The three major components of the ICMM project are: 1) Collecting evidence about the use of FP in the two study districts; 2) Advocating for the availability and use of quality FP services - particularly LAPMs - in resource-poor areas; and 3) Local capacity building for KM.

XII. “Performance Monitoring and Accountability 2020” (PMA2020) is a five-year project that contributes to a global monitoring and evaluation (M&E) system for family planning and provides rich information useful for reporting, planning, operational decisions and advocacy at the community, country and global levels. In this effort PMA2020 has developed and fielded a mobile-Assisted Data and Dissemination System (mADDs) survey using mobile devices to measure core and country-specific indicators. This rapid data collection system, uses mobile devices and technology to support regular low-cost, rapid-turnaround, nationally-representative surveys to gather, analyze, and disseminate family planning, water and sanitation and related health information at both household and facility levels. Surveys will be conducted in ten countries in Africa and Asia working through local university and research organizations with the aim of building local capacity. It is implemented by a cadre of female resident enumerators who will conduct interviews on, at minimum, an annual basis. PMA2020 employs technological innovation at every stage of survey implementation from data collection to aggregation, analysis, and dissemination, tapping the capacity of smart phones and other mobile devices.

XIII. The 4th International Conference on Family Planning (ICFP) is being held in Indonesia in November 2015. JHU through the Bill and Melinda Gates Institute is co-sponsoring the conference with BKKBN. Over 3,600 researchers, program implementers, policymakers, advocates, youth leaders, media, and representatives of local and international organizations from 110 countries are expected to come together to support the goal of providing all women “Full Access, Full Choice” to life-saving family planning information, supplies and services. The conference will highlight success stories, gaps in programming, innovation in all areas of FP through daily plenaries, multiple interactive skill-building sessions, panel presentations, poster sessions, policymaker forums and an exhibition area.

XIV. Right Method, Right Time, My Choice Project is funded by the Bill and Melinda Gates Foundation. The project focuses to reinvigorate Family Planning in Indonesia as part of the FP 2020. Through a strong demand generation component, CCP works through a number of channels such as Mass Media, Social Media, Community Outreach, a Smart Phone App, and Advocacy to

increase Contraceptive Prevalence Rate by 5% in 11 districts. CCP is leading a team that includes Jhpiego, John Snow Inc. and local organizations Yayasan Cipta Cara Padu (Cipta), Aisiyiah, and Muslimat.

Partnerships and Technical Assistance

Current and recent projects of JHU include technical assistance to:

- DEPKES (Basic Human Services, Safe Water Systems; National Avian Flu Campaign; promoting the Use of PuR to Address Clean Water needs; Basic Human Services, Environmental Services Program [ESP])
- BRR (Several rehabilitation programs related to health and hygiene improvement)
- BKKBN (Sustaining technical achievement in FP/RH; International Training Program through the South-South Initiative; Safe Motherhood national IEC strategy and implementation plan)
- BKKBN and several other NGOs (Service Delivery Expansion Project)
- BKKBN in collaboration with Televisi Pendidikan Indonesia and Radio Republic of Indonesia to develop three TV dramas and rejuvenate the longest-running radio program, Butir-Butir Pasir Di Laut)
- CDC - USA (to develop risk communication materials of Influenza Like Illness [ILI])
- Coalition for a Healthy Indonesia 2010
- LIPI (Public Awareness campaign for COREMAP)
- Ministry for the Role of Women (support of their Mother Friendly Movement)
- Ministry of Health (maternal & neonatal health campaign; iodine deficiency reduction campaign)
- Ministry of Home Affairs (to conduct formative research and communication strategy for Kecamatan Development Program)
- Other USAID cooperating agencies (health service delivery quality improvement project)
- WHO (TB toolkit for health providers)
- World Bank (communication strategy/campaign materials and evaluation of the program of Conditional Cash Transfer [Program Nasional Pemberdayaan Masyarakat])

JHU creates partnerships with local public and private organizations that ensure counterpart ownership in a project as a result of active involvement in designing, implementing, and evaluating the results of a project. The goal is to build the capacity of counterpart organizations so that needed technical expertise is eventually available within the organization. Capacity building of organizations is achieved through technical assistance, learning-by-doing, training in local or international BBC workshops, and IEC Working Groups; all of which enable key public and private institutions to become stakeholders and partners in the communication program.

Over the years JHU has worked in partnership with the following Indonesia-based organizations to build institutional capacity, Muhammadiyah, Aisiyiah, Muslimat NU, Delima Mekar-Production House, Inc.; ERPRO; Taylor Nelson Sofres (TNS); Polling Center (PC), Indo-Ad/Ogilvy, MACS909, LOWE, Matari Advertising, Indonesia Association for Secure Contraception (PKMI); Indonesia Doctors Association (IDI); Inter-Ksatria Film; Ministry of State for Environment; Ministry of State for Population; National Family Planning Coordinating Board (BKKBN)/Bureau of Information, Education, and Motivation; BKKBN/International Training Program; BKKBN/Training Bureau; Piranti House; Radio Republik Indonesia (RRI); AC Nielsen; Surya Citra Televisi (SCTV); Televisi Pendidikan Indonesia (TPI); Televisi Republik Indonesia (TPI), Trans TV, Ikatan Bidan Indonesia (IBI), Sanggar Teater Populer, Yayasan SET, MILES Production, Yayasan Kesehatan Perempuan (YKP- Local NGO focus on women's health), Yayasan Kusuma Buana (YKB), INSIST (Institute of

Social Transformation), LP3Y (Yogya institute of research, education and publications), IFPPD (Indonesian Forum of Parliamentarians on Population and Development), Communication Department/University of Indonesia.

Key contacts for further information

Country Director, Indonesia	Fitri Putjuk (hari.f.putjuk@jhuccp.or.id)
Address:	The CEO (Cilandak Executive Office) Building 5 th Floor, Jl. TB Simatupang No. 18C Cilandak, Jakarta 12430, Indonesia
Telephone:	(6221) 2986 8870
Fax:	(6221) 2986 8875
E-mail:	info@jhuccp.or.id