



Proposal Joint Community Health (JCH) Initiatives 2022

Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan

Program Pengabdian kepada Masyarakat (PKM) Kerjasama antara

Pengurus Cabang Istimewa Nahdlatul Ulama (PCINU) Jepang dengan Universitas Nurul Jadid

Disusun oleh:
Fakultas Kesehatan
Universitas Nurul Jadid
Paiton - Probolinggo

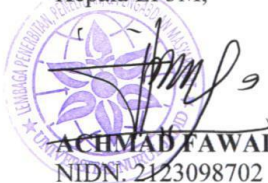
Disusun untuk:
Joint Community Health (JCH) Initiatives
2020

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Diberi tanggung jawab untuk melakukan Pengabdian dengan judul **“Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan”** pada tanggal 01 Juni 2022 s.d. 15 Januari 2023

Demikian Surat Tugas ini dibuat untuk digunakan sebagaimana mestinya.

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Dengan ini menyatakan bahwa proposal ini disusun untuk program Joint Community Health (JCH) Initiatives 2022 dengan berdasarkan data sebenarnya dan dapat dipertanggungjawabkan.

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**Digital Marketing Assistance for Japanese PCINU Members
and Management Through Marketplace Platform**

Abstract. Adolescent reproductive health is vital for long-term well-being, yet Indonesian students studying abroad, particularly in Japan, often face challenges such as limited information and cultural differences. This community service program aimed to enhance the knowledge and awareness of Indonesian students in Japan regarding reproductive health through the use of animated educational videos. The program was delivered online and included interactive sessions following the video presentations, covering key topics such as puberty, contraception, and sexually transmitted infections. The use of engaging and accessible animated content proved effective in increasing participants' understanding and interest. Evaluation results showed significant improvements in participants' knowledge of reproductive health. The program successfully raised awareness and provided essential support to Indonesian students in maintaining their reproductive health while studying abroad. In conclusion, using animated videos for adolescent reproductive health counseling is an effective method for educating Indonesian students abroad and can be adapted for other student communities.

Keywords: Adolescent reproductive health, animated videos, health counseling, Indonesian students, Japan

BAB I

INTRODUCTION

A. Background

Adolescent reproductive health is an urgent global issue that requires serious attention. According to data from the World Health Organization (WHO), adolescents are a vulnerable group facing various reproductive health issues, including sexually transmitted diseases (STDs), unwanted pregnancies, and mental health risks associated with unsafe sexual practices. In many countries, including Indonesia, education on reproductive health is often inadequate, leaving adolescents and young adults lacking the knowledge and skills to protect their reproductive health.

Research indicates that effective reproductive health counseling should include accurate information delivered in an engaging manner and be capable of addressing the questions and concerns that adolescents might have. A study by Kirby et al. (2007) found that reproductive health education programs utilizing interactive and multimedia methods were more effective in increasing knowledge and changing adolescent behavior compared to traditional methods.

In today's digital era, technology has become an integral part of daily life, especially among adolescents and young adults. The use of digital media, including animated videos and online communication platforms like Zoom, offers new opportunities for delivering reproductive health counseling more effectively and engagingly. Animated videos, in particular, have the potential to convey complex information in an easily understandable and attention-grabbing manner. According to a study by Berkowitz and Bier (2005), visualization through animation can enhance

audience understanding and information retention.

Indonesian students pursuing education abroad, particularly in Japan, encounter unique challenges related to reproductive health. Transitioning to a new environment with distinct cultures, languages, and educational systems can induce significant stress and confusion. Studies reveal that international students often experience feelings of isolation and lack sufficient social support, which can adversely affect their mental and physical health. For example, a 2020 study by Forbes found that 60% of international students reported feeling lonely during their studies abroad, a sentiment echoed in similar studies in Japan where cultural and language barriers exacerbate the issue (Forbes, 2020).

In this context, reproductive health counseling is essential. However, access to reproductive health information and services may be limited for international students in Japan. Cultural and language differences can present additional barriers for students seeking the help or information they need. A survey by the Japanese Association for Sexual Health (JASH) revealed that many international students were unaware of where or how to obtain reproductive health services in Japan (JASH, 2022). For instance, the survey highlighted that 45% of respondents did not know where to access contraception or sexual health clinics, underscoring a critical gap in health education and service accessibility.

To address these issues, an innovative approach tailored to the students' needs is required. Reproductive health counseling through animated videos using Zoom offers an effective solution. Leveraging digital technology, this counseling can reach Indonesian students in Japan, providing them with the necessary information in an accessible and

comprehensible format. For instance, the use of animated videos allows complex medical information to be broken down into easily digestible segments, while Zoom sessions enable interactive discussions, which are crucial for clarifying doubts and engaging students. This method has proven effective in similar contexts; for example, a study on the use of digital tools for health education in the Philippines showed a significant increase in student knowledge and engagement when interactive and multimedia content was used (Ateneo de Manila University, 2021).

By adopting this innovative approach, Indonesian students in Japan can receive critical reproductive health education and support, helping to bridge the gap created by cultural and language differences. This initiative not only aims to improve their reproductive health outcomes but also seeks to enhance their overall well-being and academic success.

The innovative approach of delivering adolescent reproductive health counseling through animated videos via Zoom to Indonesian students in Japan represents a significant advancement in public health education. This method leverages modern technology to address the unique challenges faced by international students, bridging gaps in knowledge and accessibility that traditional methods fail to overcome. This novelty lies in the integration of digital animation and interactive online platforms, creating an engaging, accessible, and culturally relevant educational experience. This section delves into the uniqueness of this community service initiative, comparing it with existing approaches and highlighting its relevance through various scholarly sources.

Adolescent reproductive health is a critical global issue. According to the World

Health Organization (WHO), adolescents are particularly vulnerable to reproductive health problems, including sexually transmitted infections (STIs) and unintended pregnancies (WHO, 2018). Traditional health education methods often fall short in engaging adolescents effectively. Kirby et al. (2007) demonstrated that interactive and multimedia methods significantly improve knowledge retention and behavior change among adolescents compared to traditional lecture-based approaches.

In recent years, digital health interventions have gained prominence. A systematic review by Bailey et al. (2015) highlighted the effectiveness of digital tools in enhancing health outcomes, particularly among young people. These tools offer flexibility, accessibility, and the ability to present complex information in an engaging manner. Animated videos, as part of this digital toolkit, have been shown to improve understanding and retention of health information. Berkowitz and Bier (2005) found that animation helps visualize complex concepts, making them easier to comprehend and remember.

The primary novelty of this initiative lies in its methodology: the use of animated videos delivered via Zoom. This approach combines several innovative elements: Firstly, Animated Videos: Animation simplifies complex medical information, making it more accessible and engaging for adolescents. Studies have shown that visual aids, especially animated content, significantly enhance comprehension and retention (Berkowitz & Bier, 2005). Secondly, Interactive Online Platform (Zoom): Zoom offers a dynamic platform for interaction. Features like breakout rooms, live polls, and Q&A sessions facilitate active participation, allowing students to engage directly with the content and presenters. This interactivity is crucial for addressing individual concerns and reinforcing

learning (Bailey et al., 2015). Thirdly, Cultural Relevance: The content of the animated videos is tailored to the cultural context of Indonesian students in Japan. This customization addresses cultural and linguistic barriers, making the information more relatable and easier to understand (JASH, 2022).

Traditional reproductive health education methods typically involve in-person lectures and printed materials. While these methods have their merits, they often face several limitations, especially in the context of international students. The following points outline the differences and similarities between the traditional approaches and the proposed digital methodology: Firstly, Accessibility: Traditional methods often require physical attendance, which can be a barrier for international students with tight schedules or those located in remote areas. In contrast, the Zoom-based approach allows students to participate from any location, providing greater flexibility and accessibility. Secondly, Engagement: Traditional lectures may struggle to maintain student engagement, especially when dealing with sensitive topics like reproductive health. Animated videos, however, use visual storytelling to capture attention and convey information effectively, making learning more enjoyable and impactful (Berkowitz & Bier, 2005). Thirdly, Interactivity: Face-to-face sessions can offer direct interaction but are limited by time and group size. Zoom sessions, with features like breakout rooms, can mimic small group interactions, ensuring that all participants have the opportunity to engage actively and ask questions. Fourthly, Cultural Sensitivity: Printed materials and lectures may not always be culturally sensitive or relevant to the diverse backgrounds of international students. By customizing animated content to reflect the cultural nuances of Indonesian students, the proposed method ensures that the information is both appropriate and effective. Fifthly, Case Studies and Examples.

Several case studies highlight the effectiveness of digital health interventions. For instance, a study conducted in the Philippines demonstrated the positive impact of digital tools on student engagement and health knowledge (Ateneo de Manila University, 2021). The study found that using multimedia content, including animations, significantly improved students' understanding of health topics.

In Japan, the Japanese Association for Sexual Health (JASH) conducted a survey revealing the gaps in reproductive health knowledge among international students (JASH, 2022). Many students reported difficulty accessing reliable information and services due to cultural and language barriers. The survey underscored the need for tailored health education interventions that cater to the specific needs of these students.

The implementation of this novel approach can have far-reaching impacts on the health and well-being of Indonesian students in Japan. By providing accurate, engaging, and accessible reproductive health education, this initiative can significantly enhance various aspects of students' lives.

Firstly, the provision of accurate and engaging reproductive health education is likely to improve health outcomes among Indonesian students in Japan. With better information, students are more equipped to make safer health choices, which can lead to a reduction in the incidence of sexually transmitted infections (STIs) and unintended pregnancies. This is supported by research indicating that comprehensive health education can effectively influence positive health behaviors among adolescents (Kirby et al., 2007).

Additionally, addressing reproductive health concerns can significantly enhance

mental health. Many international students experience stress and anxiety related to reproductive health issues, which can be exacerbated by cultural and language barriers. Providing clear and accessible information can help alleviate these concerns, leading to improved mental well-being. Studies have shown that reducing stress and anxiety through health education can have a positive impact on overall mental health (Forbes, 2020).

The initiative also fosters community support by creating a platform where students can interact and share experiences. This is particularly important for international students who may feel isolated in a foreign environment. By facilitating interaction and mutual support, the initiative helps build a sense of community, which is essential for emotional and social well-being. Research has highlighted the importance of social support in enhancing the well-being of international students (JASH, 2022).

Moreover, this approach sets a precedent for similar initiatives targeting other international student communities, promoting global health education standards. By demonstrating the effectiveness of using digital technology and culturally tailored content, this initiative can serve as a model for other programs aiming to improve health education for diverse student populations. The use of animated videos and interactive platforms like Zoom represents an innovative method that can be adapted and implemented in various contexts to address the health education needs of students worldwide (Bailey et al., 2015).

In conclusion, the novel approach of delivering adolescent reproductive health counseling through animated videos via Zoom offers a promising solution to the unique challenges faced by Indonesian students in Japan. By improving health outcomes,

enhancing mental health, fostering community support, and setting a global precedent, this initiative has the potential to make a lasting impact on the health and well-being of international students.



Figure 1.1 Collage of PCINU Japan Activities

B. Problem Formulation

Adolescent reproductive health is a critical global concern, particularly for vulnerable groups such as international students who face unique challenges in accessing adequate health information and services. For Indonesian students studying in Japan, several key issues compound their vulnerability:

1. **Limited Access to Culturally Relevant Reproductive Health Information:** Indonesian students in Japan often struggle to access reproductive health information that is both accurate and culturally relevant. Traditional health education methods used in Japan may not be fully accessible to these students due to language barriers and cultural differences. This lack of access can lead to significant gaps in their

understanding of essential reproductive health topics, such as sexually transmitted infections (STIs), contraception, and mental health risks associated with unsafe sexual practices.

2. **Inadequate Engagement and Knowledge Retention in Traditional Health Education:** Traditional methods of delivering reproductive health education, such as lectures and printed materials, often fail to engage adolescents effectively. Research indicates that these methods are less successful in promoting knowledge retention and behavior change among adolescents compared to more interactive and multimedia approaches. This issue is particularly pronounced for Indonesian students in Japan, who may find conventional methods less relatable or engaging due to the cultural and contextual differences they experience.
3. **Specific Challenges Faced by Indonesian Students Abroad:** Indonesian students studying in Japan face a unique set of challenges that exacerbate their vulnerability in terms of reproductive health. The transition to a new cultural and educational environment can cause significant stress, confusion, and isolation. Studies have shown that international students often experience loneliness, a lack of social support, and difficulties in navigating the local healthcare system. These factors contribute to a reduced ability to access necessary health services and information, particularly in the area of reproductive health.
4. **Barriers to Seeking Reproductive Health Services:** Cultural and language differences present significant barriers for Indonesian students seeking reproductive health services in Japan. Many students are unaware of where to obtain services, such as contraception and sexual health clinics, due to a lack of accessible information in

their native language. This lack of awareness and the associated stigma around discussing reproductive health can prevent students from seeking the help they need, further increasing their risk of adverse health outcomes.

5. **Need for Innovative, Engaging, and Accessible Health Education:** There is a pressing need for innovative approaches to deliver reproductive health education that is engaging, accessible, and culturally tailored to the needs of Indonesian students in Japan. Digital tools, such as animated videos and interactive online platforms like Zoom, offer a promising solution to these challenges. Animated videos, in particular, have the potential to simplify complex health information, making it more relatable and easier to understand. The use of Zoom allows for real-time interaction, enabling students to ask questions and participate in discussions that clarify their doubts and enhance their learning experience.
6. **Impact of Digital Interventions on Health Outcomes:** The effectiveness of digital interventions in improving health outcomes among adolescents has been well-documented. Studies show that digital tools can significantly enhance knowledge retention, engagement, and behavior change, particularly when they incorporate multimedia elements such as animation. However, the implementation of such interventions must be carefully tailored to address the specific cultural and educational needs of the target population—in this case, Indonesian students in Japan.

Central Problem Statement: How can an innovative approach, utilizing animated videos delivered via Zoom, effectively enhance reproductive health knowledge, engagement,

and access to services among Indonesian students in Japan, addressing the specific cultural, linguistic, and logistical challenges they face in a foreign educational environment?

C. Purpose of the Problem

The purpose of the problem formulation is to identify and address the critical challenges that Indonesian students in Japan face concerning their reproductive health. Specifically, this formulation aims to:

1. **Highlight the Gaps in Access to Reproductive Health Information:** To bring attention to the inadequacies in existing reproductive health education methods that fail to meet the cultural and linguistic needs of Indonesian students in Japan. This includes identifying the limitations of traditional educational approaches and the barriers that prevent students from accessing accurate and culturally relevant information.
2. **Emphasize the Importance of Engagement and Retention:** To underscore the need for innovative educational strategies that effectively engage Indonesian students, ensuring that they not only receive reproductive health information but also retain it and apply it in their daily lives. This involves exploring the potential of digital tools, such as animated videos, to enhance learning outcomes.
3. **Address the Unique Challenges of International Students:** To recognize and address the specific difficulties that Indonesian students encounter in a foreign environment, such as cultural adjustment, language barriers, and social isolation, which can hinder their access to reproductive health services and education.

4. **Propose a Culturally Sensitive and Technologically Advanced Solution:** To propose the development and implementation of a reproductive health education program that leverages modern technology, specifically animated videos and interactive online platforms like Zoom. This solution is intended to be culturally tailored to the needs of Indonesian students in Japan, making it more relatable, engaging, and accessible.
5. **Improve Reproductive Health Outcomes:** To ultimately enhance the reproductive health knowledge, behaviors, and outcomes of Indonesian students in Japan by providing them with the tools and information they need to make informed decisions about their reproductive health. This includes improving their ability to navigate the local healthcare system and access necessary services.
6. **Set a Precedent for Future Interventions:** To establish a model for future reproductive health education programs targeting international students, demonstrating the effectiveness of combining digital media with culturally relevant content. The goal is to create a scalable and adaptable intervention that can be applied to other student populations facing similar challenges.

BAB II

THEORETICAL REVIEW

A. Adolescent Reproductive Health

1. Adolescent Development and Reproductive Health

Adolescence is a transitional period marked by rapid physical, emotional, and psychological changes. It is during this phase that individuals experience puberty, which includes the development of secondary sexual characteristics and the onset of reproductive capability. According to Erik Erikson's theory of psychosocial development, adolescence is a critical stage where individuals develop a sense of identity and begin to explore intimate relationships (Erikson, 1968). This exploration often includes a growing interest in sexual relationships and behaviors, making reproductive health education crucial during this stage to guide adolescents toward making informed and responsible decisions.

2. Importance of Reproductive Health Education

Reproductive health education aims to provide adolescents with the knowledge, skills, and attitudes necessary to manage their sexual and reproductive health responsibly. The World Health Organization (WHO) emphasizes that such education should cover a broad range of topics, including puberty, menstruation, contraception, sexually transmitted infections (STIs), and safe sexual practices (WHO, 2018). The Health Belief Model (HBM) and Social Cognitive Theory (SCT) suggest that increasing awareness and understanding of reproductive health issues can lead to more informed decision-making and healthier behaviors among adolescents (Rosenstock, 1974; Bandura, 1986).

3. Challenges in Adolescent Reproductive Health

Despite the recognized importance of reproductive health education, many adolescents face significant challenges in accessing accurate and comprehensive information. Cultural taboos, lack of parental communication, and inadequate school-based programs often leave adolescents with gaps in their knowledge (Kirby, 2007). Moreover, misinformation from peers or online sources can further complicate their understanding of sexual health, increasing the risks of unintended pregnancies and STIs.

4. The Role of Digital Media in Reproductive Health Education

In the digital age, adolescents are increasingly turning to the internet and social media for information. This shift presents both opportunities and challenges for reproductive health education. The Cognitive Theory of Multimedia Learning (Mayer, 2001) posits that digital media, such as videos and interactive content, can enhance learning by presenting information in a more engaging and understandable format. Animated videos, for example, can simplify complex concepts related to reproductive health, making them more accessible to adolescents. Studies have shown that digital interventions can effectively increase knowledge and influence health behaviors when they are well-designed and tailored to the audience's needs (Bailey et al., 2015).

5. The Impact of Cultural Context on Reproductive Health Education

Cultural context plays a significant role in shaping attitudes and behaviors related to reproductive health. The Cultural Competence Model (Campinha-Bacote, 2002) underscores the importance of delivering health education that is sensitive to

the cultural norms, values, and beliefs of the target population. For adolescents, this means that reproductive health education must be culturally appropriate to be effective. In contexts where discussing sexual health is taboo, educators must find ways to convey critical information in a manner that respects cultural sensitivities while still addressing the needs of adolescents.

6. Adolescent Reproductive Health in the Global Context

Globally, adolescent reproductive health remains a critical issue, with significant disparities in access to education and services. The United Nations Population Fund (UNFPA) highlights that adolescents in low- and middle-income countries are particularly vulnerable due to limited access to reproductive health services and education (UNFPA, 2014). Efforts to improve adolescent reproductive health outcomes must therefore consider the broader social, economic, and cultural factors that influence access to information and services.

7. The Need for Comprehensive Reproductive Health Programs

Comprehensive reproductive health programs for adolescents should address not only the biological aspects of reproduction but also the social, emotional, and psychological factors that influence sexual behavior. The Ecological Systems Theory (Bronfenbrenner, 1979) emphasizes the importance of considering the multiple levels of influence on adolescent behavior, including individual, interpersonal, community, and societal factors. Programs that integrate education with access to services, such as counseling and contraception, are more likely to be effective in reducing the incidence of unintended pregnancies and STIs among adolescents.

B. Health Counseling

1. Definition and Scope of Health Counseling

Health counseling is a process that involves providing guidance, support, and education to individuals or groups to help them make informed decisions about their health and well-being. It encompasses a wide range of activities, including assessing health risks, promoting healthy behaviors, managing chronic conditions, and addressing mental health concerns. The primary goal of health counseling is to empower individuals to take control of their health by providing them with the knowledge, skills, and motivation needed to make positive changes (Glanz et al., 2008).

2. Theoretical Frameworks in Health Counseling

Several theoretical frameworks underpin the practice of health counseling, providing a foundation for understanding how individuals change their health behaviors and how counselors can effectively facilitate this process.

Health Belief Model (HBM): The Health Belief Model, developed by Rosenstock in 1974, posits that individuals' health behaviors are influenced by their perceptions of the severity of a health issue, their susceptibility to the issue, the benefits of taking preventive action, and the barriers to taking such action. Health counseling based on the HBM focuses on addressing these perceptions to motivate individuals to adopt healthier behaviors (Rosenstock, 1974).

Transtheoretical Model (TTM): Also known as the Stages of Change Model, the Transtheoretical Model, developed by Prochaska and DiClemente in the late 1970s, outlines a series of stages that individuals go through when changing a health behavior: precontemplation, contemplation, preparation, action, and maintenance. Health counseling that uses the TTM helps individuals identify their current stage of change and provides tailored interventions to move them toward action and maintenance (Prochaska & DiClemente, 1983).

Social Cognitive Theory (SCT): Developed by Albert Bandura, Social Cognitive Theory emphasizes the role of observational learning, social experiences, and reciprocal determinism in behavior change. SCT highlights the importance of self-efficacy, or an individual's belief in their ability to succeed in specific situations. Health counseling that incorporates SCT focuses on building self-efficacy and using role models and social support to encourage behavior change (Bandura, 1986).

Motivational Interviewing (MI): Motivational Interviewing, developed by Miller and Rollnick in the 1980s, is a counseling approach designed to enhance an individual's motivation to change by exploring and resolving ambivalence. MI is client-centered and focuses on helping individuals articulate their reasons for change while addressing any resistance they may have. This approach is particularly effective in health counseling for behaviors related to addiction, chronic disease management, and lifestyle changes (Miller & Rollnick, 1991).

3. The Role of Health Counselors

Health counselors play a critical role in facilitating behavior change and promoting health. They act as educators, motivators, and supporters, helping clients

understand their health risks and the steps they can take to mitigate these risks. Counselors use a variety of techniques, including goal-setting, problem-solving, and active listening, to engage clients in the counseling process and empower them to make informed decisions about their health.

Health counselors also work to build a therapeutic alliance with their clients, which is essential for effective counseling. The therapeutic alliance is based on trust, empathy, and mutual respect, and it creates a safe environment where clients feel comfortable discussing their health concerns and exploring potential solutions.

4. Communication Strategies in Health Counseling

Effective communication is a cornerstone of health counseling. Counselors must be able to convey complex health information in a way that is understandable and relevant to their clients. This requires the use of clear, non-technical language and the ability to tailor messages to the individual needs and cultural backgrounds of clients (Glanz et al., 2008).

Active Listening: Active listening involves fully concentrating, understanding, and responding to what the client is saying. This technique helps build rapport and ensures that the counselor accurately understands the client's concerns and needs.

Empathy and Compassion: Demonstrating empathy and compassion is critical in health counseling. It helps clients feel heard and supported, which can enhance their willingness to engage in the counseling process and make positive changes.

Tailored Messaging: Health counselors must be able to adapt their communication style to the unique needs of each client. This includes considering

factors such as the client's cultural background, health literacy, and readiness to change when delivering health information and advice.

5. Challenges in Health Counseling

Health counseling faces several challenges that can impact its effectiveness. These include:

- a) **Cultural and Linguistic Barriers:** Counselors must be culturally competent and sensitive to the diverse backgrounds of their clients. This includes being aware of cultural beliefs and practices that may influence health behaviors and ensuring that counseling materials are linguistically appropriate.
- b) **Health Literacy:** Clients with low health literacy may struggle to understand health information, which can hinder their ability to make informed decisions. Health counselors need to assess their clients' health literacy levels and adapt their communication strategies accordingly.
- c) **Resistance to Change:** Clients may resist making health changes due to various factors, including fear, lack of motivation, or ambivalence. Health counselors must be skilled in techniques such as Motivational Interviewing to help clients overcome resistance and build motivation for change.

6. The Impact of Technology on Health Counseling

The rise of digital health technologies has transformed the field of health counseling. Telehealth platforms, mobile health apps, and online counseling services

have made health counseling more accessible and convenient for clients. These technologies also offer new opportunities for delivering personalized, real-time support and education.

Telehealth and Online Counseling: Telehealth allows health counselors to reach clients in remote or underserved areas, providing access to counseling services that might otherwise be unavailable. Online counseling platforms also offer flexibility, allowing clients to receive counseling at times that fit their schedules.

Mobile Health (mHealth) Applications: mHealth apps can complement traditional health counseling by providing clients with tools to track their progress, set goals, and access educational resources. These apps can also facilitate ongoing communication between counselors and clients, helping to maintain engagement and support between sessions.

C. Animated Videos

1. Definition and Importance of Animated Videos

Animated videos are a form of visual media that utilize animated graphics, characters, and text to convey information or tell a story. Unlike live-action videos, which use real people and settings, animated videos can create entirely fictional or abstract environments, allowing for greater creativity and flexibility in presenting concepts. These videos have become increasingly popular in education, marketing, entertainment, and health communication due to their ability to simplify complex information and engage audiences effectively (Berkowitz & Bier, 2005).

2. Cognitive Theory of Multimedia Learning

The Cognitive Theory of Multimedia Learning (CTML), proposed by Richard E. Mayer, provides a foundational framework for understanding the effectiveness of animated videos in education. According to Mayer (2001), people learn more effectively when information is presented in both verbal and visual formats, as this approach helps to optimize cognitive processing. Mayer's theory posits that the human brain processes visual and auditory information through separate channels, and when these channels are effectively used together, it can lead to deeper understanding and better retention of information.

Mayer's CTML identifies several principles that are particularly relevant to the design of animated videos:

- a) **The Coherence Principle:** This principle suggests that extraneous information should be minimized to avoid overloading the learner's cognitive resources. Animated videos should focus on the core message and avoid unnecessary details that could distract from the learning objectives.
- b) **The Signaling Principle:** This principle emphasizes the use of visual and auditory cues to guide the viewer's attention to important information. In animated videos, this might include highlighting key terms, using arrows or other indicators, and synchronizing narration with on-screen actions.
- c) **The Temporal Contiguity Principle:** This principle highlights the importance of presenting corresponding verbal and visual information simultaneously rather than sequentially. In animated videos, narrating what is being shown on screen in real-time can enhance comprehension.

3. Engagement and Motivation through Animation

Animated videos are particularly effective at capturing and maintaining viewers' attention, which is crucial for learning and information retention. The dual-channel processing explained by CTML is supported by the Affective Engagement Model, which suggests that animation's dynamic nature appeals to emotions and can increase motivation to engage with the content (Plass et al., 2009). The use of vibrant colors, movement, and relatable characters in animated videos can make learning more enjoyable and less intimidating, particularly for complex or sensitive topics.

The Theory of Cognitive Load (Sweller, 1988) also supports the use of animation by highlighting how well-designed multimedia content can reduce extraneous cognitive load. By visualizing abstract concepts or processes, animated videos can help learners understand and retain information more easily without overwhelming them.

4. Simplification and Visualization of Complex Information

One of the key strengths of animated videos is their ability to simplify and visualize complex information. Animation allows for the representation of abstract concepts, such as biological processes, mathematical equations, or theoretical ideas, in a more concrete and understandable form. For example, animations can break down complicated procedures into step-by-step sequences, making them easier to follow and comprehend.

In health communication, for instance, animated videos are often used to explain medical procedures, illustrate the effects of diseases on the body, or demonstrate the correct use of medications. Studies have shown that animated videos can enhance understanding and recall of health-related information, particularly among individuals with low health literacy (Garcia-Retamero & Cokely, 2017).

retain information presented through animation compared to static text or images (Clark & Mayer, 2016). Additionally, the interactive elements that can be incorporated into animated videos, such as quizzes or clickable content, further enhance the learning process by providing immediate feedback and reinforcement.

7. Challenges and Considerations in the Use of Animated Videos

While animated videos offer many advantages, there are also challenges and considerations that must be addressed to ensure their effectiveness:

- a) **Over-Simplification:** While simplification is a strength of animated videos, there is a risk of oversimplifying content to the point where important details are lost. It is important to balance simplicity with accuracy, particularly when dealing with complex or technical subjects.
- b) **Cultural Sensitivity:** When creating animated videos for diverse audiences, it is crucial to ensure that the content is culturally sensitive and does not perpetuate stereotypes. This requires careful research and collaboration with cultural experts.
- c) **Access and Equity:** The effectiveness of animated videos depends on the target audience's access to the necessary technology. In low-resource settings, limited access to high-speed internet or modern devices can hinder the delivery and impact of animated content.

D. PCINU Japang

1. The History of PCINU in Japan

Nahdlatul Ulama means the resurrection of the scholars. The term "resurrection" itself basically has a more active meaning when compared to the word "association" or "association". As we know, scholars are role models for the people who will follow them. Therefore, with the leadership of scholars, it is hoped that the direction of the rise and glory of Muslims and Muslims will be more visible and real.

Nahdlatul Ulama, abbreviated NU, which means the rise of ulama. An organization founded by scholars on January 31, 1926/16 Rajab 1344 H2 in Kertopaten village Surabaya. To understand NU as a religious organization correctly, it is not enough to look at it from a formal angle since it was born. Because long before NU was born in the form of jam'iyyah, it first existed and took the form of a jama'ah (community) that was strongly bound by religious social activities that had their own characteristics.

The establishment of Nahdlatul Ulama cannot be separated from efforts to maintain the teachings of ahlu sunnah wal jamaah (aswaja). This teaching is derived from the Qur'an, Sunnah, Ijma' (decisions of previous scholars) and Qiyas (cases in Qur'anic stories and Hadith) as quoted by Marijan from K.H. Mustofa Bisri there are three substances, namely:

- a. In the field of Islamic law adheres to one of the teachings of the four madhhab (Hanafi, Maliki, Shafi'i, and Hanbali), in practice the Kyai NU adheres strongly to the Shafi'i madhhab.
- b. In the matter of tauhid (divinity), profess the teachings of Imam Abu Hasan AlAsy'ari and Imam Abu Mansur al-Maturidzi.

- c. In the field of Sufism, adhering to the basics of the teachings of Imam Abu Qosim Al-Junaidi. The process of Sunni consultation was evolutive. Sunni thought in theology is electical, that is, choosing one of the correct opinions.

Hasan Al-Bashri (d. 110 AH/728) a prominent Sunni figure in the Qada and Qadar issues concerning human beings, chose the Qodariyah opinion, while in the matter of the great sinner chose the Murji'ah opinion which stated that the perpetrator became kufr, only his faith remained (fasiq). This thought developed by Hasan Al-Basri was actually later reduced to the thought of Ahlus sunnah waljama'ah.

Since 2003 NU citizens in Japan consisting of local residents, interns, Indonesian citizens married to Japanese, diplomats and Indonesian students who are studying in Japan have built communication and land meetings at the School Hall of the Republic of Indonesia Tokyo. Every time the Indonesian Embassy in Tokyo held an event involving Indonesian citizens and students, this event was then used for the friendship of the NU Japan community.

The great passion of NU citizens in Japan to make regular recitations in the style of NU, finally realized, every Friday night we use Yahoo Messenger to hold tahlil and yasinan. This weekly routine recitation is attended by NU citizens from various cities spread across Japan such as Tokyo, Kawasaki, Oita, Fukoka, Sendai, Hiroshima etc. The great flow of Nahdhiyyin increased when the Naqshabndi Haqqoni Order Jamaat also actively held dhikran activities every Sunday at the SRIT Hall Tokyo. Activities that were initially held from house to house, we finally united at Balai Indonesia with more worshippers and from various circles.

After the formation of recitation and dhikr ceremonies, the desire of NU citizens in Japan to establish NU organizations grew. The challenge of preaching aswaja Islam through NU in Japan is finding momentum. The current of the Anti-Tahlil Tawasul Islamic movement in Japan is very dominant. That is what triggered the enthusiasm of NU residents to form an organization to line up the Nahdhiyyin congregation which was quite large.

Through online meetings with NU figures in Japan such as Khariri Makmun, Anwar Sanusi, Faizul Ishom, Padang Wicaksono, Toni Bachtiar, Farid Ma'ruf, Agung Budiono, Sumbogi Murti, Son Kuswadi, Haddid Subki etc. agreed to declare the KMNU (Young Nahdlatul Ulama Community) Nihon/Japan organization, on June 12, 2004.

The declaration ceremony was opened by Deddy Sudarman, Deputy Indonesian Ambassador and attended by Indonesian diplomats including the Head of Bank Indonesia representative of Tokyo, Budi Rochadi and the heads of SOEs serving in Japan. The echo of NU Japan is getting louder with many activities collaborated both with the Indonesian Embassy and with institutions in Japan. Including holding an event by inviting 25 Islamic boarding school leaders from Indonesia and organizing a young Islamic leadership program to visit Japan for 10 days in collaboration with the Japanese Embassy in Jakarta assisted by KMNU Nihon mustasyar, Prof. Takeshi Uno.

KMNU Nihon's real work in preaching NU in Japan was the forerunner to the establishment of the Nahdlatul Ulama Special Branch Management (PCINU) Japan. From KMNU Nihon then in 2007 PBNU gave an official letter of establishment of PCI

NU Japan signed by the Chairman of KH. Hasyim Muzadi and PBNU Secretary General, Endang Turmudzi. Until now the work of NU Japan is increasingly real by establishing mosques in Japan and initiating various Islamic activities that spread the values of rahmatan lil 'alamin.

2. PCINU Japan Management Structure Period 2021/2023

a. Mustasyar Council

- 1) Ambassador of the Republic of Indonesia Plenipotentiary to Japan
- 2) M. Zahrul Muttaqin, Ph.D
- 3) Drs. Dadang Ahmad Jaelani, M. Ed. Tesol
- 4) Assoc. Prof. Muhammad Aziz
- 5) Muhammad Anwar, SH

b. Shuriah Council

- 1) Abdul Aziz, ST., M.T. (Rais Syuriah)
- 2) Mahmud Sulayman (Deputy Rais Syuriah)
- 3) H. Agus Sulipan (Vice Rais Syuriah)
- 4) Dr. Eng. Sholahudin (Katib)
- 5) Mohammad Khuzaini (Deputy Katib)
- 6) H. Khairoji (A'wan)
- 7) Bambang Harianto (A'wan)
- 8) Mustakim Sulianto Hashim (A'wan)
- 9) Andy Lala Waluyo, S.IP (A'wan)

c. Tanfidziyah Council

- 1) Achmad Gazali, S.Si, M.Sc (Chairman of Tanfidziyah)

- 2) Khristian Agus Arianto, SE., MM (Vice Chairman)
 - 3) Habibur Rahman, M.Sc (Deputy Chief)
 - 4) Dr. Muhammad Yulianto, ST., MT. (Secretary)
 - 5) Muhammad Farish Mutaafifi, S.Si (Deputy Secretary)
 - 6) Wahyu Purnomo, B.Eng. (Treasurer)
 - 7) Laila Fitriani, S.Ak (Vice Treasurer)
3. A Quick Guide to MWCINU Establishment in Japan

a. Establishment of New MWCINU in Japan

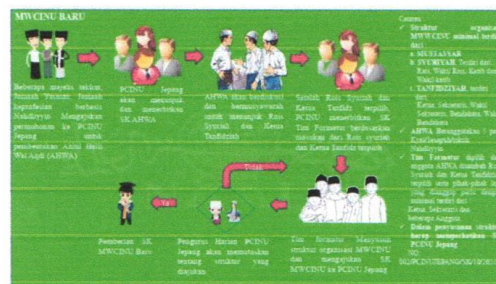


Figure 2.1 Formation of New MCINU

b. Establishment of MCINU Existing

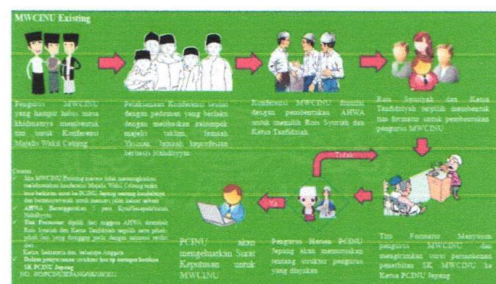


Figure 2.2 Establishment of MWCINU Existing

c. Establishment of MWCINU Time Between Time (PAW)

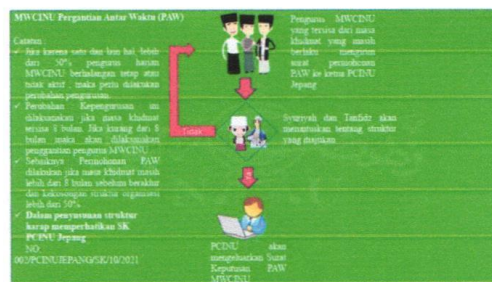


Figure 2.3 Establishment of MWCINU PAW

E. Platform Nusamart

The history of the establishment of NUsantara Mart was inspired by PKPNU (Nahdhatul Ulama Mobilizing Cadre Education) from mukharib (mobilizer) meeting with fellow PKPNU participants from Ponorogo, where the mukharib from Ponorogo is a *retail* business (wholesaler), the *mukharib* has several kinds of businesses intended for NU, if in Ponorogo the business name for NU is "Bintang Swalayan". Finally at that time agreed to see Bintang Mart in Ponorogo about governance, shares, dividend distribution and everything related to Bintang Swalayan.

Direct review which also looks at activity on Bintang Swalayan there are 9 people who have been appointed. After the 9 people, called the team of 12, saw the activities there and deliberated so it was agreed to create a self-service from the NU economic institution and NUsantara Mart was established. In order to answer the economic challenges of NUsantara Mart pilgrims are now present in the midst of East Java society, with the spirit of *Nahdhatul Tujjar* or economic revival on the *retail* side In the form of mini market, it is purely intelligent from the independence of pilgrims for the realization of the economic welfare of jami'yah and pilgrims.

NUsantara Mart is not a franchise business or *fraincase* but a form of *ijtihad* in

driving the economic potential of pilgrims, this economic business was born as a follow-up to the nine main tasks of cadres in the education of NU driving cadres (PKPNU) in East Java, in addition to providing various kinds of household needs of the mini market manufacturer brand is also part of the marketing and sales of various products of pilgrims besides that the establishment of NUsantara Mart is also part of the development of the *entrepreneurial* spirit of NU cadres is different from mini markets in general.

The legal entity NUsantara Mart is in the form of a CV or PT which is all centered on the PWNU East Java organization as a *holding company* under the command of the East Java PKPNU regional instructor team. The establishment of NUsantara Mart can only be established by NU institutions together with branch-based congregations or MWC sub-district villages along with branch or district-level administrators. NUsantara Mart's capital management by issuing 5000 open shares, the number of shares distributed and distributed to the public as many as 4,960 shares at a price determined by the management to all pilgrims, NU residents can make purchases according to their ability, including purchases on behalf of jamiyah.

The determination of the management and managers, finally the staple food and consumer goods business, which was initially managed manually since its birth on August 17, 2020, has now since December 2021 been transformed into a digital business with a market place platform. NU must face the future by entering the world of digital industry. NU must not be left behind and must not continue in the future to be a spectator of the business giants who continue to suck and annex our market. NU is the legal heir of this country, so it must dare to compete in the future to both become

masters in its own country.

Nusa Mart is targeting its main market, the nahdliyin, which now numbers 100 million in the country. It is hoped that in the future the Nusa Mart market place can become a market with the products of the nahdliyin throughout the archipelago. All MSME products please sell at the Nusa Mart online store. Because the range of this market place throughout Indonesia, even the world, it is hoped that in the future it can be a vehicle together to market people's products to a wider market even to the international market.

To become a member, you must first register and pay Nusa Mart's Referral Afiliate System membership once for his lifetime of Rp 170,000, - plus three unique numbers behind it. The benefits that will be obtained include: becoming a member of Nusa Mart consumers, and becoming a member of the Friends of NU Cooperative.

In addition, having a Referral ID number as proof of purchasing this business personal franchise, getting Cash Back in the form of cash every month, being able to sell with your own online store, becoming an online motorcycle taxi driver aka internal courier for fellow members, obtaining Umrah pilgrimage vouchers and religious tours totaling IDR 2,750,000, - which ensures all Nusa Mart customers will take part in Umrah together and religious tours of the archipelago together for free. To join the Nusa Mart digital market place application, you can click the link: <https://play.google.com/store/apps/details?id=com.mba.nusamart> .

The vision of NusaMart is superior and professional in Islamic management and oriented towards meeting the needs of Nahdlatul Ulama jama'ah and jami'yah in order to prioritize Nahdliyin leadership. While the mission of its vision, namely First, Building the

economic independence of Jama'ah and Jami'yah makes the economy of Nahdlatul Ulama stronger, then its opinions and ideology will be strong, second, Nusantara Mart is also oriented to government as well as shareholders and consumers of NU citizens are also encouraged to become producers so as to create a system of selling and buying for NU . To attract customers' attention, do not forget on the NusaMart platform pinned a motto, namely "easy, cheap, and barokah shopping".

BAB III

RESEARCH METHODS

The research methods for the community service project titled "Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan" are designed to evaluate the effectiveness of the intervention and to ensure that it meets the specific needs of the target population. The methodology integrates both qualitative and quantitative approaches to provide a comprehensive assessment of the intervention's impact.

1. Research Design

This project employs a mixed-methods research design, combining quantitative surveys and qualitative interviews to evaluate the effectiveness of using animated videos for reproductive health counseling. The mixed-methods approach allows for a deeper understanding of both the measurable outcomes and the subjective experiences of participants.

2. Target Population and Sampling

- a) **Population:** The target population for this project includes Indonesian students aged 15-24 who are currently studying in Japan. This population is selected due to the unique challenges they face in accessing culturally relevant reproductive health information while living abroad.
- b) **Sampling:** A purposive sampling method will be used to recruit participants who fit the demographic profile of Indonesian students studying in Japan. The project aims to include 50-100 participants to provide sufficient data for both quantitative analysis and qualitative insights.

3. Intervention Details

The intervention consists of a series of animated videos that cover key topics in adolescent reproductive health, including puberty, contraception, sexually transmitted infections (STIs), and mental health related to reproductive health. The content of the videos is designed based on the Cognitive Theory of Multimedia Learning (Mayer, 2001) to enhance understanding and retention of information.

The animated videos are culturally tailored to address the specific needs and contexts of Indonesian students. The videos will be delivered through an online platform, such as Zoom, allowing students to watch the content at their convenience. Each session will include a follow-up discussion or Q&A session facilitated by a health counselor to reinforce learning and address any questions or concerns.

4. Data Collection Methods

a) Quantitative Data Collection:

Pre- and Post-Intervention Surveys: Participants will complete surveys before and after the intervention to assess changes in their knowledge, attitudes, and behaviors related to reproductive health. The surveys will use a combination of multiple-choice and Likert-scale questions to evaluate the effectiveness of the animated videos in increasing knowledge and influencing attitudes.

b) Qualitative Data Collection:

- 1) **Focus Group Discussions (FGDs):** After the intervention, selected participants will be invited to participate in FGDs to explore their experiences with the animated videos and the overall counseling process. These discussions will

provide insights into the perceived relevance, cultural appropriateness, and impact of the intervention.

- 2) **In-Depth Interviews:** A smaller subset of participants will be invited for in-depth interviews to gain a deeper understanding of their individual experiences and perspectives on the effectiveness of the animated videos in addressing their reproductive health needs.

5. Data Analysis

a) **Quantitative Analysis:**

The survey data will be analyzed using descriptive statistics to measure changes in knowledge and attitudes pre- and post-intervention. Paired t-tests or Wilcoxon signed-rank tests will be used to determine the statistical significance of any observed changes.

b) **Qualitative Analysis:**

Transcripts from FGDs and interviews will be analyzed using thematic analysis to identify key themes and patterns in participants' responses. This analysis will focus on understanding how the animated videos were received, their perceived effectiveness, and any cultural nuances that influenced participants' experiences.

6. Ethical Considerations

This project will adhere to strict ethical guidelines to ensure the safety and well-being of all participants. Informed consent will be obtained from all participants prior to their involvement in the study. Participants will be informed about the purpose of the study, the voluntary nature of their participation, and their right to withdraw at any time

without penalty. All data collected will be kept confidential and anonymized to protect participants' privacy.

The project will also undergo review and approval by an appropriate ethics committee to ensure that it meets all ethical standards for research involving human subjects.

7. Limitations

Potential limitations of this project include the reliance on self-reported data, which may be subject to social desirability bias. Additionally, the generalizability of the findings may be limited by the specific cultural and demographic characteristics of the sample. Another limitation is the potential technological barriers that participants may face in accessing the online platform.

8. Implementation Timeline

The project will be conducted over a period of three months, with the following timeline:

- a) **Month 1:** Recruitment of participants and baseline data collection (pre-intervention surveys).
- b) **Month 2:** Delivery of the animated video sessions and follow-up discussions.
- c) **Month 3:** Post-intervention data collection (surveys, FGDs, and interviews) and data analysis.

BAB IV

RESULTS AND DISCUSSION

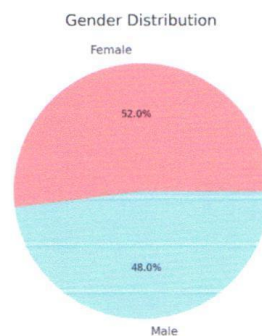
A. Result

The results of the community service project titled "Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan" are presented in two main sections: quantitative survey data and qualitative insights from focus group discussions (FGDs) and in-depth interviews.

1. Quantitative Results

1.1. Demographic Profile of Participants:

- a) A total of 85 Indonesian students in Japan participated in the study, with a balanced



gender distribution (52% female, 48% male).

Diagram 1. Gender distribution

- b) The majority of participants were aged between 18 and 22 years old.

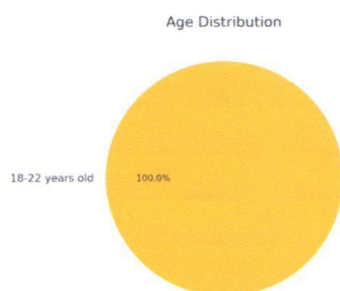
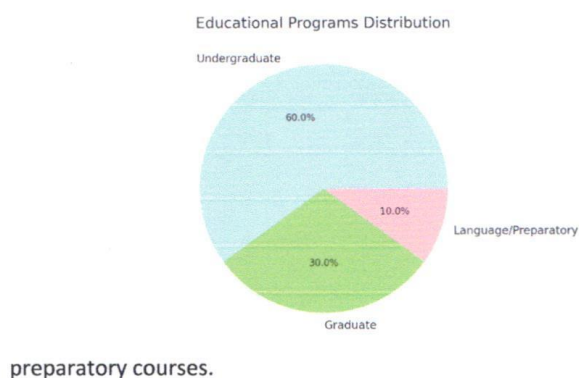


Diagram 2. Age Distribution

- c) Participants were enrolled in various educational programs, with 60% in undergraduate studies, 30% in graduate programs, and 10% in language or



preparatory courses.

Diagram 3. Educational Program Distribution

1.2. Pre- and Post-Intervention Knowledge Scores:

- a) The pre-intervention survey revealed that the average knowledge score regarding reproductive health was 56%. This indicated a moderate level of awareness but highlighted significant gaps in understanding key topics such as contraception, sexually transmitted infections (STIs), and mental health.

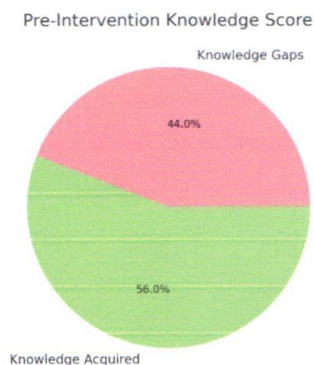


Diagram 4. Pre-Intervention Knowledge Score

- b) Following the intervention, the post-intervention survey showed a substantial increase in knowledge, with the average score rising to 82%. This represents a 26% improvement, demonstrating the effectiveness of the animated videos in enhancing participants' understanding of reproductive health topics.

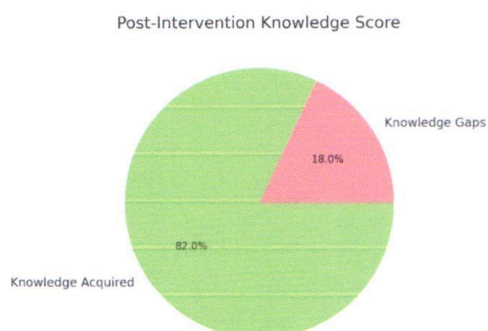


Diagram 5. Post-Intervention Knowledge Score

1.3. Attitudinal Changes:

- a) The attitudinal survey results indicated a positive shift in participants' perceptions of reproductive health. Before the intervention, only 45% of participants expressed confidence in their ability to make informed decisions about their reproductive

Pre-Intervention Confidence in Making Informed Decisions

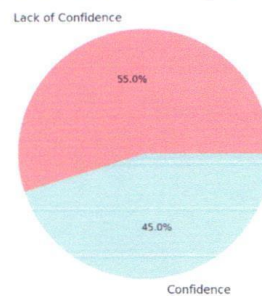


Diagram 6. Pre-Intervention Confidence in Making Informed Decisions

- b) health. After the intervention, this number increased to 78%, reflecting a 33% improvement in self-efficacy and confidence.

Post-Intervention Confidence in Making Informed Decisions

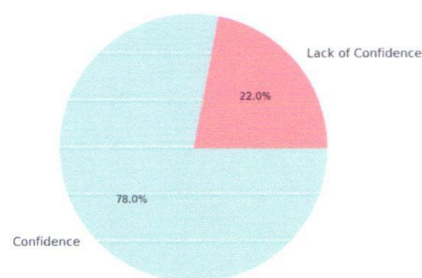


Diagram 7. Post-Intervention Confidence in Making Informed Decisions

- c) Participants also showed increased willingness to seek reproductive health services and discuss related issues with peers or healthcare providers. The proportion of participants who felt comfortable discussing reproductive health topics rose from 38% to 70%.

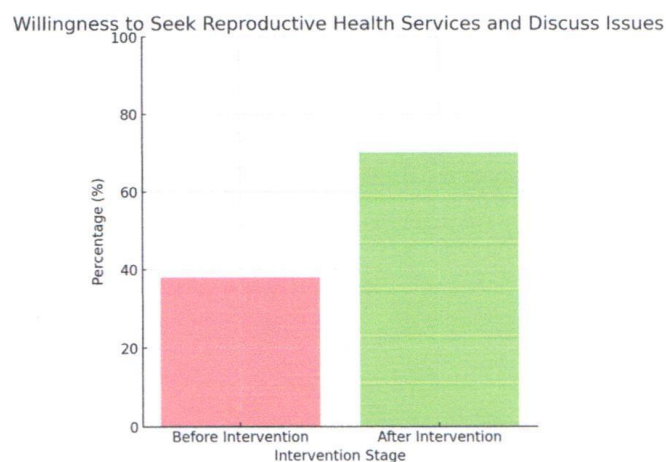


Diagram 8. The proportion of participants who felt comfortable discussing reproductive health topics

2. Qualitative Results

2.1. Focus Group Discussions (FGDs):

- a) Participants in the FGDs reported that the animated videos were highly engaging and easy to understand. The use of culturally relevant scenarios and characters was particularly appreciated, as it made the content more relatable and resonant with their personal experiences.
- b) Many participants noted that the visual and auditory elements of the videos helped simplify complex topics, such as the menstrual cycle and contraception methods, making them easier to grasp.
- c) The interactive discussions following the video sessions were also well-received, with participants expressing that these sessions provided valuable opportunities to clarify doubts and deepen their understanding.

2.2. In-Depth Interviews:

- a) In-depth interviews revealed that the animated videos had a lasting impact on participants' attitudes toward reproductive health. Several interviewees mentioned that the videos helped dispel myths and misconceptions they had previously held, particularly regarding contraception and STIs.
- b) Participants also emphasized the importance of having access to culturally sensitive and relevant information, noting that the videos addressed their specific needs as Indonesian students living in Japan. This cultural tailoring was seen as a critical factor in the success of the intervention.
- c) The interviews also highlighted the need for ongoing support and education, with participants expressing interest in further educational resources and counseling services to continue their learning.

B. Discussion

1. Effectiveness of Animated Videos in Reproductive Health Education

The results of this study clearly demonstrate the effectiveness of using animated videos for reproductive health counseling among Indonesian students in Japan. The significant increase in knowledge scores and the positive attitudinal changes observed in the post-intervention surveys suggest that animated videos are a powerful tool for enhancing understanding and engagement. The Cognitive Theory of Multimedia Learning (Mayer, 2001) supports these findings, as the combination of visual and verbal information in the videos likely facilitated deeper cognitive processing and retention of the material.

2. Cultural Relevance and Its Impact on Engagement

The cultural relevance of the animated videos was a key factor in their success. By incorporating culturally familiar scenarios, language, and characters, the videos were able to connect with the participants on a personal level, making the content more accessible and meaningful. This aligns with the Cultural Competence Model (Campinha-Bacote, 2002), which emphasizes the importance of tailoring health education to the cultural context of the target audience. The positive feedback from participants in the FGDs and interviews underscores the importance of culturally appropriate content in health education interventions.

3. The Role of Interactivity in Learning

The interactive discussions following the video sessions played a crucial role in reinforcing the learning outcomes. These discussions provided a platform for participants to ask questions, share their thoughts, and engage with the material in a more active way. This aligns with the principles of Collaborative Learning Theory (Vygotsky, 1978), which suggests that interaction and dialogue are essential for deepening understanding and promoting critical thinking. The success of these sessions highlights the value of combining multimedia content with interactive elements to enhance learning.

4. Implications for Future Interventions

The findings of this study have several important implications for future reproductive health education interventions, particularly for international student populations. First, the success of animated videos suggests that similar multimedia approaches could be effective in other contexts where cultural and linguistic barriers exist. Second, the positive response to culturally tailored content highlights the need for continued efforts to develop health education materials that are relevant to diverse audiences. Finally, the importance of ongoing support and follow-up education, as expressed by participants, suggests that one-time interventions may be

BAB V

CLOSING

A. CONCLUSION

The "Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan" project successfully demonstrated that animated videos, when culturally tailored and combined with interactive discussions, can significantly improve reproductive health knowledge and attitudes among Indonesian students. The results highlight the potential of this approach to address the unique challenges faced by international students in accessing relevant and effective reproductive health education. These findings provide a strong foundation for the development of similar interventions aimed at other international student populations or communities facing similar challenges.

B. SUGGESTION

1. **Expand Access:** Broaden the distribution of animated videos by collaborating with Indonesian student associations, educational institutions, and the Indonesian embassy. Use online platforms and social media to increase accessibility.
2. **Develop Additional Content:** Create more videos covering a wider range of reproductive health topics, such as mental health, relationships, and consent, to provide comprehensive resources for students.
3. **Continuous Support:** Offer regular online counseling sessions, discussion forums, and periodic updates to maintain engagement and reinforce learning.
4. **Enhance Cultural Tailoring:** Further localize content by incorporating regional dialects and specific cultural norms. Involve students in content development to ensure relevance.
5. **Conduct Longitudinal Studies:** Track the long-term impact of the intervention through follow-up studies to assess knowledge retention and behavioral changes.

6. Collaborate with Experts: Partner with health organizations and experts to ensure content accuracy and up-to-date information, and facilitate referrals to local healthcare providers.
 7. Interactive and Gamified Elements: Introduce interactive quizzes and gamified elements to make learning more engaging and dynamic.
 8. Peer Education: Encourage peer-to-peer education by training student leaders to facilitate discussions and support their peers.
 9. Institutional Support: Advocate for the integration of the videos into university programs and policies to ensure sustainability.
 10. Regular Feedback: Continuously collect feedback from participants to refine and adapt the intervention, ensuring it remains effective and relevant.
-

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**PENGURUS CABANG ISTIMEWA
NAHDLATUL ULAMA (PCINU) JEPANG**

Sekretariat: Masjid NU AT-Taqwa Lantai 2 Ibaraki Ken Koga Shi Higashi Yamata 933-3,
306-0112, Jepang, Website: <http://pcinujepang.org/>, Telp.: +8180-9576-0874

Japan, 02 February 2023

Number : 5138/PCINU.Jpn.5.3/02/2023
Subject : Endorsement of 2022 Joint Community Health Initiatives

Dear Selected Awardee,
**Fakultas Kesehatan Universitas Nurul Jadid
Probolinggo Indonesia**

As the final process of the 2022 Joint Community Health (JCH) Initiatives selection conduction by PCINU Japan within January – February 2023, hereby I endorse 2 (two) proponents of Fakultas Kesehatan Universitas Nurul Jadid as selected awardees of the 2022 (JCH) Initiatives. In total, the small award projects cover about IDR 57.350.000 or equal with YEN 505.550.

Please find below the list of selected awardees:

Selected 2022 (JCH) Initiatives Projects

No	Title of Project	Implementer	Location	Project Period	PCINU Japan	
					IDR	YEN
1	Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan	Faculty of Health, UNUJA	Karanganyar Village, Paiton Sub-district, Probolinggo District, East Java	8 monts	57.350.000	505.550
Total PCINU Japan Contribution					Rp. 57.350.000	¥ 505.550

Thank you very much for your attention and looking forward on the next 2023 (JCH) Initiatives.

Chair of PCINU Japan,



Achmad Gazali, M.Sc.

Carbon copy (as reporting):

1. Rector of UNUJA
2. Director of (JCH) Initiatives Project

PENERIMA DANA JCH INITIATIVES 2022

FORMULIR PENILAIAN DUE DILIGENCE

Nama Aplikasi Penerima Dana Hibah: Fakultas Kesehatan UNUJA

No Proyek PCINU Jepang:

Nama Proyek PCINU Jepang:

Donor Proyek PCINU Jepang:

Negara: Indonesia

Judul Aktivitas Pendanaan:

Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan

Jumlah Dana yang Diajukan: Rp. 57.350.000,00

(Dalam Kurs Rupiah dan Kurs Dollar Amerika)

Perkiraan waktu penyelesaian pengisian formulir (dalam jam):

2 jam

(The official text of this document is in English. In the event of any conflict between the English and other language versions, the English version shall prevail.)

PENERIMA DANA JCH INITIATIVES 2022

FORMULIR PENILAIAN DUE DILIGENCE

Untuk memastikan kapasitas masing-masing lembaga penerima dana hibah dalam mengelola dana hibah yang diterima, PCINU Jepang meminta anda untuk melengkapi semua pertanyaan di dalam formulir Due Diligence ini sebagai bagian dari proses aplikasi dana hibah. Jika dijumpai hal-hal yang perlu ditingkatkan/disesuaikan, maka PCINU Jepang akan bekerjasama dengan aplikan untuk meningkatkan kapasitas yang diperlukan tersebut. Semua informasi yang disampaikan adalah bersifat rahasia dan tidak akan disampaikan kepada pihak ketiga kecuali dibutuhkan sesuai hukum yang berlaku.

1. Informasi Organisasi

- a. Nama resmi dari organisasi:
- b. Jenis organisasi:
Silahkan tandai opsi paling tepat di bawah ini:
 - i. ☐ Perusahaan Korporasi
 - ii. ☐ Perusahaan Terbatas
 - iii. ☐ Perusahaan Perorangan
 - iv. ☐ Kerjasama
 - v. ☐ Badan Amal Terdaftar
 - vi. ☐ Jaringan Masyarakat
 - vii. ☐ Lain-lain (sebutkan) Perguruan Tinggi
 - i. ☐ Profit
 - ii. ☐ Non-Profit/LSM
 - iii. ☐ Lembaga Pemerintah(silahkan lanjut ke pertanyaan no 2(a))
- c. Pembayar Pajak:
Apakah organisasi anda membayar pajak? ☐ Ya ☐ Tidak
Jika Ya, maka siapkan fotokopi NPWP
- d. Detil pendaftaran:
Apakah organisasi anda terdaftar pada lembaga pemerintah yang berwenang?
☐ Ya ☐ Tidak ☐ Tidak Perlu (hanya untuk lembaga pemerintah)
Jika Ya, siapkan fotokopi akte notaries. Jika Tidak, mohon diberi penjelasan:
.....
- e. Jika organisasi anda memiliki situs, silahkan tulis alamat situs tersebut:
www.unuja.ac.id.....

2. Kelembagaan

- a. Bentuk Kelembagaan:
Apakah organisasi anda berbentuk:
 - ☐ Dewan Direksi
 - ☐ Komite Eksekutif
 - ☐ Tidak Memiliki Bentuk Kelembagaan
 - ☐ Lain-lain (sebutkan)

Organisasi pada perguruan tinggi berbeda dengan organisasi lainnya, utamanya lembaga yang berada di bawah naungan PT. Di lembaga ini terdapat struktur organisasi yang dimulai dari Dekanat, Ketua Prodi, dan Sekretaris Prodi. Mohon dituliskan informasi terkait masing-masing anggota pengelola organisasi pada halaman terpisah, dengan mencantumkan informasi sebagai berikut:

Nama:

Posisi:

Lama bekerja:

Alamat kontak – alamat, telepon, email:

b. Kantor:

Apakah organisasi anda memiliki kantor yang ditempati secara resmi?

☒ Ya ☐ Tidak

c. Apakah organisasi anda memiliki kebijakan tertulis terkait hal-hal berikut:

i. Kode Etik / Etika kerja

☒ Ya ☐ Tidak

ii. Konflik kepentingan

☐ Ya ☒ Tidak

iii. Pemalsuan, korupsi dan penyuapan

☐ Ya ☒ Tidak

3. Legalitas

a. Apakah terdapat tuntutan hukum terhadap/oleh organisasi anda, yang masih belum selesai?

☐ Ya ☒ Tidak

Jika Ya, mohon berikan penjelasan lebih rinci pada halaman terpisah terkait:

- Nama penuntut/ yang dituntut
- Hubungan penuntut/ yang dituntut dengan organisasi anda
- Pelanggaran yang diajukan
- Riwayat singkat tuntutan hukum tersebut
- Status terkini dari tuntutan tersebut

b. Pendokumentasian aturan:

Apakah organisasi anda saat ini telah memenuhi dan senantiasa mengacu pada seluruh aturan pemerintah terkait pajak, pendaftaran organisasi maupun aturan organisasi lainnya?

☒ Ya ☐ Tidak ☐ Tidak perlu

Jika Tidak, mohon berikan alasan:

.....

4. Keuangan

a. Audit / Pemeriksaan Keuangan:

Apakah organisasi anda diaudit secara berkala setiap tahun oleh eksternal auditor independen?

☐ Ya ☒ Tidak

Jika Ya, siapkan fotokopi laporan audit tahunan terakhir

- b. Laporan Keuangan:
- Seberapa sering organisasi anda menyiapkan laporan keuangan internal organisasi kepada pihak manajemen?

☐ Tidak pernah	☐ Mingguan	☐ Bulanan
☐ Semester	☐ Tengah tahun	☒ Tahunan
 - Siapkan fotokopi laporan keuangan tahunan organisasi paling akhir
- c. Prinsip-prinsip, kebijakan serta mekanisme keuangan:
- Dasar pembukuan yang digunakan organisasi anda:

☒ Pembukuan Kas	☐ Pembukuan Akrua
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 - Apakah laporan keuangan tahunan organisasi disiapkan berdasarkan:

☐ Standar Akuntansi Internasional
☐ Standar Akuntansi Nasional
☐ Standar Akuntansi Lainnya
☒ Tanpa Standar Akuntansi
 - Apakah organisasi menggunakan perangkat lunak sistem akuntansi yang terkomputerisasi?

☐ Ya	☒ Tidak
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 Jika Ya, berikan nama perangkat lunaknya, dan sudah berapa lama anda menggunakan perangkat lunak tersebut:

 - Apakah sistem akuntansi organisasi secara khusus mencatat dan menjaga keterlacakan penerimaan dan pengeluaran untuk masing-masing proyek, dana hibah maupun kontrak?

☒ Ya	☐ Tidak
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 - Apakah organisasi memiliki kebijakan tertulis atas hal-hal berikut? Jika Ya, siapkan fotokopi masing-masingnya:
 Kebijakan dan prosedur keuangan

☐ Ya	☒ Tidak
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 Kebijakan pembelian

☐ Ya	☒ Tidak
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- d. Hutang
- Apakah organisasi memiliki hutang untuk:

Pinjaman Bank	☒ Tidak
Pinjaman Bank Berencana	☒ Tidak
Hutang Lain-lainnya	☒ Tidak
 - Apakah organisasi anda pernah tercatat mengalami kebangkrutan, mengalami kredit macet, atau dinyatakan tidak mampu secara keuangan dalam bentuk apapun?

☐ Ya	☒ Tidak
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 Jika Ya, mohon berikan penjelasan lebih lanjut:

- e. Asuransi
- Sebutkan semua jenis polis asuransi yang tercakup milik organisasi

Tidak ada.....

f. Rekening Bank:

- i. Apakah organisasi memiliki rekening Bank atas nama pribadi (dan bukan atas nama organisasi)?

☐ Ya

☒ Tidak

Jika Ya, mohon sebutkan rekening tersebut

- ii. Apakah penggunaan 2 tandatangan otorisasi Bank diwajibkan untuk semua pengeluaran di atas jumlah tertentu sebagaimana disebutkan dalam kebijakan organisasi?

☒ Ya

☐ Tidak

Jika Ya, mohon berikan penjelasan lebih lanjut:

Pengeluaran di atas 10 juta diwajibkan menggunakan dua tanda tangan, yang pertama pengguna kuasa anggaran dan penanggung jawab atau kepala lembaga/ fakultas

5. Manajemen dan Personalia

a. Staf utama:

Buat keterangan rinci pada halaman terpisah terkait staf utama yang bertanggung jawab atas keberhasilan implementasi proyek dana hibah PCINU Jepang ini dengan keterangan sebagai berikut:

- Nama : Syamsuri
- Jabatan : Kepala bidang pengabdian pada masyarakat
- Kualifikasi : S2
- Lama pengalaman di bidangnya: 10 tahun

b. Staf keuangan:

Apakah semua transaksi keuangan organisasi tercatat dalam sistem keuangan dan dapat diakses oleh:

☒ Staf keuangan

☐ Staf keuangan paruh waktu

☐ Bukan staf keuangan

☐ Lain-lain

c. Sebutkan jumlah staf yang bekerja (selain staf paruh waktu):

☐ 0

☒ 1 – 5

☐ 6 – 10

☐ 11 – 20

☐ 21 – 50

☐ 50+

d. Pencatatan waktu kerja staf:

- i. Apakah memiliki sistem pencatatan waktu kerja staf?

☐ Ya

☒ Tidak

Jika Ya, mohon sertakan fotokopi formulir pencatatan waktu kerja staf di organisasi anda.

6. Hubungan Kerja dan Konflik Kepentingan

- a. Apakah organisasi anda merupakan anggota PCINU Jepang
☐ Ya ☒ Tidak
- b. Apakah organisasi anda sebelumnya pernah bekerjasama dengan PCINU Jepang?
☐ Ya ☒ Tidak
Jika Ya, mohon berikan penjelasan lebih lanjut:
.....
- c. Apakah organisasi anda atau pemilik, direktur, karyawan, manajemen atau anggota keluarga dari organisasi memiliki usaha atau asosiasi personal, kepentingan maupun hubungan dengan anggota NCB, PCINU Jepang atau salah seorang karyawan maupun manajemennya?
☐ Ya ☒ Tidak
Jika Ya, mohon berikan penjelasan lebih lanjut:
.....
- d. Apakah organisasi anda atau direktur, karyawan maupun manajemen organisasi pernah terlibat secara langsung dalam proses seleksi PCINU Jepang terkait dana hibah organisasi yang saat ini sedang diajukan?
☐ Ya ☒ Tidak
Jika Ya, mohon berikan penjelasan lebih lanjut:
.....

Daftar – Dokumen Penyerta Yang Harus Dilampirkan

Untuk memastikan pengiriman Due Diligence anda lengkap, daftar dokumen penyerta berikut yang perlu untuk disiapkan sebagaimana tertera di bawah ini. Silahkan tandai kotak-kotak berikut sesuai dengan dokumen penyerta yang akan dilampirkan untuk melengkapi formulir Penilaian Due Diligence.

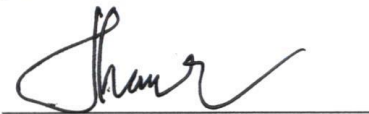
- | | | |
|--------------------------|-----------|--|
| ☐ | 1(c) | NPWP |
| ☐ | 1(d) | Akta Notaris |
| ☐ | 2(a) | Informasi anggota Dewan Kelembagaan |
| ☐ | 2(c)(i) | Kebijakan Kode Etik |
| ☐ | 2(c)(ii) | Kebijakan konflik kepentingan |
| ☐ | 2(c)(iii) | Kebijakan pemalsuan, korupsi, penyuapan |
| ☐ | 3(a) | Informasi hukum |
| ☐ | 4(a) | Laporan auditor |
| ☐ | 4(b)(ii) | Laporan keuangan tahunan |
| ☐ | 4(c)(v) | Kebijakan dan prosedur keuangan |
| ☐ | 4(c)(v) | Kebijakan pembelian |
| ☐ | 5(a) | Informasi staf utama |
| ☐ | 5(d) | Formulir pencatatan waktu kerja karyawan (formulir kosong) |
| ☐ | 6 | Foto copy halaman awal buku tabungan organisasi |

PERNYATAAN PERSETUJUAN:

"Saya yang bertandatangan di bawah ini, dengan ini menyatakan bahwa saya berwenang untuk mewakili organisasi saya, serta menyatakan bahwa semua informasi dan bukti yang disampaikan pada dokumen Penilaian Due Diligence ini benar dan yang sesungguhnya tanpa ada informasi yang disembunyikan, tidak benar maupun mengandung pernyataan yang tidak tepat.

Saya memahami dan setuju bahwa jika informasi yang disampaikan dalam dokumen Penilaian Due Diligence ini mengalami perubahan, maka saya akan menyampaikan pemberitahuan perubahan tersebut secara tertulis kepada PCINU Jepang.

Selanjutnya saya memahami dan menerima bahwa PCINU Jepang dengan kewenangannya dapat merubah atau menghentikan kesepakatan hibah maupun pendanaan kepada aplikan jika terdapat informasi tidak benar atau tidak akurat disampaikan dalam dokumen ini."



Nama : Ns. Handono Fatkhur Rahman, M.Kep., Sp.Kep.M.B.
Jabatan : Dekan Fakultas Kesehatan Universitas Nurul Jadid
Tanggal : 04 Januari 2023



SURAT PERJANJIAN

No. K 002-(JCH) Initiatives -PCINU /UNUJA/Maret 16/INN

antara

PENGURUS CABANG ISTIMEWA NAHDLATUL ULAMA (PCINU)

JEPANG

dan

FAKULTAS KESEHATAN UNIVERSITAS NURUL JADID (FKES UNUJA)

INDONESIA

Joint Community Health (JCH) Initiatives merupakan inisiatif berbasis kemitraan yang diketuai oleh PCINU Jepang untuk mempromosikan Konseling Kesehatan Reproduksi Remaja dengan Video Animasi untuk Pelajar Indonesia di Jepang. (JCH) Initiatives memfokuskan peran Nahdlatul Ulama dalam membangun iklim akademik di lembaga pendidikan tinggi Nahdlatul Ulama, sehingga terbentuk jejaring komunitas ilmiah yang turut mempromosikan nilai-nilai moderasi agama dan kesehatan masyarakat untuk kemajuan bangsa dan dunia.

Joint Community Health (JCH) Initiatives untuk Program Fasilitas Dana Hibah Skala Kecil telah mengundang berbagai perguruan tinggi Nahdlatul Ulama di Jawa untuk ikut berpartisipasi dalam penyelenggaraan kegiatan-kegiatan mempromosikan Konseling Kesehatan Reproduksi Remaja dengan Video Animasi untuk Pelajar Indonesia di Jepang

Dalam penyelenggaraan Program Joint Community Health (JCH) Initiatives telah ditunjuk oleh PCINU Jepang yang berkantor di Jepang, untuk menyediakan sekretariat dan memfasilitasi penyaluran dana-dana hibah berskala kecil kepada perguruan tinggi Nahdlatul Ulama yang memenangkan (JCH) Initiatives.

Terkait dengan pelaksanaan program (JCH) Initiatives oleh PTNU, yang penyaluran dananya di Indonesia menjadi tanggung jawab PCINU Jepang, pada hari ini tanggal 2 Februari 2023, kami yang bertandatangan di bawah ini :

Achmad Gazali, M.Sc., Ketua PCINU Jepang, yang dalam hal ini bertindak untuk dan atas nama PCINU Jepang berkedudukan di Jl. Ibaraki Ken Koga Shi Higashi Yamata 933-3, 306-0112, Jepang, selanjutnya disebut sebagai Pihak Pertama (Pemberi Pekerjaan)

dan

Ns. Handono Fatkhur Rahman, M.Kep., Sp.Kep.M.B., yang dalam hal ini bertindak untuk dan atas nama Fakultas Kesehatan (FKes) Universitas Nurul Jadid berkedudukan di Karanganyar Paiton, Kabupaten Probolinggo, Jawa Timur, selanjutnya disebut sebagai Pihak Kedua (Penerima/Pelaksana Pekerjaan)

bersepakat untuk menandatangani suatu perjanjian terkait pelaksanaan kegiatan

sebagaimana tercantum pada Lampiran 1 dan dengan ketentuan-ketentuan sebagai berikut:

BAB I

JUDUL DAN RUANG LINGKUP KEGIATAN

Pasal 1

Pihak Kedua akan melaksanakan kegiatan berjudul “Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan”, selanjutnya disingkat PKM (seperti tercantum pada Lampiran 1, 2 dan 3) yang merupakan satu kesatuan dari perjanjian ini dan sifatnya mengikat.

Pasal 2

Pihak Kedua akan mengadakan tenaga-tenaga kerja (dan sub-kontraktor jika relevan) dengan jumlah dan kualitas yang memadai, termasuk memberikan dukungan operasional sehingga tugas-tugas yang akan dikerjakan oleh Pihak Kedua dapat tercapai dengan baik

Pasal 3

Pihak Kedua dilarang merubah penugasan-penugasan seperti tercantum dalam Lampiran 1, 2 dan 3, kecuali atas ijin tertulis dari Pihak Pertama.

BAB II

WAKTU PELAKSANAAN

Pasal 4

Proyek ini akan berlangsung sejak tanggal 1 Juni 2022 sampai dengan 15 Januari 2023 (8 bulan).

BAB III

PEMUTUSAN KONTRAK

Pasal 5

Perjanjian ini langsung dapat dihentikan, jika:

- (a) Pihak Pertama tidak lagi memperoleh pembiayaan dari pihak donor atau organisasi yang membiayai kegiatan ini, yaitu PCINU Jepang yang berada di Bangkok, untuk melanjutkan kegiatan-kegiatan seperti tercantum pada Lampiran 1; atau
- (b) Pihak Kedua tidak menggunakan dana yang diberikan Pihak Pertama sebagaimana mestinya seperti tercantum pada Lampiran 1, 2 dan 3; atau
- (c) Pihak Kedua memperoleh sumber dana dari pihak Donor lain untuk jenis kegiatan yang sama dan berada di lokasi yang sama dengan PKM atau
- (d) Pihak Kedua karena alasan-alasan tertentu (yang dapat disepakati Pihak Pertama) tidak ingin atau tidak dapat melanjutkan buti-butir kegiatan seperti tercantum pada Lampiran 1. Jika hal ini terjadi, maka Pihak Kedua wajib mengembalikan sisa dana yang

jumlahnya harus masih memadai bagi pihak lain (akan ditetapkan kemudian oleh Pihak Pertama) untuk melanjutkan sisa-sisa kegiatan tersebut, dan Pihak Kedua wajib memberitahu kepada Pihak Pertama paling lambat 10 hari sebelumnya.

BAB IV

BESARNYA NILAI KONTRAK, PENGGUNAAN DAN CARA PEMBAYARAN & SUB KONTRAK

Pasal 6

Untuk melaksanakan kegiatan PKM, dengan ToR seperti tercantum pada Lampiran 1 dan Proposal pada Lampiran 3, Pihak Pertama akan menyediakan dana (total nilai kontrak) sejumlah maksimal **Rp 57.350.000,-** (terbilang: lima puluh tujuh juta tiga ratus lima puluh ribu rupiah) kepada Pihak Kedua.

Pasal 7

Seluruh pembiayaan oleh Pihak Pertama kepada Pihak Kedua, seperti tersebut pada Pasal 6 di atas, sudah termasuk berbagai tunjangan/pembiayaan lain-lain (seperti Pajak, Jamsostek, asuransi kesehatan dan kecelakaan kerja serta *overhead*), oleh karenanya Pihak Kedua tidak berhak menuntut biaya lain-lain tersebut kepada Pihak Pertama

Pasal 8

Jika dalam periode Kontrak, diperlukan adanya acara/ kegiatan pertemuan-pertemuan oleh kedua belah pihak, maka biaya pertemuan akan menjadi tanggungan Pihak Pertama sejauh ketersediaan dana Pihak Pertama mendukung

Pasal 9

Selama periode Kontrak, Pihak Pertama akan mengirimkan anggota PCINU Jepang ke lokasi pelaksanaan kegiatan PKM untuk tujuan monitoring dan evaluasi (M&E) tingkat kemajuan pelaksanaan kegiatan yang dikerjakan Pihak Kedua di lapangan, Kegiatan M&E ini sepenuhnya akan dibiayai oleh Pihak Pertama

Pasal 10

Biaya yang dikeluarkan Pihak Kedua sebelum tanggal 2 Februari 2023 atau setelah 31 Januari 2023 tidak dapat diklaim oleh Pihak Kedua. Jika ada bagian dari dana yang diberikan oleh Pihak Pertama kepada Pihak Kedua tidak terpakai hingga tanggal 31 Januari 2023, maka sisa dana tersebut wajib dikembalikan kepada Pihak Pertama.

Pasal 11

Pihak Kedua akan menyerahkan kepada Pihak Pertama rincian terkait Nama dan Alamat Bank, Nomor Rekening Bank dan kode swift (rekening khusus /atas nama organisasi

untuk Penyelenggaraan hibah PKM

Pasal 12

Pihak Pertama berhak mengurangi besarnya pendanaan, menghentikan sebagian atau menolak klaim pembiayaan Hibah, seperti tercantum pada Lampiran 1, jika Pihak Kedua: (a) tidak dapat melengkapi dokumen pendukung pengeluaran dana, (b) penggunaan dana yang menyimpang dari tujuan, (c) adanya tumpang tindih pendanaan dari donor lain untuk macam kegiatan dan lokasi yang sama, dan (d) output teknis/pelaporan yang tidak memadai terkait Lampiran 1 dan 3).

Pasal 13

Pihak Pertama akan melakukan pembayaran Kepada Pihak Kedua, setelah Pihak Kedua menyerahkan laporan-laporan kepada Pihak Pertama, dan Pihak Pertama telah menerima pembiayaan dari Donor, dengan tahapan 100% dari total nilai kontrak (yaitu sebesar Rp 57.350.000,-) dibayarkan (paling lambat akhir bulan Februari 2023) setelah Pihak Kedua menyerahkan Laporan Akhir/Final Narrative & Keuangan untuk seluruh kegiatan sejak 1 Juni 2022 s/d 15 Januari 2023

Pasal 14

Di dalam total nilai kontrak seperti tersebut dalam Pasal 6 telah mencakup semua pembiayaan untuk kegiatan fisik di lapangan (termasuk upah, biaya transport, penginapan, per-diem, sub-kontrak kepada pihak-pihak lain, dll) dan jumlahnya sudah mencukupi untuk melaksanakan seluruh butir-butir kegiatan seperti tercantum dalam ToR (Lampiran 1), Jadwal Kerja (Lampiran 2) dan Proposal (Lampiran 3).

Pasal 15

Pihak Kedua wajib mengikuti panduan yang diberikan oleh Pihak Pertama terkait dengan tata cara pelaporan keuangan

Pasal 16

Pihak Kedua wajib menyimpan bukti-bukti pengeluaran keuangan yang asli dan syah secara aman dan berdasarkan prosedur dan prinsip akunting yang berlaku. Selanjutnya bukti-bukti ini wajib diserahkan kepada Pihak pertama.

Pasal 17

Khusus terhadap kegiatan-kegiatan yang akan di sub-kontrakkan oleh Pihak Kedua kepada Pihak Ketiga (sub-kontraktor), jika ada, maka Pihak Kedua wajib menerbitkan surat-surat perjanjian dengan Pihak Ketiga dan surat-surat ini wajib disertakan dalam pelaporan kepada Pihak Pertama.

Pasal 18

Pihak Kedua wajib menyampaikan nama dan alamat dari Pihak Ketiga tersebut kepada Pihak Pertama. Selain itu Pihak Kedua wajib melengkapi dokumen bukti pendukung

penggunaan dana oleh Pihak Ketiga (sub-kontraktor) dan menyampaikannya kepada Pihak Pertama untuk tujuan audit keuangan.

Pasal 19

Pihak Kedua bertanggung jawab sepenuhnya kepada kinerja pihak-pihak yang di sub-kontrak; jika Pihak Pertama mendapatkan bahwa pihak-pihak yang di sub-kontrak oleh Pihak Kedua ternyata kurang/tidak memiliki kemampuan yang memadai, maka Pihak Pertama berhak meminta kepada Pihak Kedua untuk membatalkan kontraknya dengan Pihak Ketiga tersebut dan mencari penggantinya yang lebih memadai

Pasal 20

Selama masa penyelenggaraan dari Perjanjian ini, Pihak Kedua (termasuk para sub-kontraktornya) secara hukum bertanggung jawab atas berbagai tindakan/kegiatan/perbuatannya dan membebaskan Pihak Pertama dari berbagai tuntutan hukum yang bukan merupakan tanggung jawab Pihak Pertama.

BAB V

MANAJEMEN KEGIATAN

Pasal 21

Pihak Pertama difasilitasi oleh *National Coordinator* sebagai wakil Pihak Pertama dalam melakukan tugas-tugas koordinasi, supervisi dan pengendalian kegiatan PKM .

Pasal 22

Dalam penyelenggaraan Proyek PKM ini *National Coordinator* (atau pihak lain yang ditunjuk oleh Pihak Pertama) akan memberikan arahan, pertimbangan teknis dan administrasi kepada Pihak Kedua.

BAB VI

LAIN-LAIN

Pasal 23

Kedua belah pihak bersepakat bahwa tiap perubahan dalam Surat Perjanjian ini, termasuk Lampiran-lampirannya, yang diakibatkan oleh adanya perubahan terhadap Kegiatan PKM, hanya dapat dilakukan atas persetujuan kedua belah pihak dan diatur dalam suatu amandemen/adendum tertulis.

Pasal 24

Dalam kerangka perjanjian/kerjasama ini, Pihak Pertama berhak melakukan pemeriksaan atas kegiatan-kegiatan lapangan yang dikerjakan oleh Pihak Kedua, termasuk hal

pelaporan dan administrasi keuangan. Jika pemeriksaan ini dilakukan, pihak Kedua akan bekerjasama sepenuhnya dengan Pihak Pertama (atau petugas yang ditunjuk oleh Pihak Pertama)

Pasal 25

Semua publikasi (termasuk laporan dan situs *website*) yang akan dihasilkan oleh Pihak Kedua (terkait kegiatan PKM / Lampiran 1, 2 dan 3) wajib mengikuti panduan yang ditetapkan (akan disiapkan) oleh Pihak Pertama

Pasal 26

Terkait dengan penyelenggaraan kegiatan pada Lampiran 1, 2 dan 3 Pihak Kedua wajib menyerahkan berbagai laporan-laporan teknis / narrative dan laporan-laporan keuangan seperti telah disebutkan dalam Bab IV, Pasal 13, kepada Pihak Pertama.

Laporan teknis diantaranya berisikan proses dan hasil pelaksanaan kegiatan, faktor pembatas dan keberhasilan proyek serta saran tindak lanjut dari kegiatan. Sedangkan laporan keuangan mengikuti aturan baku akunting yang berlaku dan akan diarahkan oleh Pihak Pertama

Pasal 27

Apabila dikemudian hari timbul perselisihan dalam kaitannya dengan kesepakatan kerjasama ini, kedua belah pihak sepakat untuk menyelesaikannya dengan cara musyawarah untuk mufakat. Apabila cara tersebut tidak dapat diselesaikan, maka kedua belah pihak sepakat untuk menunjuk Pengadilan Negeri Surabaya untuk menyelesaikan perselisihan tersebut.

BAB VII

KEADAAN KAHAR (FORCE MAJEUR)

Pasal 30

Pihak Pertama maupun Pihak Kedua tidak dapat dimintakan pertanggungjawabannya sehubungan dengan tidak dapat dilaksanakannya/dipenuhinya ketentuan-ketentuan dalam Kontrak ini oleh masing-masing pihak karena adanya Keadaan Kahar (force majeure).

Pasal 31

Yang dimaksud Keadaan Kahar adalah: gempa bumi, banjir, angin, topan, kebakaran, gangguan ketertiban umum, huru-hara, keadaan perang dan kondisi keuangan global yang berpengaruh secara langsung pada pelaksanaan pekerjaan.

Pasal 32

Keadaan Kahar sebagaimana tersebut diatas harus dapat dibuktikan secara sah, diakui, dibenarkan dan disepakati bersama oleh Kedua Belah Pihak.

Pasal 33

Keadaan Kahar harus dilaporkan oleh Pihak Kedua kepada Pihak Pertama dalam waktu paling lambat 2 x 24 jam setelah kejadian.

Pasal 34

Keadaan Kahar hanya mempengaruhi Jangka/Periode Waktu Pekerjaan dan bukan Harga Pekerjaan.

BAB VIII

Pasal 35

PENUTUP

Perjanjian Kerjasama ini dibuat dan ditandatangani di Bogor pada hari dan tanggal tersebut di atas dalam rangkap 2 (dua) diberi materai cukup dan masing-masing mempunyai kekuatan hukum yaag sama.

PIHAK PERTAMA

PIHAK KEDUA

PCI Nahdlatul Ulama Jepang

Fakultas Kesehatan

Universitas Nurul Jadid,



Achmad Gazali, M.Sc.
Ketua



Ns. Handono Fatkhur Rahman, M.Kep., Sp.Kep.M.B.
Ketua

SAKSI

Habibur Rahman, M.Sc
National Coordinator

Lampiran – Lampiran

Lampiran 1. Kerangka Acuan Kegiatan / TOR PKM

Lampiran 2. Jadwal Rencana Kerja PKM

Lampiran 3. Proposal Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan (catatan: nilai kontrak disesuaikan menjadi **Rp 57.350.000** terbilang: lima puluh tujuh juta tiga ratus lima puluh ribu rupiah)

Lampiran 1
Kerangka Acuan Kegiatan
TERMS OF REFERENCE

Fakultas Kesehatan (FKes) Universitas Nurul Jadid

1 Juni 2022 sampai dengan 15 Januari 2023 (8 bulan)

Aktifitas Utama	Gambaran Aktifitas	Nilai / Biaya Kegiatan
Output # 1 3 Video Animasi tentang kesehatan reproduksi remaja		
Aktifitas 1.1	Penulisan Naskah dan Storyboard	Rp 7.000.000
Aktifitas 1.2	Produksi dan Animasi Video (3 video animasi: Pemahaman tentang kesehatan reproduksi, Pencegahan penyakit menular seksual, Edukasi tentang hubungan yang sehat dan beretika)	Rp 19.500.000
Aktifitas 1.3	Pengisi Suara dan Musik Latar	Rp. 5.00.000
Output # 2 Peningkatan Kesadaran tentang pentingnya kesehatan reproduksi di kalangan remaja melalui penyebaran video animasi di media sosial dan platform online lainnya.		
Aktifitas 2.1	Honor Konselor (tiap konselor 3.000.000)	Rp 6.000.000
Aktifitas 2.2	Sewa Ruang dan Fasilitas di Jepang	Rp. 4.500.000
Aktifitas 2.3	Akomodasi dan Transportasi Konselor	Rp. 5.000.000
Aktifitas 2.4	Pembuatan Materi Promosi (Poster, Brosur, dll)	Rp. 3.000.000
Aktifitas 2.5	Promosi Media Sosial	Rp. 2.000.000
Aktifitas 2.6	Kuesioner dan Analisis Data	Rp 2.000.000
Aktifitas 2.7	Pembuatan Laporan Akhir	Rp 2.350.000
Aktifitas 2.8	Dokumentasi Kegiatan (Foto dan Video)	Rp 2.000.000
Output # 3 Manajemen proyek		Rp 57.350.000

Lampiran 2. Jadwal Rencana Kerja

Aktifitas	Bulan									
	1	2	3	4	5	6	7	8	9	10
1.1. Penulisan Naskah dan Storyboard										
1.2. Produksi dan Animasi Video										
1.3. Pengisi Suara dan Musik Latar										
2.1 Honor Konselor										
2.2 Sewa Ruang dan Fasilitas di Jepang										
2.3 Akomodasi dan Transportasi Konselor										
2.4 Pembuatan Materi Promosi (Poster, Brosur, dll)										
2.5 Promosi Media Sosial										
2.6 Kuesioner dan Analisis Data										
2.7 Pembuatan Laporan Akhir										
2.8 Dokumentasi Kegiatan (Foto dan Video)										

Lampiran 3.

Proposal PCINU Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan (catatan: nilai kontrak disesuaikan menjadi **Rp 57.350.000** terbilang: lima puluh tujuh juta tiga ratus lima puluh ribu rupiah)

Lampiran due diligence

Nama	: Ns. Handono Fatkhur Rahman, M.Kep., Sp.Kep.M.B.
Posisi	: Dekan Fakultas Kesehatan Universitas Nurul Jadid
Lama bekerja	: 10 tahun
Alamat kontak	
Alamat	: Sidodadi Paiton Probolinggo
Telepon	: 08559426665
Email	: handono@unuja.ac.id
Nama	: Bd. Harwin Hololah Desyanti, S.Keb., M.Keb.
Posisi	: Ketua Prodi Fakultas Kesehatan Universitas Nurul Jadid
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Nama	: Yunely Ermaneti, M.Kes.
Posisi	: Koordinator Tim
Lama bekerja	: 5 tahun
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Telepon	: 085338735305
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Nama	: Ica Maulina Rifkiyatul Islami, S.Tr.Keb., M.Tr.Keb.
Posisi	: Anggota Tim
Lama bekerja	: 4 tahun
Alamat kontak	
Alamat	: Paiton Paiton Probolinggo
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Laporan Dana Hibah (JCH) Initiatives 2022

(Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan)

1. Informasi Proyek

Nomor proyek	No. K 002-(JCH) Initiatives-PCINU /UNUJA/Maret 16/INN
Durasi proyek	8 Bulan (1 Juni 2022 – 15 Januari 2023)
Biaya total proyek	Rp. 57.350.000,-
Biaya dari PCINU Jepang	Rp. 57.350.000,-
Nama Organisasi	Fakultas Kesehatan UNUJA Jawa Timur
Periode Pelaporan dan Tanggal penyerahan laporan	01 – 15 Januari 2023
Laporan diserahkan pada	31 Januari 2023

2. Kemajuan Aktivitas

Tujuan Jangka Panjang:

No	Kegiatan	Hasil/Keluaran	Capaian Selama Periode Pelaporan
1.	Meningkatkan Kesadaran dan Pengetahuan tentang Kesehatan Reproduksi	▪ Video Animasi: Produksi dan distribusi 3 video animasi edukatif tentang kesehatan reproduksi yang diakses oleh minimal 500 pelajar Indonesia di Jepang. ▪ Modul Edukasi: Penyediaan modul edukasi yang dapat diunduh, melengkapi materi video animasi. ▪ Tingkat Pemahaman: Peningkatan tingkat pemahaman peserta tentang	▪ Tersedianya materi edukasi yang mudah dipahami dan diakses oleh pelajar, yang berkontribusi pada peningkatan pengetahuan mereka mengenai kesehatan reproduksi. ▪ Penggunaan materi edukasi dalam kegiatan ekstrakurikuler atau kelompok diskusi di komunitas pelajar Indonesia di Jepang.

		kesehatan reproduksi sebesar 80% berdasarkan pre-test dan post-test yang dilakukan sebelum dan sesudah program.	
2	Membangun Budaya Diskusi dan Konseling yang Positif	▪ Sesi Konseling: Pelaksanaan minimal 10 sesi konseling (tatap muka dan daring) yang dihadiri oleh total 100 pelajar. ▪ Kelompok Dukungan: Pembentukan 3 kelompok diskusi atau dukungan yang rutin membahas isu-isu kesehatan reproduksi. ▪ Konseling Berkelanjutan: Meningkatkan jumlah pelajar yang secara aktif memanfaatkan layanan konseling untuk isu kesehatan reproduksi.	▪ Terbentuknya budaya diskusi terbuka dan positif mengenai kesehatan reproduksi di kalangan pelajar Indonesia di Jepang. ▪ Kenaikan 50% dalam jumlah pelajar yang mencari konseling profesional terkait kesehatan reproduksi dibandingkan sebelum program.
3	Menciptakan Lingkungan yang Mendukung bagi Remaja	▪ Jaringan Dukungan: Terbentuknya jaringan dukungan antar pelajar untuk berbagi informasi dan pengalaman terkait kesehatan reproduksi. ▪ Platform Komunikasi: Pengembangan platform online (seperti grup media sosial)	▪ Lingkungan yang lebih inklusif dan mendukung di kalangan pelajar, dengan peningkatan keterlibatan mereka dalam diskusi tentang kesehatan reproduksi. ▪ Peningkatan 70% dalam penggunaan platform online untuk berbagi informasi dan dukungan.

		yang digunakan oleh minimal 200 pelajar untuk diskusi dan dukungan.	
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3. Perubahan Utama Terkait Rencana Kerja
Sesuai dengan rencana kerja yang telah dibuat sebelumnya, maka ketika pelaksanaan pekerjaan telah sesuai dengan yang telah direncanakan namun ada sedikit kendala dalam hal tidak semua pelajar mungkin memiliki akses internet yang memadai untuk menonton video animasi, terutama jika video berukuran besar atau memerlukan bandwidth tinggi.
4. Persoalan dan hambatan dalam pelaksanaan proyek
Tidak ada hambatan yang signifikan dalam pelaksanaan proyek ini, namun hanya dalam hal akses internet yang memadai untuk menonton video animasi, terutama jika video berukuran besar atau memerlukan bandwidth tinggi sudah teratasi dengan baik.
5. Perubahan yang dihasilkan oleh proyek
Melalui edukasi dan konseling yang efektif, diharapkan terjadi penurunan kasus terkait masalah kesehatan reproduksi, seperti infeksi menular seksual dan kehamilan yang tidak direncanakan, di kalangan pelajar Indonesia di Jepang.
6. Apakah proyek memberikan kesempatan bagi keterlibatan laki-laki dan perempuan? Dalam hal apa?
Semua orang (laki-laki dan perempuan) terlibat dalam proyek ini, mulai dari pembuatan video, peserta, hingga pelaporan.
7. Aktivitas yang mengkomunikasikan hasil/capaian proyek

Tujuan Jangka Panjang	Aktivitas	Target Peserta	Tanggal Pelaksanaan	Produk Komunikasi	Penanggungjawab
Mengurangi Risiko Masalah Kesehatan Reproduksi di Kalangan Pelajar	Pembuatan video animasi tentang kesehatan reproduksi	100 Orang (bertahap)	Sept 2014	video animasi tentang kesehatan reproduksi	ISES

8. Pelajaran yang dapat diambil. Bagaimanakah cara terbaik untuk mencapai hasil proyek? Apakah yang harus dihindari? Catatan pengalaman positif (hal-hal yang berhasil dilakukan) dan negatif (hal-hal yang tidak berhasil dilakukan).
Program "Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan" memberikan banyak pelajaran penting yang dapat diterapkan dalam proyek serupa di masa depan. Keberhasilan program sangat bergantung pada perencanaan yang matang, kolaborasi yang kuat dengan semua pemangku kepentingan, serta kemampuan untuk beradaptasi dan merespons umpan balik dengan fleksibel. Penggunaan teknologi, seperti platform digital dan media sosial, terbukti efektif dalam menjangkau peserta lebih luas dan memudahkan akses terhadap materi edukasi.

Namun, ada beberapa tantangan yang perlu diwaspadai, seperti menghindari pengabaian perbedaan budaya, pentingnya evaluasi dan monitoring yang terus-menerus, serta memastikan keterlibatan aktif peserta sepanjang program. Pengalaman menunjukkan bahwa adaptasi konten dan konseling daring berhasil meningkatkan partisipasi dan pemahaman, sementara masalah aksesibilitas internet dan stigma sosial masih menjadi hambatan yang harus diatasi. Dengan memahami dan menerapkan pelajaran dari pengalaman ini, program pengabdian di masa mendatang dapat lebih efektif dan berhasil dalam mencapai tujuannya.

9. Foto-foto yang menggambarkan aktifitas proyek.
Terkait dengan dokumentasi kegiatan pembedengan sampai kondisi bulan ini sebagaimana terlampir.



Laporan Keuangan Sementara untuk Dana Hibah (JCH) Initiatives 2022

Nama Penerima Dana Hibah	Fakultas Kesehatan UNUJA Kabupaten Probolinggo Jawa Timur				
Nama Proyek	Adolescent Reproductive Health Counseling with Animated Videos for Indonesian Students in Japan				
Nomor Proyek	No. K 002-(JCH) Initiatives-PCINU /UNUJA/Maret 16/INN				
Periode Pelaporan	1 Juni 2022 – 15 Januari 2023				
Mata Uang	IDR				
Keterangan	Dana Yang Disetujui (A)	Referensi dokumen pelengkap	Pengeluaran Q-1	Total Pengeluaran (B)	Saldo (A-B)
Output # 1 3 Video Animasi tentang kesehatan reproduksi remaja					
Activity # 1.1 Penulisan Naskah dan Storyboard	7.000.000		7.000.000	7.000.000	-
Activity # 1.2 Produksi dan Animasi Video	19.500.000		19.500.000	19.500.000	-
Activity # 1.3 Pengisi Suara dan Musik Latar	5.000.000		5.000.000	5.000.000	-
Output # 2 Peningkatan Kesadaran tentang pentingnya kesehatan reproduksi di kalangan remaja melalui penyebaran video animasi di media sosial dan platform online lainnya					
Activity # 2.1 Honor Konselor (tiap konselor 3.000.000)	6.000.000		6.000.000	6.000.000	-
Activity # 2.1 Sewa Ruang dan Fasilitas di Jepang	4.500.000		4.500.000	4.500.000	-
Activity # 2.1 Akomodasi dan Transportasi Konselor	5.000.000		5.000.000	5.000.000	-
Activity # 2.1 Pembuatan Materi Promosi (Poster, Brosur, dll)	3.000.000		3.000.000	3.000.000	-
Activity # 2.1 Promosi Media Sosial	2.000.000		2.000.000	2.000.000	-
Activity # 2.1 Kuesioner dan Analisis Data	2.000.000		2.000.000	2.000.000	-
Activity # 2.1 Pembuatan Laporan Akhir	2.350.000		2.350.000	2.350.000	-
Activity # 2.1 Dokumentasi Kegiatan (Foto dan Video)	2.000.000		2.000.000	2.000.000	-
Kesimpulan					
Total Pengeluaran				57.350.000	
Kekurangan					
Dana yang diterima dari PCINU Jepang				57.350.000	
Saldo				0	

BUKTI TRANSFER DANA PCINU JEPANG KE
UNIVERSITAS NURUL JADID

詳細

受取人さま氏名: UNIVERSITAS NURUL JADID

トランザクションID : 2850664

送金日 : 2023/02/06 09:00

リファレンス番号 : 23339644163666

パートナートランザクションID : 2300569748

受取予定金額 : (IDR) 57351013.79

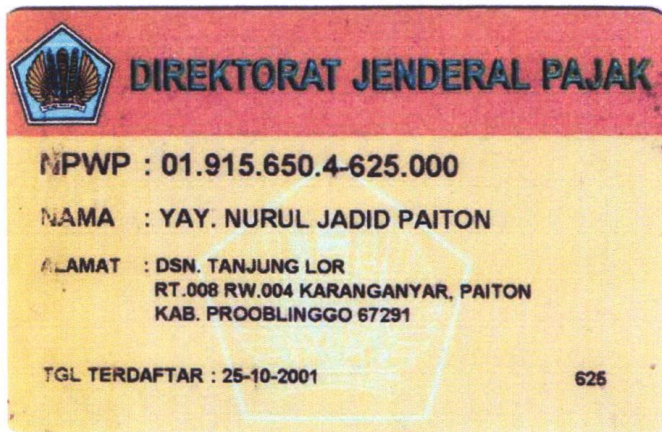
為替レート : IDR 114.7020276000 / ¥

プラステルレート : ¥ 129.71 / USD

Transfer Details

(a) Transfer Amount	¥500,000
(b) Transfer Fee	¥1,580
(c) Transfer fee discount 	¥0
(d) Amount billed	¥501,580
(e) Balance used	¥0
(f) Exchange Rate	-
(g) Receiving Amount (a x f)	-
Amount to deposit (a - e) + (b - c)	¥501,580

CANCEL REQUEST





NASKAH KESEPAHAMAN BERSAMA
antara
UNIVERSITAS NURUL JADID
dan
PENGURUS CABANG ISTIMEWA
NAHDLATUL ULAMA
JEPANG



Nomor UNUJA : NJ-T06/1340/A.1/10.2021
Nomor PCI NU : 001/PCINUJEPANG/MOU/10/2021

TENTANG
KERJA SAMA DI BIDANG PENDIDIKAN,
PENELITIAN, PENGEMBANGAN SUMBER DAYA MANUSIA
DAN PENGABDIAN KEPADA MASYARAKAT

Pada hari ini **Senin**, tanggal **Empat**, bulan **Oktober**, tahun **Dua Ribu Dua Puluh Satu**, bertempat di Probolinggo, yang bertandatangan di bawah ini:

1. Nama : **K.H. ABD. HAMID WAHID, M.Ag.**
Jabatan : Rektor Universitas Nurul Jadid
Alamat : Jl. K.H. Zaini Mun'im, Desa Karanganyar Kecamatan Paiton Kabupaten Probolinggo, 67291

Bertindak untuk dan atas nama **Universitas Nurul Jadid** atau disingkat **UNUJA**, Paiton, Probolinggo, yang selanjutnya disebut sebagai **PIHAK PERTAMA**.

2. Nama : **ACHMAD GAZALI, M.Sc.**
Jabatan : Ketua Pengurus Cabang Istimewa Nahdlatul Ulama (PCI NU) Jepang
Alamat : Masjid NU AT-Taqwa Lt. 2, Ibaraki Ken Koga Shi Higashi Yamata 933-3, 306-0112, Jepang

Bertindak untuk dan atas nama **Pengurus Cabang Istimewa Nahdlatul Ulama Jepang** atau disingkat **PCI NU Jepang** yang selanjutnya disebut sebagai **PIHAK KEDUA**.

PARA PIHAK menyatakan kesepakatan mengenai pentingnya melakukan kerjasama dalam kegiatan-kegiatan di bidang pendidikan, penelitian, pengembangan sumber daya manusia dan pengabdian kepada masyarakat, dengan ketentuan sebagai berikut:

Pasal 1

DASAR HUKUM

Yang menjadi dasar dari kerja sama ini adalah:

1. Undang-Undang Nomor 20 Tahun 2003 tentang Sistem Pendidikan Nasional (Lembaran Negara Republik Indonesia Tahun 2003 Nomor 78, Tambahan Lembaran Negara Republik Indonesia Nomor 4301);
2. Undang-Undang Nomor 12 Tahun 2012 tentang Pendidikan Tinggi ;
3. Undang-Undang Nomor 14 Tahun 2005 tentang Guru dan Dosen;
4. Peraturan Pemerintah RI Nomor 66 Tahun 2010, tentang Perubahan atas Peraturan Pemerintah RI Nomor 17 Tahun 2010 tentang Pengelolaan dan Penyelenggaraan Pendidikan;
5. Peraturan Pemerintah RI Nomor 32 Tahun 2013 tentang Perubahan atas Peraturan Pemerintah RI Nomor 19 Tahun 2005 tentang Standar Nasional Pendidikan;
6. Peraturan Presiden RI Nomor 8 Tahun 2012 tentang Kerangka Kualifikasi Nasional;
7. Peraturan Menteri Pendidikan dan Kebudayaan RI No. 14 Tahun 2014 tentang Kerja Sama Perguruan Tinggi;
8. Permendikbud Nomor 3 Tahun 2020 tentang Standar Nasional Pendidikan Tinggi.

Pasal 2

TUJUAN KERJA SAMA

Kerja sama ini bertujuan untuk meningkatkan serta memupuk hubungan kelembagaan antara kedua belah pihak dalam melaksanakan kegiatan pendidikan, penelitian, pengembangan sumberdaya manusia, serta pengabdian kepada masyarakat.

Pasal 3

RUANG LINGKUP KERJASAMA

- (1) Dalam batas-batas kemampuan tanpa mengurangi tugas pokoknya, masing-masing pihak akan saling membantu dalam melaksanakan berbagai program yang menyangkut pendidikan, penelitian, pengabdian masyarakat dan pengawasan partisipatif dengan memanfaatkan sumber daya dan fasilitas yang ada di lingkungan kedua belah pihak.
- (2) Sasaran kerja sama diutamakan untuk mengadakan pengembangan sumber daya manusia, di antaranya melakukan kerjasama pendidikan, penelitian, dan pengabdian masyarakat secara bersama-sama.

Pasal 4
PELAKSANAAN KEGIATAN

- (1) PARA PIHAK sepakat bahwa untuk pelaksanaan kesepakatan bersama yang bersifat teknis operasional dapat diatur lebih lanjut dalam bentuk perjanjian kerjasama (PKS).
- (2) Untuk pelaksanaan tindak lanjut kesepakatan bersama ini, PARA PIHAK akan menunjuk perangkat/unit kerja yang relevan, yang sesuai dengan tugas dan fungsinya.

Pasal 5
PEMBIAYAAN

- (1) Pembiayaan yang timbul akibat dari pelaksanaan Kesepakatan Bersama ini dibebankan kepada PARA PIHAK sesuai dengan beban dan tanggung jawab menurut kebutuhan, aktivitas dan kontribusi masing-masing berdasarkan ketentuan perundang-undangan yang berlaku.

Pasal 5
JANGKA WAKTU

- (1) Kesepakatan Bersama ini berlaku untuk jangka waktu 5 (lima) tahun terhitung sejak tanggal ditandatangani dan dapat diperpanjang jangka waktunya berdasarkan kesepakatan para pihak.
- (2) Jika terdapat hal-hal yang berdasarkan keputusan, ketentuan, atau Peraturan Pemerintah Republik Indonesia dan/atau keputusan instansi yang berwenang Kesepakatan Bersama ini tidak dapat dilaksanakan atau menjadi tidak sah menurut hukum, maka PARA PIHAK sepakat untuk mengakhiri Kesepakatan Bersama ini.

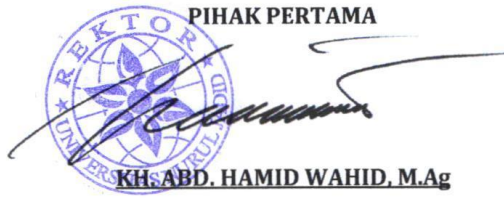
Pasal 6
LAIN-LAIN

- (1) Segala perubahan dan/atau penambahan dalam bentuk apapun terhadap syarat-syarat dan ketentuan di dalam Naskah Kesepakatan Bersama ini, hanya dapat dilakukan dan berlaku sah dan mengikat berdasarkan persetujuan tertulis oleh PARA PIHAK yang akan dituangkan dalam suatu bentuk Addendum atau Amandemen yang merupakan bagian tidak terpisahkan dari kesepakatan Bersama ini.

Pasal 7
PENUTUP

- (1) Naskah Kesepahaman Bersama ini di buat dalam 2 (dua) rangkap, bermaterai cukup dan di tandatangani oleh PARA PIHAK yang masing-masing mempunyai kekuatan hukum yang sama.

PIHAK PERTAMA



KH. ABD. HAMID WAHID, M.Ag

PIHAK KEDUA



ACHMAD GAZALI, M.Sc.



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Selanjutnya disebut Pihak II

Bahwa Pihak I memberikan tugas kepada Pihak II terkait dengan kerja-kerja untuk pelaksanaan kegiatan Program Hibah Luar Negeri Joint Community Health (JCH) Initiatives PCINU Jepang. Adapun deskripsi tugas Pihak II adalah sebagai berikut :

Deskripsi Tugas : Memberikan arahan tentang pelaksanaan project Joint Community Health (JCH) Initiatives

Demikian surat kesepakatan ini dibuat untuk keperluan administrasi Program Hibah Luar Negeri Joint Community Health (JCH) Initiatives PCINU Jepang.

Probolinggo, 5 Juni 2022

Pihak I



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Pihak II

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Alamat : Paiton Paiton Probolinggo
Jabatan : Anggota Tim Project Video Editing
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Deskripsi Tugas : Mengkoordinasi dan melaksanakan project video editing (JCH) Initiatives

Demikian surat kesepakatan ini dibuat untuk keperluan administrasi Program Hibah Luar Negeri Joint Community Health (JCH) Initiatives PCINU Jepang.

Probolinggo, 5 Juni 2022



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