ANNUAL REPORT
2014

Rutgers WPF Indonesia
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<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ASK</td>
<td>Access Services Knowledge</td>
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<tr>
<td>CPD</td>
<td>Commission on Population and Development</td>
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<tr>
<td>CSE</td>
<td>Comprehensive Sexuality Education</td>
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<tr>
<td>DAKU</td>
<td>Dunia Remajaku Seru</td>
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<tr>
<td>DIFFABLED/DIFFABILITY</td>
<td>Differently abled / different abilities (current term for disabled/disabilities)</td>
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<tr>
<td>GWL INA</td>
<td>Gaya Warna Lentera Indonesia</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<tr>
<td>ICPD PoA</td>
<td>International Conference on Population and Development Programme of Action</td>
</tr>
<tr>
<td>IPPA</td>
<td>Indonesian Planned Parenthood Association</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender, Intersex</td>
</tr>
<tr>
<td>MDGs</td>
<td>Milenium Development Goals</td>
</tr>
<tr>
<td>MFS II</td>
<td>Medefinancieringsstelsel II</td>
</tr>
<tr>
<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<tr>
<td>SIKOK</td>
<td>Sentra Informasi Orang Kito</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>UFBR</td>
<td>Unite For Body Rights</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNGASS</td>
<td>United Nations General Assembly Special Session</td>
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<tr>
<td>YFS</td>
<td>Youth Friendly Services</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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2014 was very colorful for Rutgers WPF Indonesia. We enthusiastically continued the execution of our programs that had already been started in the years before. We were also convinced that our programs had all been given the right format. For instance, we learned a lot of new things from the ASK program that was aimed at adolescents, from the operational research that was done this year and much of what we have learned from these lessons we will share in this report. For the UFBR program, we continued our expertise in sexuality education by expanding our module and maintain the quality of educator. In the health sector, we started our cooperation for the MenCare+ program that focuses on the male's involvement.

Speaking in colorful terms, the focus of this report will start with the theme "Working together to eradicate violence". Other colorful events that took place this year include changes in our staff, including in the management level. Some staff changes initially required us to adapt but with the enthusiasm prevalent among Rutgers WPF Indonesia, we were able to swiftly adapt ourselves and turn ourselves into a solid and unified team that is fully dedicated to do all necessary to meet our vision and mission which remains to be to create a society that is free from all kinds of violence and where sexual and reproductive and sexual health and rights are met and respected.

Rutgers WPF Indonesia as an organization has been active in Indonesia since 1997 and it has the expertise in the field of sexuality education and is committed to the enhancement of the quality of education especially among children and youth. We managed to develop a number of modules that were adapted by the government and by other stakeholders. These modules were geared to education at levels ranging from Kindergarten to senior high school, facilities for the disabled as well as correctional institutions. The most recent module is SETARA (Semangat Masa Remaja, Spirit of the Adolescent Period), which is meant for junior high school students. In 2014, we continued the use of the SETARA module in teaching junior high school students in four provinces, Jambi, Lampung, DKI Jakarta and DIY Yogyakarta. We are aware that providing information only is not enough. This information has to be supported by access to health services. To meet this need, we have started to link ourselves with various organizations that offer sexual and reproductive health services and we have devised a system that offers comprehensive services to youths, women, and marginalized groups. To deal with reproductive and sexual health, we and our partners have produced a series of teaching courses for health providers to integrate them with other youth-friendly services ranging from counseling to medical treatment. With our partners, we have also started to offer counseling services to men and these services focus especially on male perpetrators of violence.

To be able to do all this, all the programs we executed had to be supported by the findings from solid research and therefore we have done research in 2014 that focused on access to information for youths in relation to sexual and reproductive health. This research has been done in three provinces and involved youths not only as the research's subjects but also in the capacity of researchers of their own. The findings of this research have strengthened the programs we are executing and have made them more efficient and effective in their outreach to young people.

This annual report offers lessons that may be used by various stakeholders in Indonesia starting from the government, academics, development workers, and health services providers. It is our expectation that a number of lessons may inspire us and make us reflect on ourselves in order to create an Indonesia that is free from violence and friendly to all.
THE STORY OF FAMILY PLANNING AND THE CHALLENGES ENCOUNTERED WHILE OFFERING SERVICES TO YOUTHS

Indonesia was acknowledged as a country where family planning was a success during the New Order period. Indonesia also once received global recognition for this success. Indeed, there was a lot of criticism against the way it was implemented, especially as the state used force and violence against women in its implementation. On the other hand, many groups did not have sufficient access to birth control programs. The program was hampered by geographical conditions because Indonesia is the largest archipelago in the world, because of socio-cultural circumstances that put a taboo on sex and sexuality, and by legislation that failed to offer indiscriminative access to healthcare for all its citizens.

Nevertheless, overall, Indonesia had statistics on birth control that looked good. The fertility rate of women in 2012 was 2.37 children which meant that it was possible to build high-quality prosperous families. The life expectancy rose to 69.59 years for men and 74.88 for women as of 2014.

On the other side, it was projected that from 2020 to 2030, Indonesia would have a percentage of about 70% of people in the productive age between 15 and 64 and thus much higher than the percentages for children below 15 or the elderly above 65, groups that depend on the people from the productive age group. On another side, it was expected that this favorable demographic situation would be hampered by the high maternal mortality rate which stood at 359 in 2013, the situation that child marriages are still legal, and the high numbers of violence against women which hinders them to fully contribute to development.

Youths as Recipients of Contraceptive Services
Youths are curious about sex and they have sexual desire as a part of the puberty period. These feelings and desires are natural and normal for young people and thus it is important for them to have access to comprehensive information and services. Data indicates that as many as 11.3% of girls get married between the ages of 10 to 15 years and 32% get married when they are between 16 and 18 years. Apart from that, 36.2% of the AIDS cases in Indonesia in 2014 are from people in the age group between 15 and 19. Therefore, opening comprehensive access to youths to information and services is urgently required.

At present, there is a growing number of organizations emerge to offer services to youths who have not had the proper access to health services, such as unmarried youths and high-risk adolescents. The government should adopt many innovations to reach all youths in Indonesia.

Integration of Male Involvement to Eradicate Violence
Although family planning in Indonesia may be called a success, the maternal mortality rate in the country remains one of the highest in Southeast Asia. One of the gaps we encountered was that the strategy to deal with violence against women was not yet properly integrated into the comprehensive family planning services.

On the other hand, various innovations to involve men have also emerged. Various studies have shown that men who are actively involved in pregnancy examinations, delivery and taking care of the baby tend not to act violently in the household. This contributes to the increase of the health of mothers and child.

The Approaches we Take
In this context, we promote various approaches to target these challenges. We start by offering education on comprehensive sexuality and reproductive health, health services, fighting violence and involving men. All this is summarized in this 2014 annual report.
In 2014, Rutgers WPF Indonesia focused on increasing the quality of sexuality education and sexual and reproductive health services while we also made evidence-based intervention through operational research one of our spear points. We did this so that our investment would yield the best benefits for youths.

**Comprehensive Sexuality Education – Involving Teachers to Teach Materials that Accord with Youth Trends**

Our main expertise is comprehensive sexuality education for children and youth and we have started to build this up since we commenced our activities in Indonesia. In 2014, we managed to provide access to and to increase the quality of sexuality education by organizing training courses for peer educator and other teachers and by providing access through electronic channels and activities. In order to enhance the quality of teachers and peer educators, we organized the dance4life Heart Connection Tour workshop from 3 to 6 April 2014. We invited international trainers from Red Zebra South Africa. As many as 20 participants from 11 organizations from Sumatra, Java, Bali and Papua attended the activity and they were prepared to act as agents of change in their respective regions. Furthermore, from 9 to 12 June 2014, we organized a Refresher Training Course for Comprehensive Sexuality Education for which we invited teachers we had already trained at earlier occasions. These teachers acted as reference persons for the models we had made earlier: DAKU!, DAKU! Papua, Seru, Maju, Langkah Pastiku, Aku dan Kamu and SETARA. Until recently, the teachers we trained managed to apply these programs independently. The refresher training course was one of our efforts to continue our support for teachers who, with full dedication, taught sexuality education to their students. Nevertheless, education should not stop behind the class walls. We are aware that developments in information and communication technology cannot be ignored.

Apart from posing challenges, information and communication technology also offers room and the opportunity to reach youths in communities who do not attend schools. On 7 December 2014, we launched our portal that targets youths and offers comprehensive sexuality education for youths on-line at www.sobatask.net.

**Eradicating Violence with Goodness**

Violence breeds violence and it is handed down from one generation to the next. Violence can occur in many guises. It can be physical with clearly visible consequences but it can also be much more subtle and its presence may remain unnoticed such as the violation of the rights of youths to information and services and by taking no action when violations take place.

From 24 to 26 June 2014, we organized a workshop on communication strategies and we invited our partners and communications experts. The outcome was a strategy campaign for 2014 that would focus on two groups: male adults and youths. For the male adult group we launched the Laki-Laki Peduli (MenCare) campaign that focused on the involvement of husbands to their wives during important phases starting with pregnancy and delivery up to child care. For youths we launched the #GenerasiJagoan campaign to enhance their sensitivity towards violence at an early stage and simultaneously to ensure that they themselves would not become victims or violence perpetrators.

In order to enhance our partners’ capacity in their analyses of violence issues, we organized an open lecture given by Michael Kaufman on 7 November 2007. Michael Kaufman is the initiator of the White Ribbon campaign designed to eradicate violence against women, adults and youths which started in 1991 in Canada and at present has a global outreach.

As a follow-up, from 15 to 19 December 2014, we organized a workshop for which various experts were invited including doctors, academics, and professional members of NGOs. The workshop aimed to make the health sector be more sensitive to violence against women and it urges men to care for women’s health especially during pregnancy and delivery. Violence against fellow human beings also occurs when people are marginalized and their political rights are not met simply because they have a different sexual orientation or gender identity. Therefore, from 24 to 27 November 2014 we held a training course on mainstreaming gender and sexual diversity. The course aimed to build sensitivity among our
partner organizations for groups with different sexual orientations and gender identities to enable them to provide the needed services and education. The result was that 15 change makers from each organization are ready to push for policy reform so that their organisation becomes friendlier towards these groups.

Evidence-based Strategic Planning
We believe that new interventions will lead to maximal results when their planning is based on accurate and evidence-based information. It is therefore that each program that we implement has to commence with a baseline survey so that it can be compared with the endline survey at the end of the program period. In that way, the changes that were planned can be measured and an assessment can be made if the adopted strategy was the right one or not.

In 2014 we started our operational research aimed to establish whether the strategy we have chosen accords with conditions in the field. Our first operational research concerned youth information-seeking behavior and their access to information about reproductive health and sexuality. The research focused on three provinces, DKI Jakarta, DIY Yogyakarta, and East Java. The findings were used to sharpen the implementation of the strategies by our partners. It also had the advantage that young researchers were involved which was important because they could extract information from their friends who were as old as themselves, related to SRHR topics that are important and those that are less important, what they like and not like, and where they usually turn to for information. This process started in the first semester of 2014 and we will publish our findings in early 2015.

#GenerasiJagoan campaign was aimed to grow sensitivity among young men and to prevent them to be victims and violence perpetrator.
Where We Work

- DKI Jakarta
- Yogyakarta
- Central Java
- East Java
- Bali
- North Sumatera
- Riau
- Jambi
- Lampung
Rutgers WPF Indonesia's overview

Rutgers WPF Indonesia dedicates its resource in the field of reproductive health, sexuality and human rights. We see human sexuality and reproductive health in a positive lenses to enable a condition where Indonesia is free from violence. Rutgers WPF Indonesia works as an intermediary organization for the government and stakeholders in Indonesia by providing financial and technical assistance through knowledge transfer, develop and implement interventions on reproductive health, sexuality, and prevention of sexual and gender-based violence (SGBV) which are comprehensive, effective and innovative, based on a participatory approach, to achieve equal social order, justice and respect for human rights, especially for children, young people, women, and other marginalized groups.
Almost every day the media confronts us with problems faced by young people such as trafficking, drugs abuse, sex and unsafe abortions.

Data from the National Narcotics Agency from 2013 indicates that 22% of the estimated 4 million drug users, or about 880,000 people, are young people. Moreover, data from the Ministry of Health during 2014 reveals that almost 50% of the people living with HIV are young people (15-29 years of age). On the international level, the UNFPA stated in 2008 that one third of the annual 200 million pregnancies are unwanted both among married as well as among unmarried women and that 200 women die every single day due to unsafe abortions. Since the topic is too sensitive, in Indonesia there are no trustworthy figures to indicate the real scope of the problem. This is evidenced by the latest study that was conducted 14 years ago in 2001 in which was stated that each year, 2 million safe abortions take place in Indonesia. Noting that unsafe abortions contributes to one fifth of the main causes of the maternal mortality death.

Apart from the policies which unfavor young people, the problems that threaten the lives and the futures of Indonesia’s younger generations are also caused by the lack of access toward sexual and reproductive health information and services. The expansion of internet networks opens a huge possibility for young people to access any information they need in the easiest way possible. Unfortunately, with limited skills in regards to internet literacy, they are easily lured to trust the sites that are inaccurate and unscientific when they search for topics about sexuality and reproductive health. Moreover, their fast mental and physical development in this period of their lives necessitates them to find the right and responsible information.

For more than a decade, Rutgers WPF Indonesia has made efforts to help and assist young people to find answers to their questions. We have developed various modules – on Comprehensive Sexuality Education – aimed to give young people the knowledge to empower them.
It is often incorrectly assumed that sexuality education will encourage adolescents to have sex, however CSE (Comprehensive Sexuality Education) aims to educate children and young people to love and respect their bodies and each other so that they can protect themselves from violence or preventing themselves from becoming actors of violence. Various studies have shown that sexuality education leads young people to postpone their first age of sexual intercourse, avoids unwanted pregnancies and a variety of sexually transmitted infections, including HIV.

** Provision of Comprehensive Sexuality Education in 2014**
In the UFBR program we support the development and the implementation of the SETARA module (Semangat Dunia Remaja, Spirit of the Adolescent World) for junior high school students. Concurrently, our partners are still continuing with the execution and strengthening of the DAKU (Dunia Remajaku Seru, My Adolescent World is Fantastic), a module for senior high school students which had started earlier. We also support the development of a module on sexuality education and reproductive health for the sexual diversity groups;

In this year, 230 teachers in Jambi, Lampung, Jakarta, and Yogyakarta Provinces have been trained and their skills have been enhanced so that they are able to implement the SETARA module.

During 2014, a total of 337 educators – in the same provinces – have been trained to use a variety of health education modules. This number greatly outnumbers the targeted number of 94 persons;

In this year, we were able to reach 14,219 adolescents in school and community including young people from sexually diverse groups through the reproductive health and sexuality education programs that we developed together with our partners.

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**Dance4life 2014**
dance4life is a very interesting ‘incentive’ for students who attend sexuality and reproductive health education. dance4life’s approach that uses music and dance accords with young people’s dynamic souls and thus it supports their interest to join the dance4life activities in school and among the community;

This year, through the ASK and UFBR programs, dance4life reached 32,172 adolescents in schools and in the community in 9 provinces: North Sumatra, Riau, Jambi, Lampung, DKI Jakarta, Yogyakarta, Central Java, East Java and Papua;

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"I feel that I have changed into a different youth through dance4life. I got new information about SRHR and now I realize what I should do as an adolescent who has the privilege to get exposed to information. I made a change by disseminating information to other young people."

Aby Syahputra  
(youth from the community, Bandar Lampung)

"We only understood about HIV/AIDS so far, this is due to the nature of our organization which focus only on reaching out and supporting PLHIV. However, since we established a network and join this kind of strengthening activities, we came to understand that when we talk about HIV/AIDS we cannot do so without building intersection to sexuality and gender."

Tony  
(Coordinator of an LGBT community in Jambi)
I loved to learn about SETARA because I get to know more about a lot of things about my body changes which I did not know directly before. So far I learned from the internet rather than from the teachers or from my parents."

Gilang (SMPN 10, Bandar Lampung)

From this number, 4,823 adolescents became agent4change, ready to reach other young people and to open access to sexual and reproductive health information and services. Over 2014, these agent4change have been able to reach 4,356 other adolescents.

**Future Challenges**

A strong advocacy strategy is needed to ensure the acceptance and sustainability of the implementation of CSE in schools and through the educate phase of the dance4life program. At the local levels (provinces and regencies), advocacy is needed to ensure the proper support for the strengthening of teachers as well as for the procurement of teaching materials.

This year, the implementation of 2013 Curriculum (K-13) forced teachers to concentrate on mastering the K-13 teaching materials. Even though the implementation of K-13 was delayed, the testing of the curriculum in more than 6000 schools has continued. This means that in the future, K-13 may still be the reference point for national education. The challenges are how CSE, which has been formed in such a way that it instills teenagers’ self-efficacy, can be integrated into K-13.

Through the support from the UFBR and ASK program, dance4life reached

**32,172 young people in schools and communities**

**9 provinces**

North Sumatra, Riau, Jambi, Lampung, DKI Jakarta, DI Yogyakarta, Central Java, East Java, and Papua

4,823 young people has become agent4change
At the end of 2013, Indonesia made a great breakthrough in health sector. The government launched a system of access to universal health care in the form of the BPJS (Badan Penyelenggara Jaminan Sosial, Body for the Provision of Social Security). This program guarantees every Indonesian citizen to health services in government appointed health service facilities.

However, although the people has been provided with access to these facilities, a lot of issues remain that need the support of social and community organizations. These challenges, among others, include the availability of youth-friendly services, comprehensive sexual and reproductive health services, and services to eradicate gender-based violence.
Indonesia is still haunted by the high maternal mortality rate. Data from the end of 2013 reveals that the maternal mortality rate lays between 359 per 100,000 live births which means that every 15 minutes a mother dies due to delivery complications.

Not only that, many women and children are victims of violence. In 2014, the National Commission on Eradicating Violence Against Women reported 293,220 cases of violence against women.

One obstacle that stands in the way to deal with these issues is the taboo to discuss matters pertaining to sexuality and violence in a direct way making many people reluctant to seek access to health services.

Various data indicate that sexual and reproductive health services, including the eradication of violence against women, children, and young people remain very important to support a healthy younger generation and also to reduce the maternal mortality rate related to delivery. A lot of organizations offer these services, both independently and those supported by a variety of parties. However, these services should in principle be integrated in the public health services system be they from the government or privately owned.

Rutgers WPF Indonesia and its partners are developing services to address reproductive and sexual health problems and to eradicate violence in order to close the gaps the government has yet left open. Apart from that, we also take other efforts including the development of the Training Module for Youth-Friendly Services that involves the health sector in order to help eradicate violence by offering violence sensitive training courses and by training health care providers to endow them with the skills to provide youth-friendly services.
characteristics of youth-friendly sexual and reproductive health services

Programs
- Involvement of youths in the design of the programs;
- Irrespective of gender, youths are welcomed and taken well care of;
- Unmarried clients are treated well;
- Affordable costs;
- Fairly complete set of services on offer and a referral system is in place;
- Short waiting time;
- Health education materials are available.

Service providers
- Officers are trained in youth health issues;
- Officers appreciate youths;
- Controlled secrecy;
- Same aged counselors;
- Sufficient time for interaction between officers and clients.

Health facilities
- Controlled secrecy;
- Adolescents are treated well irrespective of their marital status and their gender;
- Officers pay attention to the needs of the youths.

Rutgers WPF Indonesia through its support for UFBR and ASK (Access, Services and Knowledge) and its partners provide youth-friendly training for health officers in Puskesmas and partner clinics by using a module they developed. Until recently, Rutgers WPF Indonesia has trained health providers in the ASK program regions of East Java (Pamekasan, Jombang and Surabaya), DIY Yogyakarta, DKI Jakarta, Central Java (Semarang Regency and Semarang City), and Bali.

Through the ASK program, Rutgers WPF Indonesia and its partners also organize regular meetings to build up a referral mechanism and to offer a platform for mutual knowledge and skills sharing in connection with youth sexual and reproductive health services.

IIPES (INTEGRATED PACKAGE ESSENTIAL SERVICES) IN REPRODUCTIVE AND SEXUAL HEALTH SERVICES COMPRISEx:
1. Counseling: Sex and Sexuality, Relationships and counseling on other SRH services;
2. Contraception: Counseling, oral contraception, condoms, injections, mid-term and long-term contraception and emergency contraception devices;
3. Services for unwanted pregnancies: counseling before and after abortions, medical and operation services, and post-abortion services;
4. Reproductive Tract Infections and Sexually Transmitted Infections: At least one treatment for both, at least one laboratory test service for both, distribution of condoms.
5. HIV: pre- and post-counseling, HIV sero status laboratory tests, staging and monitoring laboratory tests, condoms’
7. Pre- and post-natal treatment: pregnancy confirmation (pregnancy tests), essential prenatal treatment, essential postnatal treatment;
8. SGBV (Sexual and Gender-BasedViolence): SGBV screening, reference mechanism for clinical, psychological and protection services.

Through the ASK program, Rutgers WPF Indonesia and its partners also organize regular meetings to build up a referral mechanism and to offer a platform for mutual knowledge and skills sharing in connection with youth sexual and reproductive health services.

<table>
<thead>
<tr>
<th>NO</th>
<th>PROGRAM INDICATOR</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Number of contraceptives provided to young people under 25 years old</td>
<td>2386</td>
</tr>
<tr>
<td>2</td>
<td>Number of ARV client in the clinic and through outreach</td>
<td>318</td>
</tr>
<tr>
<td>3</td>
<td>Number of health service provider trained in youth friendly services</td>
<td>434</td>
</tr>
<tr>
<td>4</td>
<td>Number of Sexual and Reproductive Health services provided through health provider and outreach</td>
<td>25857</td>
</tr>
<tr>
<td>5</td>
<td>Number of health provider trained on the importance of involving father starting from pregnancies up to deliveries</td>
<td>185</td>
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<tr>
<td>6</td>
<td>Number of counselor trained on handling domestic violence</td>
<td>216</td>
</tr>
<tr>
<td>7</td>
<td>Number of men accessing male counseling</td>
<td>92</td>
</tr>
<tr>
<td>8</td>
<td>Number of educator trained on sexuality education</td>
<td>337</td>
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<tr>
<td>9</td>
<td>Number of youth, women and sexual minorities exposed to sexuality education</td>
<td>14219</td>
</tr>
<tr>
<td>10</td>
<td>Number of health provider trained on providing SRH services, handling violence toward sexual minorities</td>
<td>364</td>
</tr>
<tr>
<td>11</td>
<td>Number of SRH services provided by partners</td>
<td>45593</td>
</tr>
</tbody>
</table>
“Our group with different sexual orientations faces a difficult situation because we have very limited access to services. However, we now understand that we are not alone because the PBKI clinic can help us to take care of our health and we also have the Legal Assistance Foundation when we have a problem with the law.”

(Michelle, Client from the PKBI clinic in Lampung).

“The services in this clinic were comfortable and I was satisfied. The staff members were very friendly and they treated me as if I was a member of their family. I urge my friends who are afraid that they have a sexually transmitted infection to go to this clinic.”

(Client of the PKBI DKI Jakarta ProCare Clinic)

“The training course for youth-friendly services has helped me to understand how youth-friendly services should be provided. Before, I had a client with a sexually transmitted infection and gonorrhea and my attitude has changed from being judgmental and discriminative as I was before. Although I still have inner conflicts, I now understand that I can be more supportive and professional in my work.”

(Bie, MD, from Klinik Satelit)

Challenges in Service Provision for Marginalized Youths

Service provision for youths, especially for marginalized youths, faces its own challenges. These challenges require us and our partners to be innovative in the way we provide the best services. These challenges include among others:

• The health service provision location is sometimes hard for youths to reach;
• The moral and ethical values of the health officers conflict with the provision of contraceptives to unmarried adolescents, groups with different sexual orientations, and young woman with unwanted pregnancies. For instance, there are Puskesmas that refuse to provide services to transgender;
• Incomplete registration where unmarried clients under 25 years of age are not aggregated.

In order to settle this problem, various partners repeatedly approach influential religious leaders to give them information in relation to the importance of supporting partners’ efforts both in reproductive and sexual health services and against child marriages that still often occur.

Services for the Eradication of Violence with Support from the MenCare+ Program

One of the most important elements in dealing with gender-based violence is the provision of support by using the services that are available. Rutgers WPF Indonesia is committed to support our partners in enhancing the quality of the services they provide to match the needs, both of youths and of women and children who are the victims of violence. The quality of the services as meant above are efforts to offer medical and psychological services by taking a special approach that is youth-friendly and sensitive towards victims.

In 2014, Rutgers WPF Indonesia has focused on the provision of services to address sexual violence and at the moment this program is being developed in three regions, East Java, Yogyakarta, and Lampung.

Through the MenCare+ program, Rutgers WPF Indonesia and its partners like PULIH, RIFKA ANNISA, PKBI Lampung, and PKBI East Java have trained 221 counselors who are ready to provide counseling services to male perpetrators of violence and also to female violence victims. These counselors are both officers in Puskesmas and counselors of Rutgers WPF Indonesia partners. In this program, partners who do not offer services join in the development of a referral mechanism for sexual and gender-based violence victims.

Developing Training Module for Health Providers

In 2014, Rutgers WPF Indonesia has cooperated with Yayasan PULIH to develop a training module for health providers to involve men to decrease the maternal mortality rate and to increase maternal and child’s health. In the process of the development of the module, Rutgers WPF Indonesia has consulted the Training Office of the Ministry of Health. The
consultation proved to have been very fruitful which became apparent during a try-out of the module in which health providers from the Health Services, Midwives, Nurses and Puskesmas Doctors participated.

Challenges in the Provision of Violence Eradication Services

• Only few men accessed services. Only 12% of the male perpetrators of violence want to access the services to eradicate violence. This low percentage may have been influenced by the concept of masculinity where men think that men should be seen as strong which causes their low help seeking behavior. Moreover, the fact that these services share the same building as the Women Crisis Center makes men uncomfortable to go there;
• The absence of policy measures and regulations that oblige men to follow counseling to change their behavior makes them reluctant to access the services;
• The high level of discontinued services. On average, men only attend counseling for 3-4 sessions so that the counseling remains far from optimal. Often men are busy at work and they often use this as an excuse not to stay away from counseling sessions;
• It happens that perpetrators of sexual violence are referred to counseling whereas the module that is used is limited to counseling in the context of intimate couples. This is a challenge but it also opens the possibility to develop counseling guides especially geared to perpetrators of sexual violence.

Story of a Client of MenCare+ who Accompanied his Wife to a Puskesmas

"I am 29 years old and I just had my second child. The birth of my second child was an extraordinary experience for me compared to the birth of my first child two years ago in the same place. Two months before my second child was born, my wife asked me to accompany her for a pregnancy examination in the Puskesmas. I was surprised because she had never asked me this before. I was scared and feared that there was something wrong with my wife or with the baby she was carrying. It just so happened that I had some free time and I took her to the Puskesmas when she had to go there.

In the Puskesmas they told me that my presence as a husband and as the father of the baby was very helpful for the health and the undisturbed birth of my child. So far I thought that giving birth to a baby was a thing for my wife and for the midwife. Apparently, there was much that I could do for my wife as a token of my support and my love for my wife and the family and the midwife explained that my role as husband and father would help a lot. When the day of the delivery arrived, I prayed and asked that the birth would be undisturbed.

I had cold sweat and I was seeing stars after the baby was born and put on the belly of its mother I would never have thought that I would actually be involved in the birth of my child. I also did other things in the delivery room like helping the midwife to see if there were bleedings after the birth and by softly massaging my wife’s belly. Thank God, I had this rare opportunity which made me aware that a good man always has to be there for his family."
INVolVING MEN AND ERADICATE VIOLENCE AGAINST WOMEN

Rutgers WPF Indonesia is committed to advance the health of women by using the perspective of violence to strengthen our analysis of the problem and in order to find ways to solve it.

The government, donor organizations and civil society organizations have made a number of interventions to eradicate violence against women. Most programs tend to focus only on women as victims, while they insufficiently target the male groups that often perpetrate this violence and who need to be more intimately involved. Programs should pay attention both to the victims as well as to the perpetrators.
In 2014, Rutgers WPF Indonesia continued to implement its program to involve men through the MenCare+ program which in Indonesia has been adapted to the program Laki-Laki Peduli (MenCare) aimed to reduce the number of cases of violence against women and to fulfill women and children’s rights to health in order to reduce maternal and child mortality rates. Below are some of the efforts we undertook with our partners in 2014 to involve men as much as possible in order to eradicate violence against women.

Involving men as early as possible through #GenerasiJagoan

Apart from involving men from the age group of 25-35, at the end of 2014 the MenCare+ program launched its “Generasi Jagoan” campaign. Generasi Jagoan is an anti-violence campaign for young men between 18 and 25 years of age and aimed to redefine the values of masculinity young men so far generally adhere to.

We defined masculinity positively in the sense that we promote anti-violent attitudes and ways of conduct. With our partners at the provincial level, we developed all kinds of strategies to promote positive masculinity among young men starting with community discussions up to public campaigns and developing public services advertisements up to digital campaigns using media online such as YouTube, twitter and Facebook.

We also developed other strategies via music media. One of the MenCare partners, Rifka Anissa Yogyakarta, has organized a songwriting competition that was open to all. It was very well received, groups of songwriters were very enthusiastic and in the end they made an album with a compilation of pop songs with anti-violence lyrics.

Involving Men in the Health Sector

In the framework of the efforts to meet women and children’s rights to health that will contribute to a decrease in maternal and child mortality rates, the MenCare+ program cooperates with the Yayasan Pulih to develop guiding modules about the involvement of men as well as technical guidelines for health sectors. In December 2014, the MenCare+ program has already executed a training course for facilitators in which doctors and midwives participated from the MenCare+ intervention regions.

The objectives of the module included:
1. Enhance the awareness among health providers that social and cultural norms surrounding gender influence the fulfillment of sexual and reproductive health and rights of young and adult men and women;
2. Increase understanding among health providers of the importance and positive impact of the involvement of young and adult men in programs for reproductive health, maternal and child health and the prevention of sexual and gender-based violence in health services settings;
3. Increase the skills of health providers in providing health referral for information and services which sensitive to gender;
4. Enhance health providers’ abilities to integrate male’s involvement in health programs in health services centers.

This involvement of fathers can be done by allowing them to participate in regular pregnancy examinations, during the delivery process and after delivery. This kind of involvement is expected to make the fathers more emotionally attached to their children and shows a change towards the perception that women’s health is a matter of all.

Forging Partnerships with the Government

In 2014, Rutgers WPF Indonesia and its partner program MenCare+ have joined the National Reference Group initiated by the Ministry of Women Empowerment and Child Protection and cooperate with KPAN, BKKBN, the Ministry of Health, and the National Commission on Elimination of Violence Against Women.
of Violence Against Women supported by the United Nations Fund for Population (UNFPA). No matter how well the program has been set up, if it is still not widely supported among the government and thus it is hard to continue to adopt and replicate it. It is based on this conviction that with our partners, we cooperate with the government to support the creation of policy measures that support the eradication of violence.

Apart from this, at the provincial level various policy measures have been taken thanks to the advocacy of our partners at the local level:

- **East Java** – The Regent of Jombang supports cooperation between MenCare+ and the Local Employees Work Unit (Satuan Kerja Perangkat Daerah, SKPD) and made it a point to include male involvement in the implementation of the Village Law in an effort to reduce the maternal mortality rate in Jombang;

- **Yogyakarta** – Three public policy measures have been issued in 2014 on male involvement. They are:
  - Declaration of all the wards in the Gedangsari sub-district, Yogyakarta in relation to the prevention of child marriages;
  - An MoU has been forged between Rifka Annisa, the Department of Education and Religious Courts on child marriages in Gunung Kidul;
  - A policy measure has been taken on the formation of a Network of Women and Children Victims of Violence in Kulon Progo.

- **Lampung** – the issuance of a mechanism for strengthening reconciliation efforts of perpetrators of gender-based violence in PKBI Lampung, Unit PPA Polda Lampung, Unit PPA Polresta Bandar Lampung, Damar Women’s Advocacy Foundation, Bandar Lampung Legal Assistance Foundation, UPT PKTK RSUAM, TeSA, P2TP2A LIP, Lampung Provincial Attorney General’s Office, Puskesmas Sukaraja, Puskesmas Pinang Jaya;

- **Jakarta** – Special attention from the Ministry of Women’s Empowerment and Child Protection for the implementation of the MenCare+ program. In December 2014, the staff division of Women and Child Protection visited the MenCare+ intervention regions in Gunung Kidul, Yogyakarta to see in how far the local government can integrate the MenCare+ program into its 2015 work planning. This visit was also a test of the initiative of the draft of the policy measure on “Guidelines in the Involvement of Men in the Prevention of Gender-Based Violence”.

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ERADICATING VIOLENCE BY FORMULATING PUBLIC POLICY MEASURES AND CREATING A FRIENDLY ENVIRONMENT FOR WOMEN, YOUTHS AND MARGINALIZED GROUPS

Violence does not only involve armed conflict and war. Violence has been deeply internalized in a lot of aspects of life and supported by factors starting from public policy measures that support the creation of violence up to social norms and values. Reflecting on these factors, we strive to eradicate violence in three ways through public policies, social norms and values, and by fortifying the capacities of our partners through capacity building.
Policies to Eradicate Violence

In 2014, Rutgers WPF Indonesia with our partners in the MenCare+ program have joined the National Reference Group formed by the Ministry of Women’s Empowerment and the Child Protection altogether with the the KPAN, BKKBN, the Ministry of Health and the National Commission on Eradicating Violence Against Women to give input for a national policy on “Guidelines for the male’s involvement in the prevention of gender-based violence”. This policy intends to be the point of reference to mainstream male involvement in the government programs, especially pertaining to gender-based violence, HIV and AIDS, Family Planning and access to contraceptives, particularly to advance maternal and child health.

At the provincial level, Rutgers WPF Indonesia and our partners cooperate with the local government to push for policy measures to involve men in efforts to eradicate violence, in Jombang and Bondowoso in East Java. Currently the government of Jombang is drafting a policy to involve men in decreasing maternal mortality.

In Yogyakarta, three public policies have been issued in 2014 to prevent child marriages in Gunung Kidul and to forge networks to support the women and children victims of violence in Kulonprogo. In Lampung, the referral mechanism to deal with perpetrators of violence has been put in place. This referral system includes a network with the police, NGOs, Legal Assistance Foundation, and Puskesmas up to the courts of justice.
Public Campaigns
Also in 2014, we have held various campaigns targeted to the public to eradicate violence. Starting from the promotion of the concept of Men Care as laid down in a variety of materials, counseling for male violence perpetrators and the “Generation Jagoan”.

Mainstreaming gender and sexual diversity
LGBT groups are vulnerable to violence. In order to deal with this issue, we have started to make changes by targeting our partners. During 24 to 27 November 2014, we conducted a workshop on mainstreaming gender and sexual diversity. Experts from various backgrounds were invited as well as participants coming from diverse civil society organizations. The targets were individuals who hold strategic positions in these organizations so that they can act as agents of change in the promotion of a sensitive approach toward LGBT groups.
IN VOLVING YOUTHS IN A MEANINGFUL WAY TO FIGHT FOR THEIR RIGHTS

At present, as many as one fifth of the Indonesian population is young people. With this large number, young people have become a force that can be empowered to participate meaningfully in every sector of development. The role of young people in development includes enhancing their skills so that they can meet their own needs, prevent and diminish their vulnerability towards the unstable economic, political and social environment, promote ownership and the sustainability of the interventions that are now being made, to assist their entrance into the target community and to build self-confidence.
Rutgers WPF Indonesia considers youth involvement as one of its targets in its execution of its programs in 2014. The UFBR, ASK, dance4life, and MenCare+ programs that Rutgers WPF Indonesia's partners executed focus more on youth as the recipients of benefits. Of course, youth are offered room to be actively involved in each phase of the programs including planning, implementation, monitoring and evaluation.

At the level of the execution of the activities, youth participation is focused on the following four issues:

- Disseminating information, youth can disseminate information both collectively and individually;
- Consultation, youth can offer input and feedback in relation to their own community;
- Decision making, youth have been given the room to have a say in the choices and decisions that are being made about issues that are developing;
- Initiating action, youths can take the initiative to take action in their communities, organizations and in society in general.

In 2014, we cooperated with the One Vision Alliance and with our provincial partners to organize the Indonesian Youth Diversity Celebration (IYDC) 2014 and the Operational Research for the ASK Program, both activities aimed at sharing experiences and to learn.

**IYDC 2014: Express your Rights!**

In 2014, the second IYDC was organized in Indonesia. It was held in Kota Bandar Lampung, Lampung Province. The activity was done in cooperation with One Vision Alliance and PKBI Lampung and aimed to celebrate youth diversity in the fulfilment of their sexual and reproductive health and rights. We endeavored to involve youth from a variety of cross-issue communities and we expect them to contribute socially to changes towards a better Indonesia. This activity was covered by various media ranging from media from Lampung up to national journalists to ensure that the importance of attention for youth sexual and reproductive health reverberates all over the country.

**Operational Research (OR) of the ASK Program**

In 2014 we did some operational research to fortify the intervention strategy in the ASK program that uses electronic and mobile channels in order to reach marginalized youths. The question we wanted to answer with this research was how young people access information on sexual and reproductive health.
The ASK program aims to increase youth’s capacity to make safe choices via electronic and mobile channels. It also strives to provide Sexual and Reproductive Health and Rights (SRHR) services that fit young people’s needs; all aimed to strengthen the relations between information and the use of services. More specifically, the ASK program’s main objective is to reach as many groups that are hard to reach (school dropouts, HIV positive youths, sex workers, youths in jails, disabled youths and LGBT youths). Information is channeled to youths via a variety of new and traditional communication channels.

The Operational Research was done in order to get objective information that might help to develop and sharpen our communication strategy so that it can effectively contribute to enhance youth’s awareness about SRHR. It has been done in three provinces, DKI Jakarta, DIY Yogyakarta, and East Java. It is conducted in a series of studies:

1. Media Mapping, to get data from ASK partners in relation with their electronic/mobile (e/m) strategies that they developed and the information they have disseminated;
2. Qualitative Research, to get data from youths that already have access and those who do not yet have access to media that ASK partners have developed;
3. Content Analysis, to get data on the consistency, relevance, and content of the media messages our partners developed.

The active involvement of young people in OR is more in phase and Qualitative Research Content Analysis. At this stage, teens are given the role as co-researcher, were involved from the training, at the time of data retrieval and analysis of results.

“We, and especially our outreach officers now understand what is needed, both by the communities and by our friends who are SeBAYA social media’s ‘clients’. OR is a learning media for us in providing education that youths often like and need but what they cannot get elsewhere. OR also is one of our means to find out the extent to which the knowledge of the youths of the communities of our partners is related to SRHR.”

Vivi - Community Organizer - SeBAYA, PKBI Jawa Timur
CREATING POSITIVE CHANGE THROUGH PARTNERSHIP IN ONE VISION ALLIANCE

Since 2010, Rutgers WPF Indonesia has joined efforts to facilitate the formation of the One Vision Alliance that consists of seventeen civil organizations in Indonesia. The Alliance endeavors to generate changes in the fields of reproductive health, sexuality and violence. In the four years it has been active, we have learned many lessons starting from strengthening internal capacity and networking up to significant youth involvement in all the entire fields in which the Alliance is active. During 2014, the Alliance continued to extend its scope especially at the national level and cooperate in synergetic ways to enhance the promotion of reproductive health, sexuality issues and to promote the eradication of gender-based violence.
Internal strengthening and consolidation

Regular internal consolidation is vital for the success in reaching the shared objectives of the Alliance. From 31 January to 3 February 2014, the board of the Alliance organized a series of meetings aimed to decide on the future direction for the work of the Alliance. The meetings were continued from 25 to 28 April 2014 during which all the members of the Alliance were invited with the assistance of the Learning and Empowering Center PKBI DKI Jakarta. The result was that an advocacy strategy was formulated for 2014 for public policy measures related to reproductive health, sexuality, and gender-based violence.

National Seminar “Protect Children and Young People from Sexual Violence”

As a manifestation of our determination to eradicate sexual violence, on 29 April 2014 we organized the national seminar “Protect Children and Young People from Sexual Violence – Fulfill their Rights toward Comprehensive Sexuality Education”. The seminar was attended by experts in these fields ranging from the National Child Committee, the PULIH Foundation, Academics, representatives from the Ministry of Health and PKBI. The seminar was attended by more than 50 stakeholders who represented a variety of institutions ranging from the Government, media, academia, NGOs up to professional organizations.

Celebrating World Sexual Health Day, 4 September 2014

In order to celebrate World Sexual Health Day, which falls on 4 September each year, the Alliance organized a series of activities in various provinces, especially in response to the issuance of Presidential Decree 61/2014 on Reproductive Health that directly affected the work of the Alliance. The activities the Alliance organized included a seminar entitled “Sexual Health: Sexual Welfare” in Jambi, public action and a campaign that called for the protection of sexual and reproductive rights in Lampung, a public discussion in DKI Jakarta to present and discuss a desk review of Presidential Decree 61/2014, and in Yogyakarta a National Symposium was organized together with the Women’s Network Yogyakarta that likewise discussed the Presidential Decree.
Advance Advocacy Workshop for the One Vision Alliance Youth Forum

Since its inception in 2010, the One Vision Alliance has operated in the field of advocacy together with member institutions at the regional, national and international levels. One of the Alliance’s activities was the promotion of active youth’ involvement in the advocacy work. On 1 December 2014, in cooperation with Youth Forum the One Vision Alliance invited 16 young people who were affiliated with the Alliance to participate in a workshop on advance advocacy. The advocacy was to focus on issues pertaining to education, health services, and the eradication of gender-based violence.

Indonesian Youth Diversity Celebration 2014: Dare to be Different, Express your Rights!

In 2014, the Alliance for the second time organized a national conference on youth sexuality entitled Indonesian Youth Diversity Celebration. From 15 to 17 December 2014, PKBI Lampung acted as host for the organization of this activity which was supported by the One Vision Alliance. As many as 30 young people chosen from all over Indonesia were invited to presents their work in relation to reproductive health, sexuality, HIV, Human Rights and youth involvement in development. The main topic in this activity concerned the violence that takes place in various fields that prevent young people to prosper optimally in a positive way. With this background in mind, the One Vision Alliance adopted a positive approach by inviting young people to express their rights without having to be afraid. Next to groups of young people, also the Lampung Provincial Government was present and it offered its support to the activity while the local media also gave a welcome response to the youth issue by giving it positive media coverage.
ONE YEAR NOTES ON BUILDING CAPACITY TOGETHER

As an intermediary organization, Rutgers WPF Indonesia cooperates with partners and we transfer knowledge to them that may be applied in the field directly. Our focus is to enhance the capacity of our partners, educators, and health service providers and to transform them into the agents of change we expect them to become.

At the same time, this strategy is the manifestation of our vision and our commitment to be a center of excellence and to maintain and manage the knowledge related to reproductive health, sexuality and violence in Indonesia.
Youth Affirmation to Support the Fulfillment of their Rights
The focus of Rutgers WPF Indonesia’s commitment is to strengthen young people’s knowledge on sexual and reproductive health and to enable their access to the services they need in these matters. To do this, Rutgers WPF Indonesia and its partners implement a series of innovative programs. We envision that young people have the knowledge and the capacity to fight for their rights so that their sexual and reproductive health can be advanced to the highest standard.

In April 2014, the dance4life program organized refreshment training for our partners from diverse organizations: PKBI Central Java, PKBI East Java, PKBI DKI, PKBI DIY, PMI East Jakarta, SIKOK Jambi, PKBI Lampung, PKBI North Sumatra, YPI, PKBI Riau, and Youth Forum Papua. During these training sessions, the participants get a refreshment material to improve their skills for a dance4life phase called educate in accordance with dance4life international’s new strategy to include SRHR, unwanted pregnancies, and sexual and gender-based violence (SGBV), apart from HIV and AIDS that has been in the dance4life’s first mandate. These new additions in materials was a new challenge for the participants in the training, bearing in mind that the time allocated for the educate session was only 2 – 3 hours. Apart from that, sensitive topics such as unwanted pregnancies and abortions remained to be challenges. Therefore, the education focused on offering choices to young people about what they could do when they faced unwanted pregnancy. Aside from that, we still need to keep on giving more information through counseling, discussions and via social media.

Enhancing the Quality of Service Providers
Supported by the ASK (Access, Service, Knowledge) program, PKBI East Java organized the capacity building for selected health provider in three regencies, Surabaya, Jombang and Pamekasan. The training sessions focused on the provision of material on sexuality, reproductive health, and youth’ rights as well as the indicator for youth-friendly health services. The staff members who attended the training were expected to be able to provide youth-friendly sexual and reproductive health services and to develop their own service management including with the referral system.

PKBI East Java trained 35 staff members of health facilities in May 2014 which was followed up by roll-out training in their respective areas of work. Over the 2014, 206 staff members had been trained. However, access is not only about establishing facilities, but also to be determined through cooperation among service providers. We urged partners who work in the regions to build a referral system so that their young clients could have access to services at higher and better equipped facilities. The cooperation between CD Bethesda and PKBI DIY, and between PKBI DKI and YPI in Jakarta are one the best practices in building referral system. Even though the cooperation is still in an embryo state and much remains to be done, all stakeholders who cares about young people’s health should support this referral system.

Technical Support for Stakeholders
Through the ASK (Access, Service, Knowledge) program, the Ministry of Social Affairs also endeavors to enhance its counselor’s skills about SRHR
(Sexual and Reproductive Health and Rights). These counselors are staff members of hotline TeSA 129 in 12 provinces, consisting of 26 people and 10 staff members from the Ministry of Social Affairs, the Ministry of Women Empowerment and Child Protection, the Ministry of Communication and Information and other stakeholders. This training took place in October 2014.

The objectives of the training course were:
- Enhancing TeSA 129 counselors/operators' skills to enable them to help young people to overcome their SRHR issues;
- Enhancing counselors/operators' communication skills in helping or providing counseling to children and young people about SRHR issues;
- Identifying SRHR issues;
- Elaborate on the interdependency and the establishment of a referral system for SRHR issues for children and young people who access the TeSA 129 hotline.

TeSA 129 counselors and operators are first line officers who are expected to be able to provide children and young people with information, support, and counseling on SRHR. Even though the Ministry of Social Affairs has already operated the TeSA 129 hotline for a while, SRHR issues are still relatively a new thing for its officers. The hotline TeSA 129 officers need to strengthen their knowledge about sexuality so that they become more confident and be able to remove barriers in their selves so that this resistance is no longer a hindrance for them to provide information and referral services.

**Encouraging Male to Take a Key Role in Decreasing the Maternal Mortality Rate**

We trained the health provider to encourage male to take more active role in assisting their wives during pregnancies and deliveries. During the examinations in a Public Health Clinic (Puskesmas), health providers need to understand that the health of mothers and children are not only the responsibility of women. Through this new perspective, the health providers will be more ready to provide services.

This needs to be our common concern since the maternal mortality rate in Indonesia is still very high. Male involvement needs to be encouraged so that they understand the risks their wives run during pregnancy and delivery. This knowledge is to ensure male knows what to do when complications occur. In August and December 2014, we developed a guiding module for male involvement in maternal and child/reproductive health services in basic health facilities for health providers. During the 2014 we tested the module with 24 health providers in 4 regions where we execute our intervention program (DKI Jakarta, Lampung, DIY Yogyakarta and East Java). By following the steps in the guidebook, we expect health providers to be able to urge men to get involved as much as possible when they provide maternal and child and reproductive health services.
FINANCIAL REPORTS 2014

INCOME:

Income from own fundraising 2,281,304,817
Income from third parties campaigns 86,435,579
Income from international development partner 20,474,495,747
Income from interest and exchange rate 208,666,048

Total Income 23,050,902,191

EXPENDITURE:

UFBR 5,853,104,282
Advocacy EU 177,946,449
ASK 3,572,533,287
Operational Research ASK 767,139,109
Joint Activities ASK 919,633,751
MenCare+ 9,260,774,514
World Bank Program 101,112,608
Dance For Life - MFS II 851,004,817
Dance For Life - ASK 1,427,900,000
Cost management and administration 792,677,630

Total expenditure 23,723,826,448

Result (672,924,257)

Appropriation of result 2014 (672,924,257)

Movement of:
- Continuity reserve

* Rutgers WPF Indonesia’s financial statements have been audited by a public accountant at December 31, 2014 and has met the accounting principles in Indonesia
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Apart from developing a variety of programs geared to women, young people and marginalized groups, Rutgers WPF Indonesia is also committed to disseminate the lessons we learned while working with our target groups. During 2014, we have learned much that is valuable, both as successes, challenges and innovations from the field. It is for this reason that we invested time and our resources to delve into our knowledge to be able to provide information about reproductive health, sexuality, violence and Human Rights.
In 2014, we have published various publications about the eradication of violence up to ways to involve groups for enhancing maternal health. Not only that, with partners, we have also distributed materials during public campaigns aimed at youths and men. We also increased the accessibility of information and stories from the field in various on-line media like websites, monthly newsletters up to social media. All these materials and information we devices in a popular and positive way so that the public can learn more about reproductive health, sexuality, violence, and Human Rights which so far had not yet been easily available.

**Website**

The website www.rutgerswpfindo.org aims to offer information about all the activities of Rutgers WPF Indonesia and its partners.

**Newsletter**

Rutgers WPF Indonesia publishes a monthly newsletter which is distributed among all kinds of stakeholders including the government, NGOs, donor organizations, private sector, academics and the programs’ recipients. The newsletter contains the outcomes of the programs, activities, future activities up to the latest news about reproductive health, sexuality, and violence. In 2014, we published 12 editions of the newsletter with more than 2000 subscribers and the number is increasing each day.
Knowledge products of Rutgers WPF Indonesia over 2013.

With support from the MenCare+ program, we have made various teaching modules to be used in the communities. In 2014 we succeeded in publishing 4 modules especially accessible to teachers and community facilitators.

- Module for community discussion for Mothers – Program: Men Care;
- Module for community discussion for Fathers – Program: Men Care;
- Module for community discussion for boy adolescents – Program: Men Care;
- Module for community discussion for girl adolescents – Program: Men Care.

Video

- Public Service Announcement Sobat ASK, You are not Alone! #1;
- Public Service Announcement Sobat ASK, You are not Alone! #2;
- Public Service Announcement Male Counseling;
- Public Service Announcement Generasi Jagoan.