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After the strides we had made with our partners through the Unite For Body Rights (UFBR) program, in 2013, we took a bigger leap, drawing upon inspiration and learning from over a decade of human development work in Indonesia. Entering 2013, we initiated greater collaborations with more partners than ever before, both at international and national levels.

The year 2013 began with the launching of two new programs, Access, Service and Knowledge (ASK), and MenCare+, both of which are parts of global-scale programs. In line with the vision and mission of Rutgers WPF Indonesia, ASK was designed with complete confidence that young people best know and understand the situations they face. Thus, from the start, ASK focused on involving young people, aged 10-24 years old, especially youth with limited access, based on the principle of meaningful youth participation.

The other new program, MenCare+, encourages the involvement of men in playing an equal role in the process of caregiving and the division of labour in their households, in order to improve the quality of women’s and children’s health. In other words, this program encourages behaviour change to get men to interact with their partners with an attitude of mutual respect as the basis for relations between men and women that are equitable, healthy, and violence free.

We believe that through all of the programs that we are implementing with our partners, we are contributing to the fulfilment of basic rights of citizens of Indonesia; that is, their rights to comprehensive sexuality education and to comprehensive reproductive health services are being met. However, quite a number of challenges remain, such as the still high rates of early marriage, maternal mortality, and teenage pregnancy, as well as sexual violence – all of which result from a lack of knowledge about sexuality. Thus, part of the campaign we undertake is to promote true and positive understanding of sexuality, and education on sexuality, focused on healthy, mutually respectful relationships.

We are confident that the breakthroughs we have made with our partners constitute an initial investment to support the human development of Indonesia together with the government. So we hope to continue taking part in the changes underway. Our partners have played a very significant role in these changes, and we are very proud of them.

This 2013 annual report covers a variety of learnings, including the challenges faced by youth, women and limited-access groups from various areas of Indonesia. Reports on the various programs are presented here for collective reflection as well as to demonstrate the efforts that we at Rutgers WPF and our partners are making to support a more humanizing and pro-people form of development.

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EXECUTIVE SUMMARY

The year 2013 marked the beginning of the ASK and MenCare+ programs. Aside from that, we also continued to implement the Unite for Body Rights and dance4life programs. Key activities of 2013 are noted below and discussed in further detail in this annual report.

ASK YEA Kick-off Workshop – Rutgers WPF Indonesia and partners held the initial workshop for the ASK YEA (Access, Services, Knowledge – Youth Empowerment Alliance) program at BSD Tangerang on 6 – 10 May 2013. The goal of this program is to empower young people to: make responsible decisions for themselves regarding sexual and reproductive health; access sexual and reproductive health services; and be involved in influencing policies that affect their lives.

MenCare+ Program Implementation Workshop, 20 – 24 May 2013 – The involvement of men is crucial to eliminate violence against women and improve the status of women's and children's health. The role of parenting/caregiving in families is not only the responsibility of women, but also of men. MenCare+ is a global program to encourage men's engagement in caregiving. Indonesia is one of four countries undertaking the MenCare+ program, together with Brazil, Rwanda and South Africa. We are implementing MenCare+ in Indonesia together with four implementing organizations, in Lampung, DKI Jakarta, DI Yogyakarta, and East Java respectively.

Youth Peer Education Training – The involvement of youth in determining their own fates is absolutely necessary to realize health for all. To support this, we facilitated youth involvement by providing training for youth in Jayapura, Papua on 29 - 31 May 2013.

Finance Training with Partners – The accountability of an organization is reflected in its finance reports. We increased accountability through finance training for our work partners on 27 - 28 June 2013. The finance topics, which are complicated at times, were covered in a way that made them as grounded and interesting as possible.

SETARA – Comprehensive Sexuality Education for Middle Schools (SMP) – Rutgers WPF and our partners in Indonesia are strongly committed to the achievement of comprehensive sexuality education for young people with high standards of quality. One of the ways we are doing this is through the creation of the SETARA module (SETARA is short for Semangat Dunia Remaja – Spirit of the World of Youth). On 30 June – 6 July 2013, Rutgers WPF Indonesia, in coordination with PKBI DI Yogyakarta, organized the second implementation training for the application of the SETARA module in Jakarta. The training involved teachers from four provinces, namely, Jambi, Lampung, DKI Jakarta, and DI Yogyakarta.

Outcome Measurement Workshop – The measure of a program's success can be seen from how far the program has succeeded in reaching the targets it initially set. Together with the One Vision Alliance (Aliansi Satu Visi – ASV) we held a workshop to measure the success of the Unite for Body Rights program in Indonesia on 22-25 July 2013.

World Sexual Health Day 2013: Express your Rights! – Sexual health can never be realized if human sexual rights have not been fulfilled. The One Vision Alliance together with Rutgers WPF Indonesia took part in the celebration of World Sexual Health Day on Sunday, 8 September 2013. We celebrated this occasion by organizing a variety of performances, including a dance4life Indonesia event, music and speeches in the area of the Hotel Indonesia Roundabout in Central Jakarta.

One important breakthrough in 2013 was the implementation of Jakarta Governor Regulation No. 31/2013 which provide access for pregnant adolescents to continue their study. This regulation emphasizes the importance of coordination between government agencies such as the Community and Women Empowerment and Family Planning Agency (BPMPKB), Health Office, Education Office, NGOs, and parents to provide education and information to adolescents about reproductive health and sexuality. IPPA DKI Jakarta Chapter involved directly as a member of the working group who formulate policy.
Launching of the Film, Surga Kecil di Bondowoso (Little Heaven in Bondowoso) & MenCare Ads – In cooperation with the Kalyana Shira Foundation we launched the documentary film by director Nia Dinata, which tells the story of a religious teacher (ustad) from Bondowoso who is very progressive and pro-women’s rights, on Monday, 18 November 2013. Aside from the film, this event also launched public service ads produced as part of the MenCare campaign, starring renowned Indonesian actors Lukman Sardi and Ersa Mayorì.

Launching the MenCare+ Program – The MenCare+ program was officially launched at Kartini Hall on 27 November 2013. A variety of events, ranging from a photo exhibition and talkshow to the formal inauguration, were carried out in this program launch, which was attended by various parties, including representatives of the Ministry of Health, the Ministry of Women’s Empowerment and Child Protection, the Media, and NGOs, as well as program supporters such as Nia Dinata and Ersa Mayorì.

Indonesian Youth Diversity Celebration, 13 - 15 December 2013 – There are a great many programs that target youth and sexuality. This encouraged us to convene the first youth sexuality conference in Indonesia, namely, the Indonesian Youth Diversity Celebration, which brought together youth and youth experts from across Indonesia. This event served as an arena for mutual exchanges among participants, ranging from social workers and activists to the media, to comprehend the dynamics of youth in Indonesia.


National dance4life Meeting, 17 - 19 December 2013 – dance4life Indonesia held a national meeting with nine dance4life partners from various provinces of Indonesia in attendance. The meeting began with an evaluation of the outcomes of the dance4life program in 2013, and included program presentations as well as team building.
To prevent unintended pregnancies, along with sexually transmitted infections and HIV & AIDS, comprehensive sexuality education must immediately be applied throughout Indonesia

(Vina Rizki, Peserta dari Aceh, IYDC 2013)

The population of young people (15 to 29 years old) in Indonesia in 2013 reached 43 million and it is projected that it will be around 70 to 80 million by the year 2025. This potential should be put to good use in the midst of the challenges today’s young people are facing in the field of health, such as the increasing rate of AIDS cases in the 20 to 29 year old age group – up to 34.5% of the total (AIDS cases as of September 2013, Indonesian Ministry of Health).

Vina Rizki, a participant in the Indonesian Youth Diversity (IYDC) Celebration 2013 who comes from Aceh, was one of 30 participants selected to receive a full scholarship out of the hundreds of youth who wanted to attend this conference. IYDC is a program by the One Vision Alliance (ASV) that encourages youth to play an active role in fulfilling sexual and reproductive health and rights.

The aim of the Indonesian Youth Diversity Celebration 2013 was to increase public awareness, especially on the part of the government and young people, about the importance of sexual and reproductive health, and its relevance to education, health, labour, culture and human rights.

The First Conference on Youth Sexuality and Reproductive Health in Indonesia

The IYDC was a creative youth event that provided widest possible opportunities for youth to share experiences regarding the issues of reproductive health and sexuality. The process began with the selection of participants through abstracts on the real work they had done around youth issues up to then. Out of the hundreds of applicants who sent abstracts from all over Indonesia, 30 were selected as participants to take part in sharing their experiences in person at the IYDC 2013 event. Aside from going through the selection of the abstracts that were submitted, the IYDC 2013 committee also got Rutgers WPF Indonesia’s partners actively involved in the submission of posters depicting work being done on the issues of youth sexuality and reproductive health.

The IYDC 2013 managed to bring together over 100 youth from all over Indonesia to share their experiences in carrying out activities related to sexuality and reproduction. Not only the participants, but all of the volunteers and committee members involved were also members of youth communities in Jakarta, which made the theme of the event – ‘From, By and For Indonesian Youth’ – even more tangible. Participants who had sent abstracts had to make presentations to the rest of the participants, who had been divided up based on the respective themes of their abstracts. Presentations were also made for participants who had sent abstracts in the form of posters.

Learning from Experts

During the three days of the conference, various experts and practitioners in the fields of sexuality and reproductive health were present and shared their great wealth of experience. IYDC sessions were delivered through a series of satellite classes, parallel classes, brief courses, poster presentations, as well as art performances by a variety of Indonesian youth groups.
Topics Discussed at IYDC 2013
• Sexuality education
• Differently-abled sexuality
• Peer educators
• HIV and AIDS
• Sexual diversity
• Unintended pregnancy
• Sexual violence
• Contraception
• Transgender schools
• Youth engagement

Short Courses Offered:
• Basics of sexuality by the Pelita Ilmu Foundation
• Sexual orientation and gender identity by Ardhanary Institute
• Bullying by SIKOK Foundation and Aliansi Remaja Independen (Independent Youth Alliance)
• Advocacy strategies by Aliansi Remaja Independen

Indonesian Youth Manifesto

The IYDC produced an agreement that was set forth in an ‘Indonesian Youth Manifesto’, consisting of four youth messages for a better Indonesia, including calls for:

• Comprehensive sexuality education for youth
• Sexual and reproductive health services that are friendly to youth of diverse identities
• Comprehensive protection of victims of sexuality- and gender-based violence
• Meaningful participation of youth in development policies and programs, including the encouragement of the establishment of a National Youth Commission.
MEN CARE
INVOLVING MEN FOR EQUALITY
Various data demonstrate the interrelatedness of violence against women and maternal health, and the importance of engaging men. The more involved men are in pregnancy checkups, in discussions on the importance of healthy communications and relationships, and in childcare, the more men’s tendencies to be violent will decrease, maternal death rates will fall, and positive and open communications between children and parents will be formed.

Programs involving men in relationships with women and their families have proven to be effective in dealing with a variety of challenges that women experience – from limited participation in politics to gender-based violence, carrying a double burden in the family, and obstacles to improvements in health status.

In 2013, Rutgers WPF Indonesia began implementing the global program, MenCare+ – translated as Laki-laki Peduli in Indonesian – by comprehensively targeting a variety of stakeholders to support social change to ensure women’s rights.

Violence and Maternal Mortality Rates are Mutually Linked

Results of the International Men and Gender Equality Survey (IMAGES) conducted in six countries, namely, Brazil, Chile, Croatia, India, Mexico and Rwanda in 2011 show that violence is something that men learn from childhood. Violence is perceived as a reasonable way to behave.

Rifka Annisa Women’s Crisis Centre states that 80% of the cases of domestic violence reported by survivors were discontinued mid-course at the request of the survivors because it was considered a disgrace, and because of financial dependence and responsibility to children. Eventually, awareness emerged that the cycle of violence could only be broken by targeting men in interventions dealing with gender-based violence.

The Indonesian Demographic and Health Survey shows that between 2008 and 2012, the mortality rate for women during pregnancy, during childbirth, and postpartum in Indonesia reached 359 women per 100,000 live births per year. This means that every hour, three Indonesian women died as a result of childbirth.

The University of Indonesia Centre for Family Studies confirms that there is a correlation between strong patriarchal values and a high rate of maternal mortality in a given area because mother and child health are often not considered a priority concern for men.
Issues targeted by MenCare:
- Violence against women and children
- Quality of women’s health
- Maternal mortality rates
- Involvement of men as partners who care and are actively involved in caring for children and family life.

Gender transformative approach to realize social changes

Education for young male
Education for fathers’ groups
Campaigns in the community
Education on contraception
Training for the Health Sector
Counselling for Men involved in domestic violence

Increasingly positive ‘male’ values (knowledge, attitudes and behaviours)
Decrease rates of gender-based violence
Increase access to quality SRH and MCH services

Positive results: fulfilment of reproductive health, sexuality, fundamental rights, and maternal health
Appreciation of sexual and reproductive rights
Gender Equality

Influencing policy in the health (and legal) sectors to ensure program sustainability
In 2013, although the MenCare+ program was only being implemented in Indonesia for the first time, we and our partners initiated six intervention programs to effect change:

1. Peer education for groups of fathers and their partners to raise awareness of sexual and reproductive health and rights, gender equality, and the involvement of men in care-giving/parenting.

2. Peer education for young men on masculinity, violence in sexual relations/courtship, unwanted pregnancy, underage marriage, and unsafe abortion.

3. Counselling and therapy for male perpetrators of violence in the home.

4. Training health staff to enable them to provide health services that are sensitive to youth and to issues of violence against women. The training also encourages health officers to integrate an approach that involves men in their work programs, as part of pregnancy consultations, childbirth, and childcare.

5. Influencing policy advocacy and building alliances with government and civil society organizations.


Promoting the Involvement of Men and Gender Equality in the Media

In 2013 the MenCare campaign was kickstarted by targeting a variety of media and using a variety of methods. We launched a documentary film, ‘Surga Kecil di Bondowoso’ (Little Heaven in Bondowoso), directed by Nia Dinata of the Kalyana Shira Foundation. The story in this film depicts the life of an ustad (Muslim religious teacher/cleric) in Bondowoso who behaves fairly by sharing roles in his family, such as working together with his wife on household chores and childcare, along with serving as a role model to the Bondowoso community in order to develop happy families without violence.

Rutgers WPF also launched public service ads starring Indonesian actors Lukman Sardi and Ersa Mayori. The public response to this campaign was heartening, judging from the high level of access to the film, public service ads, Facebook, and Twitter, as well as coverage of the program by various media.

Similar responses were found in DI Yogyakarta, Lampung and East Java. PKBI East Java estimated that around 751,892 people were exposed to the MenCare+ campaign in Jombang and Bondowoso through a number of activities that involved communities there.

Program Launching – in the context of the International Campaign, ‘16 Days of Activism Against Gender-Based Violence’

The MenCare+ program was launched in Jakarta on 27 November 2013 in the context of the international campaign, ‘16 Days of Activism Against Gender Violence’. During the launching we invited the bupati (district head) of Kulon Progo, dr Hasto Wardoyo to share experience on the breakthrough policy he initiated to support the fulfilment of sexual and reproductive health and rights of the Kulon Progo community. Aside from that, the launching was supported by the Ministries of Health and of Women’s Empowerment – with Mr. H.M. Bambang Sulistomo, SIP, M.Si., who is an expert staff to the minister on health policy at the Ministry of Health, and Ms. Luli Altruiswati, M.Sc., who is deputy to the division of women’s protection at the Ministry of Women’s Empowerment, invited as keynote speakers for this event.

Also in attendance were the director of the film, Surga Kecil di Bondowoso, Nia Dinata; one of the ambassadors of MenCare, Ersa Mayori; the Deputy Head of Mission of the Embassy of the Kingdom of the Netherlands; and people from 120 stakeholder organizations, representing community organizations/NGOs, government, academia and the media.
Learning from the First Year of the Program

Strong patriarchal values still pose a challenge all their own to the implementation of the program in the four provinces. The process of building trust to get communities to associate with the program entailed a challenge in and of itself. Another unique thing was the absence of the men in the families, due to reasons ranging from their migration and labour out of town or abroad, to the attitude that reproductive health is a women’s affair.

Men’s participation in using contraceptives is still minimal. Although Indonesia was successful in implementing the national Family Planning program in the past, data show that contraceptive use is still largely focused on women. PKBI East Java and PKBI Lampung have made breakthroughs in promoting contraception to men using a gradual approach to men’s and women’s groups consisting of a series of discussions and inviting midwives to participate when running campaigns in the program areas.

Men’s access to contraceptives always encounters obstacles related to culture and religion. Men’s refusal to use contraceptives emerges as a result of lack of knowledge. This can be overcome by opening room for discussion with the community involving religious leaders, which is important and relevant in places like Jombang, Bondowoso and Lampung, which are strongly influenced by Islam. Meanwhile, Rifka Annisa in Yogyakarta uses an approach in cooperation with the provincial office of the National Family Planning Coordinating Board (BKKBN) so that in each community, awareness-raising activity dealing with contraceptive use in particular, condoms and vasectomies are encouraged. They receive strong support from the district head of Kulon Progo.

Encouraging counselling for male perpetrators of domestic violence. Rifka Annisa Women’s Crisis Centre and the Pulih Foundation jointly gave training for counsellors using a module that Rutgers WPF had created, Counselling Tools for Men in the Context of Domestic Violence. Data show that the number of men accessing counselling is still very low. This is because the counselling is still new and because of a culture that dissuades men from talking about their emotions. It is also not easy to convince someone who has committed acts of violence to change their violent behaviours through counselling. To encourage male perpetrators of violence to access counselling, we used a variety of means throughout 2013 to promote the counselling services, including local radio and television broadcasts, campaigns in communities, public service ads, and so on, in order to generate a demand from the public to access the counselling services.
Come Join LAKI–LAKI PEDULI!

Resolving the problem of violence against women, which results, among other things, in high rates of maternal mortality, requires an approach that involves various parties, because it is tied to various aspects of women’s lives. We believe that men need to understand women’s issues because men are also agents of change in creating a just world for women.

By focusing the MenCare+ program on the process of gender transformation, that is, changing the gender roles and norms that disadvantage women, it will have tangible impacts in society. Women’s and children’s health will improve, gender-based violence will continually decrease, men will become more assertive and have better mental health, and aspirations of creating a just society will be realized together.
DEVELOPING YOUTH AWARENESS OF HEALTH AND RIGHTS THROUGH POPULAR CULTURE

Working with youth carries its own challenges, all the more so when it comes to working on sensitive topics concerning sexuality and reproductive health. Peer education is one approach that has proven to be quite effective in targeting youth and making the messages sent easier for them to accept. Since 2010, Rutgers WPF Indonesia, together with our implementing partners, has developed a peer education program for youth through dance4life, that is, a program of HIV and AIDS prevention through music, dance, and popular youth culture.

Since beginning with four organizations based in Jakarta, by the end of 2013 dance4life has expanded the program to cover Riau, Jambi, Lampung, Jakarta, Yogyakarta, and Papua. Since 2011, dance4life has outreached 43,000 youth to become agents4change. This 43,000 is not just a number, but a matter of quality. The quality produced in dance4life is the quality of youth who not only understand their bodies, but also can make good and healthy decisions to access the health services they need based on accurate information.
dance4life’s Four-step Approach to Promoting Change

1. Inspire
   As a first step the dance4life team visits a selected school or community of youth. During 2013, 155 schools were outreached through inspire sessions. These sessions aim to introduce the spirit of dance4life, that is, to invite youth to become active agents of change in their communities. An inspire session includes an introduction, teaching the dance4life dance and positive voice, and a brief look at materials regarding HIV and AIDS, sexual violence, and unintended pregnancy. Based on this session it is expected that youth will be inspired to take part in the global movement against HIV and AIDS. At the inspire stage there are about 100 youth from each school and community.

2. Educate
   After the inspire session, the 100 participating youth receive educate awareness-raising material on topics ranging from sexual violence, to sexuality, reproductive health, HIV and AIDS, myths and facts about sexuality, and preventing violence.

3. Activate
   Youths who have gone through the first two steps then carry out all kinds of activities, according to their interests, as agents4change. Activate activities can take the form of policy advocacy; spreading information related to HIV, AIDS, and youth sexuality; or volunteering. All sorts of creativity have been shown by agents4change, whose activities have ranged from making souvenirs to creating wall magazines at schools, raising funds for People Living with HIV and AIDS, sending chain messages, and mobilizing friends to echo dance4life activities at school.

4. Celebrate
   Celebrate is the last step for implementing dance4life, in which agents4change who have gone through the inspire, educate, and activate steps celebrate their success. Celebrate is organized as part of a series of World AIDS Day memorial events, and in 2013, celebrate was held in six cities in Indonesia, namely, Jayapura, Jambi, Yogyakarta, Pekanbaru, Lampung, and DKI Jakarta.
Partner Capacity Strengthening

dance4life not only targets school youth; we also strengthen the partnership capacities of the organizations affiliated within the program. Aside from that, we involve youth in decision-making and in determining the direction of dance4life program policies.

On 17 - 19 December 2013 dance4life held a national meeting that brought together nine dance4life partners from various provinces in Indonesia. The meeting was an arena for an evaluation and reflection on the outcomes of the dance4life program in 2013, and presentations on the program as well as team building. This meeting also addressed the expansion of the program beyond the current provinces. The first pilot area, which has already been tried out, was Riau, and other provinces will follow soon, working in cooperation with organizations that share the same mission and vision.
vocational senior high schools, Islamic junior high schools, Islamic senior high schools, state junior high schools, private junior high schools.

Worked in five provinces with seven implementing partners

Reached **476** youth in communities – voluntary youth organizations, scouts, and juveniles in prisons/detention centres.

Facebook: dance4life Indonesia –

**2600 fans**

Twitter: @dance4life_ina –

**3700 followers**
Unite For Body Rights
Indonesian Human Development through the Fulfilment of Reproductive Health and Sexuality
The rights to health, to freedom from violence, and to accurate information are basic human rights that must be fulfilled together. The UFBR program is designed to fulfill the right to health, with the main objective of improving the quality of health of the Indonesian people, especially sexual and reproductive health, as part of the Millennium Development Goals (MDGs).

UFBR is a five-year program that, aside from focusing on the achievement of the MDGs, is also focused on building the capacity of civil society organizations in Indonesia. The implementation of the UFBR program is made possible through the synergy among the Indonesian civil society organizations associated within the One Vision Alliance (Aliansi Satu Visi – ASV).

The UFBR program focuses on strengthening the role of alliance members in carrying out the following programs:
1. Comprehensive sexuality education for male and female students of junior high schools (SMP) through SETARA and dance4life.
2. Provision of access to youth-friendly sexual and reproductive health services.
3. Preventing and responding to gender-based violence.

In 2013 the UFBR program was implemented in DI Yogyakarta, DKI Jakarta, Lampung and Jambi by eight implementing organizations, namely, Ardhanary Institute, PKBI DI Yogyakarta, PKBI DKI Jakarta, PKBI Jambi, PKBI Lampung, Sikok Foundation, and Pelita Ilmu Foundation, with the One Vision Alliance (ASV) providing a collective platform for the achievement of the program’s objectives.

The Importance of Access to Youth-friendly Sexual and Reproductive Health Services

In 2013 a primary objective of the program was to increase the role of the implementing partners in encouraging improvements in sexual and reproductive health services as well as gender-based violence services. To develop the skills and capacities of the program implementing partners, we, together with the partners, developed the module, Youth-Friendly Sexual and Reproductive Health Training. This module has contributed greatly to efforts to develop youth-friendly sexual and reproductive health services.

Such skills are much needed because the sexual and reproductive health services that are currently available, both private and public, are still not yet fully responding to the needs of youth in a comprehensive manner, in terms of the friendliness of their health officers, their confidentiality, the affordability of their prices, and the proximity of their locations to youth.

Education and Information is Power

A second focus of the UFBR program in 2013 was the empowerment of youth by increasing their knowledge and skills related to sexuality and reproductive health, including HIV & AIDS, through the SETARA module for junior high schools, the dance4life program, and the involvement of youth forums in various regions.

To create a conducive environment, the One Vision Alliance (ASV), as a coalition of the implementing partners, encouraged the process of creating policies to support the sustainability of the program and to strengthen the role of youth in youth forums. In 2013, a pilot program of comprehensive sexuality education for junior high schools (SMP) called Semangat Dunia Remaja – SETARA (Spirit of the World of Youth) was created and implemented in DKI Jakarta, Jambi, Lampung and DI Yogyakarta. By the end of 2013, half of the SETARA materials and module were applied, with the balance to be taught by mid-2014.

Before developing the SETARA module for junior high schools, Rutgers WPF Indonesia had developed the DAKU! module for senior high schools (SMA) and DAKU! PAPUA for SMA students in Papua. The funding from Rutgers WPF Indonesia for this program has ended but the modules are still being used by several teachers and schools. This proves the high dedication of the teachers and schools to carrying out comprehensive sexuality education to empower youth in terms of knowledge, attitudes and skills. To date, the DAKU! module is still being used in Jambi (four schools), Lampung (five schools) and Jakarta (four schools). Meanwhile, DAKU! Papua is still being implemented in five schools in Merauke.

Promoting the Creation of Policies More Favourable to Youth

At the national level, the One Vision Alliance (ASV) conducted advocacy work to influence policies involving the Ministry of Health to jointly actualize youth-friendly health services. The Ministry of Health’s commitment to achieving youth-friendly health services is fairly high, with youth health information centres (pusat informasi kesehatan remaja – PIKR) in every public health centre (Puskesmas). However, in terms of the quantity and quality of services, the PIKRs still need to be further improved. This is where the role of ASV comes in, as an alliance that will continue to work with government until these services are fully realized in all public health centres in Indonesia.
The ASV membership now consists of 21 organizations that work with schools, street children’s community networks, the urban poor, networks of women and other underserved groups. Since 2012, ASV has amplified the importance of sexual and reproductive health through the celebration of World Sexual Health Day (WSHD). This celebration has become an annual event, and on 8 September 2013 it was celebrated nationally in Jakarta as well as in several other provinces. In 2013, WSHD celebrations were attended by more than 300 young people and others concerned about sexual health as a prerequisite to leading a good life.

Involving Youth in Policies that Favour Youth
Since the UFBR program aims to raise the standard of living of youth, focus is placed on the meaningful involvement of youth in all components of the program. This means that youth also play a role in the management structure of the One Vision Alliance (ASV) and all ASV members are committed to always providing space for youth to be actively engaged, from initial planning through implementation to evaluation of things ranging from activities to organizational policies.

At provincial and district/municipal levels, all ASV members also work for the creation of policies that support the rights of youth in their work areas. The aim is to achieve real support for the implementation of comprehensive sexuality education and the establishment of youth-friendly health services there. ASV has gone well in Lampung, Jambi, Jakarta and DI Yogyakarta, where, among other things, support has been raised for the SETARA program. This support needs to receive more attention because it is still limited to sectoral support from the schools, students’ parents and the district/municipal offices of education. In the future, a strategy will be necessary to incorporate the SETARA module into the education department’s curriculum.

Among the successes achieved so far are the allocation of funding for the implementation of the DAKU! PAPUA program in Merauke and funding of the DAKU! program in Lampung. These two achievements can serve as foundations for advocacy for the implementation of comprehensive sexuality education in other provinces.
UFBR 2013 Outcomes in Figures

837 – staff of civil society organizations who received training in sexuality education

21,102 – youth who participated in sexuality education

18,857 – sexual and reproductive health service consultations provided by the implementing organizations

31 – types of sexual and reproductive health services provided

9,322 – community members and leaders who participated in activities supporting sexual and reproductive health and rights

2,506,661 – people outreach with information on sexuality.

The Success of Comprehensive Sexuality Education in Indonesia

DAKUI program – sexuality education for senior high schools (SMA) and their equivalents, developed in Jambi, Lampung and DKI Jakarta in 2005 and conducted on an ongoing basis since then in these areas.

SERU program – sexuality education for correctional institutions (LAPAS), involving 10 juvenile detention centres in Indonesia in cooperation with the Directorate General of Corrections in Medan, Tangerang, Blitar, Palembang, NTT, Kutoarjo, and Kalimantan.

Aku and Kamu programs – sexuality education for pre-school children ages 4 to 6 years, developed in Jakarta, East Java, and East Kalimantan.

Maju and Langkah Pastiku programs – sexuality education for children and adolescents with special needs, that is, hearing and vision disabled children and youth, in cooperation with the Directorate of Special Education of the Ministry of Education and Culture.

SETARA program – sexuality education for junior high schools (SMP) developed in Jambi, Lampung, Jakarta and DI Yogyakarta.
Caring for Reproductive Health and Sexuality Together

Young people, as a population and as an identity, constitute a unique group. On one hand, young people have their own needs, which distinguish them from both children and adults. On the other hand, no less important, young people comprise an extremely diverse group. This diversity underlies our efforts to continually innovate in targeting and involving them in the field of youth reproductive health and sexuality more effectively and efficiently.

In the beginning of 2013, we began an innovative new program targeting marginalized young people. Where previously we targeted in-school youth, in 2013 we began targeting underserved young people who are members of various communities, ranging from those who are differently abled to the PWHA and sexually diverse, from street youth to young people in detention centres and in Muslim boarding schools, all the way to young mothers. The program is called ASK, which stands for ‘Access, Services and Knowledge’. In Indonesia we have adapted it to become ASK Buddies. This choice of name is based on the fact that young people have more confidence in their peers, which is why we wanted to position ourselves as buddies who can be trusted for information on and access to sexual and reproductive health services for youth in Indonesia.

The ASK program is running in three regions in Indonesia, namely, DKI Jakarta, DI Yogyakarta and East Java, with intervention areas as follows:

- **DKI JAKARTA**
  - Areas: South Jakarta, North Jakarta, East Jakarta, Central Jakarta, West Jakarta
  - Partners: PKBI DKI Jakarta Chapter and YPI

- **DI YOGYAKARTA**
  - Areas: Kulonprogo, Gunung Kidul, Yogyakarta city, Bantul, Sleman
  - Partners: PKBI D.I. Yogyakarta Chapter and CD Bethesda

- **JAWA TIMUR**
  - Areas: Kota Surabaya, Jombang, Pamekasan
  - Partners: PKBI East Java Chapter

We designed ASK Buddies based on three main objectives, namely:

1. To create a supportive and friendly environment for young people, especially to support structural change by influencing policy makers to be more favourable to young people.
2. To increase access to comprehensive, reliable and nonjudgemental information for young people concerning reproductive health and sexuality.
3. To improve the availability, accessibility and quality of sexual and reproductive health services for young people.

In Indonesia, ASK Buddies is being implemented by the One Vision Alliance (ASV), which consists of Rutgers WPF Indonesia; the National PKBI (Indonesian Family Planning Association) Office as well as PKBI Yogyakarta, PKBI East Java, and PKBI Jakarta; Pelita Ilmu Foundation, CD Bethesda, Aliansi Remaja Indonesia (Indonesian Youth Alliance), and the Ministry of Social Affairs (Kementerian Sosial – Kemensos). Rutgers WPF Indonesia plays the role of coordinator of the program in Indonesia.
A Results-Oriented Program

To ensure its accountability, this program was designed by specifying measurable results from the start. This is embodied in the concept of having one to four ‘Result Areas’ that are the collective responsibility of the organizations running the ASK Buddies program. The Result Areas we have targeted are:

Result Area 1 – Providing information on reproductive health and sexuality for young people, especially for those who are PWHA, differently abled, young mothers, and sexually diverse, and supporting them in adopting healthier behaviours. Information will be provided through media that are easily accessible to young people. These media include telephone services, gateway sms (short message services), helplines, leaflets, booklets, and websites.

Result Area 2 – Providing access to sexual and reproductive health services that cover contraception, anti-retroviral (ARV) drugs, counseling, voluntary counseling and treatment (VCT), prevention of mother to child transmission (PMTCT) of HIV, and prenatal services.

Result Area 3 – Encouraging services in public and private clinics to provide better sexual and reproductive health services, especially for marginalized youth groups.

Result Area 4 – Creating an enabling environment for the fulfillment of the sexual and reproductive rights of marginalized youth.

*Based on this concept, through information dissemination we will encourage the creation of awareness among young people to get them to go for sexual and reproductive health checkups at the youth-friendly services that have been prepared. However, this objective will not be fulfilled if no support environment exists yet, so that in this program we will endeavour to advocate for and create an enabling environment.*

Valuable Lessons Learned in 2013

Working together in an alliance presents its own challenges. The One Vision Alliance (ASV) consists of a variety of organizations with diverse backgrounds. Coordination and communication must always take precedence and occur intensively to establish assertive and positive communications.

Improvements in the quality of information provision to young people are much needed. Young people’s needs for sexual and reproductive health information are high, so strategies are needed for appropriate, comprehensive and effective information outreach.

A lot of hard work is still required to provide sexual and reproductive health services to young people, as they still face a lot of stigma and discrimination when accessing services.

**12,619** – young people who receive information through the ASK program

**65** – peer educators supported through e-learning and e-support

**2,994** – health services provided to young people, including VCT and PMTCT

**902** – contraceptives provided to young people

**30,364** – participants in group discussions on sexuality and reproductive health online

**2,023,618** – members of the public reached by the ASK program campaign

**17** – public policy makers who bring SRHR issues into political debates
RESULTS OF THE 2013 OUTCOME MEASUREMENT SURVEY
Reflections on the Effectiveness of the UFBR Program

The UFBR program began in 2011 and will end in 2015. Program monitoring and evaluation form an inseparable part of the program. It is crucial to measure the impact of the program, to see the extent to which the program is effective for its beneficiaries. Upon entering the third year of UFBR program implementation, Rutgers WPF Indonesia conducted a survey to measure the impacts of the program carried out until then.

The survey was conducted in four intervention provinces, i.e., Jambi, Lampung, DKI Jakarta and DI Yogyakarta. The survey measured the three program components targeted in the UFBR program:

1) Knowledge, attitudes and behaviours of the students who took part in the UFBR program regarding reproductive health and sexuality. These components include: attitudes towards reproductive health, sexuality, and human rights; the use of condoms and other contraceptives; non-consensual sex experiences and activities; and norms they hold in relation to sexuality.

2) Sexual and reproductive health services, that is, changes in the quality of, and client satisfaction with, the youth-friendly sexual and reproductive health services at the public health centres or clinics following UFBR program implementation.

3) Support environment for the fulfilment of sexual and reproductive rights, that is, the support provided by the general public, community leaders, and various other stakeholders.

METHODOLOGY

in-depth interviews, focus group discussions, survey through direct checks in the field (checklist), final interviews to measure levels of client satisfaction with health services, and analysis of secondary data to understand the day-to-day problems that youth clinics face. Additionally, to see levels of involvement of stakeholders in the UFBR program, we used a stakeholder mapping method.

RESEARCH METHODS
RESULTS

1. Knowledge, attitudes, and practices related to sexuality

Overall, the indicators showed improvements in knowledge, attitudes and behaviours. This demonstrates the effectiveness of the program interventions carried out with the partners. On rights-based questions about sexual behaviour, the changes were significant.

- People who looked healthy could be infected with HIV
  2011: 14.7%  2013: 73.6%  knowledge increased by 58.9%
- Being forced to have sexual relations is unjustifiable
  2011: 5.3%  2013: 85.1%  increased by 79.8%
- Tendency to delay sexual relations
  2011: 34.1%  2013: 85%  increased by 50.9%
- Individuals have the right to refuse to have sex
  2011: 75%  2013: 92.2%  increased by 17.2%
- Has visited a health clinic
  2011: 10.3%  2013: 29.1%  increased by 18.8%

These findings convince us of the importance of sexuality education as a way to change adolescent attitudes towards sexuality. In addition, these findings suggest that the earlier children are provided with sexuality education, the more likely they will be to lead healthy relations in their lives later on.

2. Sexual and reproductive health services

- The degree of satisfaction expressed by youth in the intervention areas about sexual and reproductive health services increased by 40%.
- This increase happened in five out of eight (62.5%) of the youth-friendly health clinics. However, as shown by the system of direct checking in the field using a checklist, along with secondary data analysis, clinic facilities still need to be improved.
- At the same time, the number of clinics with the problem of running out of commodity stocks was lower in 2013 than at the start in 2011.
- The availability of supplies for HIV tests was better than in 2011.
- In almost all of the clinic services where interventions had been made, the number of youth accessing the services had increased, but the number of high-quality staff still needed to be increased.
- The satisfaction score for Ardhany Institute, which provides services for victims of gender-based violence, was 2.9 out of a maximum 4.
- After exposure to information regarding sexuality, reproductive health, and human rights, youth had better knowledge and awareness and were more able to state their desires to receive better services.

3. Involvement of relevant parties

- The knowledge of community leaders varied in each area but showed rising trends. At the time of the survey it reached 39% from the total target 50% by 2015.
- Acceptance of youth sexual and reproductive rights and reproductive health at the community level was 40%. This is close to the 45% target for 2015.

In the two remaining years of the program, partners will strengthen their focus on advocacy and on building a conducive environment by involving more parents of students and other parties.
We believe that through mutually synergistic partnerships we can support the work of civil society organizations in Indonesia to realize a shared vision for a better Indonesia. In cooperation with the One Vision Alliance (Aliansi Satu Visi – ASV), which consists of a variety of cross-field organizations in Indonesia, we can do this together. The Indonesian government has ratified an international agreement on population, that is, the International Conference on Population and Development Program of Action (ICPD PoA) 1994. In the framework of this agreement, we, as members of ASV, contribute to supporting the commitment of the Indonesian government to improve the quality of life of the Indonesian people, especially marginalized groups such as women, children and adolescents. The One Vision Alliance works to support the fulfillment of sexual and reproductive health and rights. Throughout 2013 we organized a series of activities to build.

**National Symposium on ‘Human Rights, Sexuality and Gender Approaches in Combating HIV & AIDS and Trafficking’**

This symposium was held in Yogyakarta on 29 January - 1 February 2013 with three objectives: 1) to align gender, sexuality and human rights perspectives of prostitution and sexual services, 2) to design the building of a movement for the protection and fulfilment of the fundamental human rights of sex workers in the context of combating HIV & AIDS and trafficking, and 3) to formulate judicial and strategic foundations for the fulfilment of human rights for sex workers. The symposium presented a variety of speakers and invited around 50 HIV & AIDS activists, experts and observers. Activities were divided into four phases: Pre-discourse Presentation, Orientation Arena, Discussion and Idea Formulation.
World Sexual Health Day 2013: Express your Rights!
On Sunday, 8 September 2013, ASV celebrated World Sexual Health Day by organizing a dance4life Indonesia drill and music performances, and giving speeches at the Hotel Indonesia Roundabout as part of ‘Car Free Day’ activities in Jakarta. This memorial was a very strategic opportunity to demonstrate the importance of sexual health to the public.

Training of Trainers for Youth-Friendly Health Services
This activity was conducted on 6 - 10 November 2013 with the aims of 1) increasing healthcare workers’ understanding of sexual and reproductive health, both in medical terms as well as in terms of sexual orientation and gender identity, 2) improving healthcare workers’ skills related to advocacy communications and to becoming trainers, and 3) improving healthcare workers’ skills in using the youth-friendly health service module. This activity was a follow-up on the creation of the ‘Youth-Friendly Sexual and Reproductive Health Training’ module.

Training of ASV Youth Forum Organizers
This training was attended by 29 youth representatives of ASV members and was conducted in Jakarta on 10 - 12 December 2013. The activity began with a review of the ASV Youth Advocacy Forum in 2012 - 2013, which was followed by sessions on understanding advocacy; developing a vision, meaningful youth participation, youth as movement actors, formulating strategic issues, and data processing, as well as message-packaging communication strategies.

Indonesian Youth Diversity Celebration 2013
IYDC, the first youth sexual and reproductive health conference in Indonesia, was held in Jakarta on 13 - 15 December 2013. Selected youth from across Indonesia were able to share their experiences, and collectively discuss and receive updates on issues of sexuality, reproductive health, and human rights. This activity was attended by representatives of the Indonesian Ministry of Health, so it was an appropriate time to do advocacy for youth-friendly services. A short course was also given every day to build participants’ skills and knowledge of issues related to good reproductive and sexual health in Indonesia.
The establishment of Law No. 23/2004 on the Elimination of Domestic Violence was proof that the Indonesian government was committed to overcoming the issue of violence in the personal sphere. It was a systematic effort to eliminate domestic violence. However, the existence of the law alone is insufficient to reduce the high rate of domestic violence in this country. Data from the National Commission on Women (Komnas Perempuan) shows that in 2012, there were 216,156 cases of violence against women, and 203,507 of these cases were cases of domestic violence, while the other 2,428 were cases of violence in other intimate relations.

The high rate of domestic violence requires all elements of society to generate a more targeted approach. Up to now, efforts to deal with violence against women have still been largely focused on women. Armed with various studies, field findings, and program innovations from other parts of the world, in 2007 Rutgers WPF Indonesia began working with the Rifka Annisa Women’s Crisis Centre in Yogyakarta and the Cahaya Perempuan Women’s Crisis Centre in Bengkulu to develop a program of counselling for men.

A point of departure for this endeavour was provided by case data collected by Rifka Annisa, which showed that almost 90% of women who were victims of domestic violence chose to stay together with their partners. This fact underscored the importance of reaching out to and involving the men so they could change their behaviour to become non-violent. One way of doing this is through counselling.

In 2013, with support from the World Bank, Rutgers WPF Indonesia, together with the Rifka Annisa and Cahaya Perempuan women’s crisis centres, expanded our work through the program, ‘Men Making Difference in Stopping Violence Against Women’, which targets counselling for male perpetrators of violence in intimate relationships.

The counselling is made available to both individuals and couples. Furthermore, to support the program, a series of public education programs were organized to promote non-violent masculinity and values. Not only that, we also worked with government policies supporting the provision of counselling services for male perpetrators of violence so that the elimination of violence against women can be carried out comprehensively.

A variety of innovations to eliminate violence against women

1. Behaviour-change counselling
Efforts were made to get the community to understand that in the context of implementing the Law on the Elimination of Domestic Violence, behaviour-change counselling services had begun to be offered by organizations that provide services to women and children who are victims of violence. The first step in developing the behaviour-change counselling program was capacity building for counsellors, that is, conducting training in counselling men in the domestic violence context.

2. Dissemination of non-violent masculinity values through campaigns and government.

Campaigns in the mass media, communities and religious groups
We worked together with journalists to help promote the values of non-violent masculinity. We began by organizing a workshop on men’s involvement for journalists, conducted by Rifka Annisa. This was very challenging, since the mass media are still locked into dominant values that place the blame on women for being victims of domestic violence. The workshop was designed to develop the journalists’ points of view, so they could side with the victims of violence. Rifka Annisa also produced two public service ads on male counselling and the importance of people’s preparedness to respond to cases of violence in their neighbourhoods. In Bengkulu province, we held community discussions with religious and customary leaders as well as others, ranging from government stakeholders such as the Ministry of Religion to academics.
Local government policy

WCC Cahaya Perempuan Bengkulu began exploring opportunities for cooperation with the Regional Office of the Ministry of Religion, particularly regarding information provision knowledge reinforcement for newlyweds. The material is mainly about issues of gender equality and developing a harmonious household, based on the Quran and Hadith. Its aim is to reduce rates of domestic violence.

To encourage increasingly more male perpetrators of violence to access counselling, we ran a campaign, targeting a variety of media and taking advantage of various opportunities, including:

- Community discussions involving fathers, as well as community and religious leaders, to socialize the counselling services and issues of rights and reproductive health.
- Using local and community radio media and packaging through the arts.
- Participating in sports events, such as football games, which men like.
- Developing campaigns that feature not only lectures but also activities that provide knowledge, including discussions with experts on gender and masculinity along with public figures whom people idolize.
- Encouraging public awareness of the counselling services by packaging positive messages about the counselling for men.

Program Implementation Challenges

Due to the continued dominance of the masculine values held by male clients, they did not follow counselling up to the point of behaviour change. This was because of client perceptions that following counselling would not necessarily make their wives dismiss their divorce claims. The clients were not yet aware that counselling was necessary to improve their relationships and eliminate abusive behavior against their partners and children.

FACTSHEET

- The majority of men who access counselling services at Rifka Annisa have committed acts of violence against women within their marital relationships (up to 80.2%).
- The conviction of a perpetrator of violence is insufficient to address the root problems associated with the violence. In fact, a conviction may leave behind a trail of psychological, economic, social and health problems for the female victim. This is why it is essential to pursue an approach to men focusing on positive changes to violence-free behaviour.
- The greatest challenge in conducting counselling for men who are perpetrators of violence is their reluctance to follow behaviour-change counselling. Most of the men who come for counselling come as a result of a partner referral. Only four men have come for counselling voluntarily. Their motivations to come for counselling were mainly that they did not want their partners to divorce them.
- Another challenge is the high counselling dropout rate, which is a logical consequence of the lack of motivation. Out of the 12 existing counselling themes, on average only two to three to are successfully completed, because the husbands still think that they themselves have no problems, so there is nothing that has to be changed. They often assume that the problems that appear are due to family economic problems.
- The counselling services for male perpetrators of domestic violence in the WCC Cahaya Perempuan Bengkulu program are not only conducted based on referrals from victimized clients and by telephone/sms, but also based on court decisions, for male perpetrators of domestic violence who have been convicted of violating the Law on the Elimination of Domestic Violence and are at the Bebek Penitentiary (LAPAS). Another strategic way being pursued to reach male perpetrators of domestic violence is by providing counselling through the Office of Religious Affairs (Kantor Urusan Agama) in Gading Cempaka subdistrict, Bengkulu city.
Papua, as the easternmost province of Indonesia, has a uniqueness all its own. It is endowed with natural wealth, but this has not been accompanied by any improvements in the welfare of its inhabitants. Youth in Papua too possess their own special challenges compared to youth in other provinces. These challenges include an HIV epidemic that is no longer concentrated in key populations but has already spread into the general population. Data show that the HIV case rate there is 15 times higher than the Indonesian national average. This is reinforced by other equally pressing challenges, such as poverty.

Even though they are in the midst of this high-level HIV and AIDS epidemic, Papuan youth engage in fairly risky sexual behaviours. Based on various sources, they begin having sexual relations at around 13 years of age. Unfortunately, their vulnerability has not yet been addressed by adequate information on reproductive health and sexuality, STIs and HIV, which places them at extremely high risk. Furthermore, it is generally difficult to gain access to health services or to contraceptives such as condoms in Papua.

**Importance of Access to Services and Information in Papua**

We believe that change can be achieved through cooperation, information, and also, trust building. Together with the European Union we have developed a program to strengthen access to sexual and reproductive health services in four regions in Papua, namely, Jayapura city, Jayapura regency, Keerom regency, and Biak regency.

Based on a study we conducted with Papuan youth in these four regions, the health risks Papuan youth face have four causes:

1. Limited information on sexual and reproductive health
2. Limited access to youth-friendly health services
3. Taboos on discussing sexuality in school and community environments
4. Barriers to communication between parents and adolescents related to reproductive health and sexuality.

On the other hand, there are structural challenges, ranging from the minimal involvement and participation of youth in decision-making and policy-making in their areas, and lack
of coordination among stakeholders, to the resistance of religious leaders and community leaders to resolving the problems of youth. Coordination and participation are two important things that we promote in this program. We believe that the involvement of various stakeholders, including youth, in discussing and resolving problems related to reproductive health and sexuality is the key to promoting change in a positive direction.

The year 2013 was the third and final year of the implementation of this partnership with the European Union. For three years, together with PKBI Papua (Papuan branch of the Indonesian Planned Parenthood Association) we developed a coordination strategy through the establishment of a diverse multi-stakeholder forum. The objective was to promote and establish an enabling environment to support the improvement of the health status of youth in Papua. The program is a partnership of Rutgers WPF and the European Union with PKBI Papua as the implementer in the field. During the first year, 2011, program activities were focused on developing a health networking forum in Papua in the four regencies and municipalities, and mobilizing youth, as well as involving journalists to take an interest in sexual and reproductive health issues. At the beginning of the second year, the program was directed towards increasing the role of youth and various forums in raising issues of youth reproductive health and sexuality, and influencing policies relevant to these issues at provincial, regional and municipal levels. In the third year of the program’s implementation, many outcomes came out of these partnerships, ranging from improvements in the capacity of Youth Forum Papua, increased sustainability of youth programs, and improvements in the capacity of health workers and cadres, to enhanced advocacy strategies, and the successful joint design of work plans and budgets at the public health centre (pusat kesehatan masyarakat – PKM) level to accommodate the needs of youth. One of the outputs of this program was the establishment of Youth Forum Papua. Youth Forum Papua consists of 30 youth organizations from four regions in Papua. The forum was established by these organizations after going through a series of trainings in areas ranging from sexuality education to policy. The forum has received local government recognition and contributed to a multi-stakeholder policy forum, mainly by sharpening its policy strategies. Youth Forum Papua has been actively involved in policy discussion and in increasing the knowledge of the general public about the importance of sexual and reproductive health issues and the need for youth-friendly health services and information.

Additionally, Youth Forum Papua has adopted the dance4life program to reach out to school youth. In view of how unique the dance4life approach is, because it utilizes music, dance and popular culture, Youth Forum Papua gained support for this program from the Papua Provincial Branch of the National Family Planning Coordinating Board (BKKBN). Aside from receiving peer-educator capacity-building and organizational support, members of Youth Forum Papua in the four regions also increased their capacities through a Peer Counsellor Training. This was an advanced training for those who had already attended the Peer Educator Training in 2012. This training was given in cooperation with the Jayapura Counsellors Association. It is expected that the youth who have been equipped with peer educator and peer counsellor skills can reach out to their peers and bring them closer to the existing youth-friendly health services.
Youth Health Services ‘Supply and Demand’

One challenge that local governments often put forward in connection with youth-friendly services was that the services were available but no young people were accessing them. The services concerned were services through the PKPR (Program Kesehatan Peduli Remaja – Youth Care Health Program) that used to be, but were no longer available in a number of public health centres.

In response to this obstacle, in this program Rutgers WPF Indonesia, together with PKBI Papua, encouraged the supply of health service commodities as well as generating the demand for them. Demand was developed by supporting the initiative to establish Youth Forum Papua along with education on sexuality and reproductive health. Further, we encouraged the growth of a cross-sector forum, by lobbying local governments through the relevant government work units (SKPD) to resume support for youth-friendly health service provision. Also, the supply of this commodity was developed by improving the capacity of reproductive health cadres and health officers from the four program regions.

Around 250 people from the four regions have been trained in the Youth-Friendly Health Service Training. The participants who have been trained consist of health officers from public health centres, midwives, public health centre cadres, and youth cadres, as well as several staff of the Family Planning Bureau under the coordination of the Papua Provincial BKKN, which supported this training for health officers and family planning cadres not only by sending participants from other regions in Papua, but also by contributing to cover accommodations for the participants. BKKN warmly welcomed this activity because they valued the contribution it made to the work being done in their own program.

Enhancing Policy Reform Strategies

Working for policy reform in Papua entails some fairly serious challenges. Infrastructure problems still remain a priority. The target of pushing for programs and budgeting through the local government work units (SKPD) and audiences with local legislative assemblies (DPRD) was abandoned because based on several cross-sector forums and advocacy workshops, realistic recommendations were made to instead encourage the public health centres to maximize their Health Operational Assistance allocations.

These recommendations were well received by our health officer colleagues, so in the advocacy workshops held in November and December 2013, a Work Plan and Budget was compiled. A plan was created for each region, in a team consisting of members of the relevant SKPD and health officers along with public health centre heads, health cadres and youth cadres.

Within each Work Plan and Budget, the funding allocations proposed to qualify for Health Operational Assistance generally covered information dissemination, additions to service and operational facilities related to youth-friendly services, coordination with reproductive health and youth cadres, data collection, and other relevant activities.
Factsheet

Training for midwives and health-service cadres – Training for cadres and midwives involved eight people from four districts. As follow-up, those trained gave further training to 25 cadres and 25 midwives in their respective districts.

Counselling training for youth peer educators – 15 youth from three districts were trained initially, and by the end of the program, 60 youth were trained to serve as peer counsellors. Youth counsellors with peer educator expertise are linked to public health service centres, helping them to provide counselling services.

Policy training at the provincial level attended by 20 people from four districts, including people from youth groups.
Regional Learning Forum
A FIVE-COUNTRY SHARING FORUM

The UFBR program is implemented by partners in various countries, including: Pakistan (Quetta, AWAZCDS, Rutgers WPF), Bangladesh (Family Planning Association Bangladesh/FPAB, UBR Alliance, Population Services and Training Center/PSTC, CHC/Christian Hospital Chandraghona), India (Voluntary Health Association of India, NEEDS, Bihar Voluntary Health Association, Restless development India, SEWA Bharat, Child in Need Institute Jharkhand, SRHR Alliance India), the Netherlands (dance4life, Simavi, Rutgers WPF, SRHR Alliance) and Indonesia (Rutgers WPF Indonesia, PKBI D.I. Yogyakarta, PKBI Lampung, YPI, PMI, and SIKOK).

Sharing is caring. Rutgers WPF believes that the more we share experiences and exchange stories about program implementation, the more we will be able to learn how to make reproductive health and sexuality programs far more effective. This is what prompted us to host the Regional Learning Forum in Bandar Lampung, 21 - 24 October 2013, which brought together organizations associated in partnership with Unite for Body Rights (UFBR) from five countries, namely, Indonesia, the Netherlands, India, Pakistan, and Bangladesh.

The aims of the UFBR program are to improve the quality of programs of comprehensive sexuality and reproductive health education, and to increase the accessibility and quality of sexual and reproductive health services for young people and women, so as to better guarantee their sexual and reproductive rights, including the elimination of violence against women. This forum offered the countries involved in this program an opportunity to learn from Indonesia’s experience, especially from the province of Lampung.

In 2012, the regional learning forum was held in Ethiopia and this year, the forum was held in Indonesia. The 2013 forum had two main themes: 1) Comprehensive Sexuality Education, especially regarding implementation and materials content, and 2) Stakeholders, especially related to building partnerships and broadening supportive policy.

LEARNING FROM LAMPUNG

Lampung was selected because the province serves as a good model for implementation of the UFBR program in Indonesia. Lampung has been an implementation site for the comprehensive sexuality education program conducted by PKBI Daerah Lampung since the UFBR was first introduced. During the Regional Learning Forum participants learned how the experience and learning of the network established by PKBI Lampung could support them in effectively implementing sexuality education programs in their own countries.
Aside from inviting policy stakeholders, Rutgers WPF also invited the teachers and implementing coordinators of the sexuality education program in the schools. On this occasion the participants also made visits to the schools that have received mentoring from PKBI Lampung, which include both general private schools and Islamic private schools.

One of the teachers entrusted to provide sexuality education said that the teaching method applied through dance4life, that is, using music, dance, and popular culture, was easier to accept if the school had received comprehensive sexuality education before. This was because the entire school already had a better understanding and familiarity with the subject, so the dance4life program could run more smoothly and use time more efficiently.

A lot of things that the participants from outside Indonesia learned at the forum were new to them, such as the dance4life approach; and the use of the comprehensive sexuality education modules and their delivery using interesting pictures to complement the material. Further, they learned how discussions of sensitive topics such as unintended pregnancy and gender-based violence could be conducted more easily.

Additionally, the discussion between forum participants and the stakeholders in Lampung highlighted how the cooperation of the Ministry of Education, Ministry of Health, youth-friendly Public Health Centre facilities, the Office of Religious Affairs, and Office of Religion had established strong support for the program of sexuality education run by PKBI Lampung. This forum also served as an arena to promote civil society organizations in Indonesia that already have good organizational governance and good program management. This is important as a source of learning both for development practitioners and the government as well as grassroots organizations working to support the government’s commitment to increase the quality of life of its citizens through improvements in the area of reproductive health and sexuality.
Information and Communication
Building Networks and Promoting Social Transformation

We believe that the availability of knowledge is a necessary condition to promote social transformation. And transformation is the key to realizing the fulfillment of sexual and reproductive rights for all. Therefore, we are seriously working on this field of knowledge through the provision of information on reproductive health, sexuality, and human rights. The various interventions we make to provide information through implementing partners have already reached a variety of groups in Indonesia, ranging from school youth to marginalized groups, policy makers, and donors. Yet we see that there are still gaps in the provision of information in the areas of reproductive health, sexuality, and human rights. Therefore, we strive to link with various groups to find out whether what we are doing is working well at the grassroots and policy-maker levels, and to link them with one another to improve programs and policies in Indonesia.

In 2013, Rutgers WPF began reconsolidating its role and position as an intermediary organization in Indonesia. With a range of different programs that target youth, women, and men, we realize that consistency and integration are essential in delivering messages to the public to support our vision.

In 2013 we published several publications about sexuality and reproductive health education for middle school students as well as teachers; a youth-friendly sexual and reproductive health training module; and a guide to counseling tools for men in the context of domestic violence. Additionally, we also increased our visibility in online media, including a website, a monthly newsletter, and a variety of social media. We designed these various information sources to increase public awareness and acceptance of various topics of reproductive health and sexuality which had not been documented before, and now appear in public in a positive light.

Branding Rutgers WPF Indonesia

Since our program began in Indonesia in 1997 under the name WPF (World Population Foundation), Indonesia has undergone many changes. In 2005, our first office was formally opened, and in 2010 there was a merger that resulted in our change of name from WPF to Rutgers WPF. Strong, relevant and consistent branding is helping us to position ourselves in Indonesia.
Website – The aim of the www.rutgerswpfindo.org site is to provide information on the programs of Rutgers WPF in Indonesia, including our activities as well as our implementing partners.

Newsletter – Rutgers WPF Indonesia News is a newsletter we circulate each month covering program outcomes, past and upcoming activities, and writings that feature news on subjects ranging from reproductive health programs to sexuality and the involvement of men. In 2013 we published six editions of the newsletter to a total of 1,381 subscribers, consisting of academics, donors, NGO workers, youth and private sector groups, and this number continues to rise daily.

Social Media – Given the ever increasing use of social media, we are utilizing their potential as media for public engagement to realize positive social transformation. The number of social media users in Indonesia continues to rise every year, users of Facebook and Twitter in particular. Since we launched our Facebook page in 2013, our fans have increased to more than 6,000 people and on Twitter we have more than 3,800 followers.

Knowledge Products Produced by Rutgers WPF Indonesia in 2013

Books
- Modul Pelatihan kesehatan seksual dan reproduksi ramah remaja edisi 1 (Youth-friendly sexual and reproductive health Training Module, 1st ed.)
- Buku Panduan Peserta Didik Pendidikan Kesehatan Reproduksi dan Seksu, Kelas 7 (Sexual and Reproductive Health Education Student Participant Guide, Grade 7) SETARA
- Buku Panduan Peserta Didik Pendidikan Kesehatan Reproduksi dan Seksu, Kelas 8 (Sexual and Reproductive Health Education Student Participant Guide, Grade 8) SETARA
- Buku Panduan Guru Pendidikan Kesehatan Reproduksi dan Seksu, Kelas 7 (Sexual and Reproductive Health Education Teacher Guide, Grade 7) SETARA
- Buku Panduan Guru Pendidikan Kesehatan Reproduksi dan Seksu, Kelas 8 (Sexual and Reproductive Health Education Teacher Guide, Grade 8) SETARA
- Panduan Perangkat Konseling untuk Laki-laki (Guide to Counseling Tools for Men)

Films
- Surga Kecil di Bondowoso (Little Heaven in Bondowoso)

Videos
- MenCare Public Service Ad by Ersa Mayori
- MenCare Public Service Ad by Lukman Sardi
- MenCare Launching

Meeting Reports
- Indonesian Youth Diversity Celebration

Organization
- Annual Report 2012
- Company profile
THROUGHOUT 2014, RUTGERS WPF INDONESIA HAS VARIOUS PROGRAMMES, WHICH WILL BE CARRIED OUT TOGETHER WITH OUR LOCAL PARTNER. THE PROGRAM THAT WE RUN FOCUSES ON TWO ISSUES, SRHR AND SGBV, WITH PRIORITIES TOWARDS FEMALE, YOUTH, MALE PERPETRATORS, YOUNG MEN, DISABLED, AND MARGINALISED GROUPS. FOLLOWING THIS ARE A NUMBER OF OUR PROGRAMS THAT WE WILL RUN.

**MenCare+**

We develop the MenCare+ program, which was developed from the principle of the MenCare campaign, and is part of a three years partnership in four countries between RutgersWPF and Promundo.

This program is created to involve male between the age of 15-35 as a care-giver partner in improving child & maternal health and sexual and reproductive health and rights. This program is supported by the Dutch Ministry of Foreign Affairs and is implemented in Brazil, Indonesia, Rwanda and South Africa. Working together with the public health service in Brazil, Indonesia, Rwanda and South Africa, our partnering countries will be implementing:

- Peer education with young men regarding SRHR, gender equality, fatherhood
- Peer education with fathers and his couple regarding SRHR, maternal health, gender equality, and fatherhood
- Counselling and therapy with male perpetrators of violence
- Workshop with health sector workers regarding the importance of male involvement in SRHR and maternal health service.
- Advocacy and partnership building with civil society organisation and government agency that will handle this issue.

RutgersWPF, Promundo and various partner organisations also developed and tried out an evidence-based approach to enrich the activities and the program outcome. To ensure the sustainability of MenCare+ program, we are planning to have this initiative implemented and integrated within the public health service by the end of this program implemented and integrated within the public health service by the end of this program.

**dance4life**

As the National Concept Owner of the dance4life program in Indonesia, this year Rutgers WPF Indonesia will work in partnership with some newer. Just as in previous years, dance4life will go through four stages of program:

- **Inspire**, aims to motivate the youth to have amore active role in preventing HIV and AIDS
- **Educate**, A series of interactive workshops that holds the theme of self-improvement, basic knowledge on sexual and reproductive health and rights including HIV and AIDS, negotiating skills, public speaking, debate, and leadership.
- **Activate**, Information dissemination regarding HIV and AIDS towards peers, family, and societies, to become a well-informed HIV and AIDS volunteer and to do various HIV and AIDS management activities.
- **Celebrate**, the culmination of our program following the completion of the three previous steps. The highlight of the event will be in the form of a colossal dance4life musical and dance performance that is carried out prior to the International AIDS day, to reinforce youth’s commitment as agent for change and to link dance4life Indonesia with various other countries that implements dance4life.
ASK

RutgersWPF Indonesia in partnership with its partners will be implementing the ASK – YEA program (Access Service Knowledge – Youth Empowerment Alliance). This program is a multi-organisation cooperation between Indonesian organisations and Dutch organisations to reach out youth groups that haven’t received basic information and health service particularly in SRHR.

ASK – YEA Program will have four result areas:

Result Area 1: Increased number of young people, including those with diverse sexuality and gender identity, PLHIV, disabled, and in remote areas, who have better information to make a more healthy decisions in relation towards sexuality, especially when, where, and how to receive SRHR service.

Result Area 2: Improving access towards sexual and reproductive health services commodities including ARV and contraception towards the youth, including those with diverse sexuality and gender identity, PLHIV, youth between the age of 10 – 16 years old, disabled, and in remote areas.

Result Area 3: Public and private health clinic to provide better sexual and reproductive health services with the increasing number of young people that accessed it, including those with diverse sexuality and gender identity, PLHIV, youth between the age of 10 – 16 years old, disabled, and in remote areas.

Result Area 4: Increased respect towards sexual and reproductive rights, especially towards marginalised youth.

Unite for Body Rights

Unite for Body Rights is a program that has three intervention areas based on the third, fifth and sixth goals of the Millennium Development Goals. In contrast with the ASK – YEA program that aims unreachable youth, MFS II program reaches young people between the age of 10 to 24 years old from the general population and female group within the reproductive age of 15 until 49 years old.

In 2014, UFBR will continue to develop a comprehensive sexuality education module for Junior High School students, provide a youth friendly health services, support counselling services and treatment for victims of domestic violence, and supporting SRHR and SGBV partnership in Indonesia through the Aliansi Satu Visi.
FINANCE REPORT 2013*

2013 INCOME

- Income from Rutgers WPF Netherland: 80%
- Dutch government
- Interest and exchange rate

2013 EXPENDITURE

- UFBR Programme
- European Union
- CordAid
- ASK Programme
- MenCare+
- World Bank
- dance4life
- Indonesia Project

*This financial report has been audited by Certified Public Accountant per 31 December 2013 and has followed the accounting principle in Indonesia
<table>
<thead>
<tr>
<th>Description</th>
<th>Actual 2013 IDR</th>
<th>Budget 2013 IDR</th>
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</thead>
<tbody>
<tr>
<td>Income from Rutgers WPF Netherland</td>
<td>1,720,731,182</td>
<td>1,387,639,243</td>
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<tr>
<td></td>
<td>722,666,279</td>
<td>1,143,299,518</td>
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<tr>
<td>Dutch government</td>
<td>13,710,786,453</td>
<td>17,001,543,685</td>
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<tr>
<td>Interest and exchange rate</td>
<td>1,042,898,543</td>
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<tr>
<td>Other income</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Total income</strong></td>
<td>17,197,082,457</td>
<td>19,532,482,446</td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td>17,265,282,734</td>
<td>19,532,482,446</td>
</tr>
<tr>
<td></td>
<td>(68,200,278)</td>
<td></td>
</tr>
</tbody>
</table>

Apropriation of result 2013
OUR DONORS

dance4life

dance4life is a nonprofit organization headquartered in Amsterdam. dance4life works with young people to realize a world without HIV and AIDS through sexuality education in schools and communities, using music and dance to inspire and involve young people in a meaningful way.

EUROPEAN UNION

The European Union is an economic and political union of 28 European countries that covers almost all of the European continent. One of the main objectives of the European Union is to support fundamental human rights, both within the internal scope of the European Union and worldwide. Dignity, freedom, democracy, equality, rule of law and respect for human rights are core values of the European Union.

THE WORLD BANK

The World Bank is an international financial institution that provides loans to developing countries for capital grant programs. The goal of the World Bank is to assist developing countries to compose plans to develop their infrastructures and economies as a way to reduce poverty and raise the standards of living of their citizens.

THE DUTCH MINISTRY OF FOREIGN AFFAIRS

The Dutch Ministry of Foreign Affairs links the Dutch government with foreign governments and international organizations. The ministry coordinates and carries out the foreign policy of the Dutch government. The ministry is based in The Hague and has a network of missions throughout the world.
OUR PARTNERS

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Ninik Chomsi
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Administration

Jahir
Office Boy

Triyono
Office Boy

Narso
Security

Suhari
Security
GALERI