The knowledge before training
- By Districts Categories
  - The high knowledge category 0 % as much 70 % (7 of 10) districts.
  - The highest of knowledge high category is 17,4 % as Grt district.
- By educational category.
  - The lowest average pre test score of bachelor 38,55 (Krw district) the highest 56,00 (Grt. district)
  - The lowest average pre test score of non bachelor 42,80 (Ind district) the highest 52,40 (Mjl district).

Change of knowledge category between before and after training
- By Districts Categories
  - The lowest change in knowledge category 29,20 % (Krw district), the highest 66,70 % (Bdg district).
  - Different significantly (p<0,05) knowledge of pre-post test training of participants in each district.
  - Not different significantly (p 0,656) knowledge of pre-post test training of participants between districts.
- By educational category
  - Differences in the highest pre post test bachelor participants 32,73 (Krw district), the lowest 17,25 (Cjr district)
  - Differences in the highest pre-post test non bachelor participants 28,53 (Bdg district), the lowest 15,20 (Mjl district)
  - Different significantly (p < 0,05) knowledge of pre-post test participants according to education level in Mjl * and Krw district.
  - Not different significantly (p > 0,05) knowledge of pre-post test participants according to education level in Grt, Bdg, Tsm, Cjr, Bgr, Crb and *Ind* * districts.

Sign * (*Mjl and Ind*) become the location of selected districts for qualitative data collection.

The knowledge after training.
- By district category.
  - The lowest of knowledge high category : 29,20 % (Bdg district).
  - The highest of knowledge high category : 70,80 % (Krw district)
- By educational category
  - The lowest of average post test bachelor participants 68,00 (Krw district) the highest 80,00 (Bdg district).
  - The lowest of average post test bachelor participants 68,00 (Mjl, Skbm, Crb), the highest 77,70 (Bdg district)
- Four clusters of participants were formed for retraining based on categories of knowledge after training and education level.

Implementation of tasks (health promotion services) at Health Centers
- Management of health promotion services (planning, implementation and evaluation) is not optimal.
- Coordination between cross program and cross sectoral has been established through the monthly mini workshop and quarterly forums, Village and Village Community Consultation meetings.
- Most of the advocacy support has not yet been written.
- Partnerships with the business / private world have not been done much.
- Documentation of activities is minimal, some do not have a health service registration register format.
- Integration of health promotion services with MCH and Nutrition services already established. Integration of IEC on MCH and Nutrition in Integrated Services Posts, pregnancy counseling, alert village development, TBAs-midwife partnership. Planning, implementation, evaluation of integration activities have not been systematic.

Coverage of health promotion services at Public Health Centers.
- Coverage of health promotion services seen from eight performance appraisal indicators at in four Public Health Centers...
- Not difference significantly (p>0,05 –Wilcoxon test) the coverage health promotion services year 2015- 2016.
- Not difference significantly (p 0,455 - kruskal wallis test) difference in coverage year 2015 - 2016 in four Public Health Centers.

Model of Continuous Technical Guidance
- Continuous technical direct guidance for officers by district officials and professional organizations is needed to strengthen service management, coordination, partnerships, services integration, recording-reporting.
- Guidance through social media can be considered for use.
- Further training is needed to strengthen the advocacy, partnership, evaluation competencies in four groups of participants as a result of multivariate cluster analysis which is a combination of levels of knowledge after training and level of education.

Figure. Summary of Research Results