A Review of NGO Adolescent Reproductive Health Program in Indonesia

A consultancy report by

Inga Mepham

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For more information on this report/publication, please contact Indonesia USAID office or direct inquiries to the address below.

STARH Program
Tifa Building 5/F
Jl. Kuningan Barat 26,
Jakarta 12710, Indonesia
Phone: (62-21) 525 2174; Fax (62-21) 522 9271
E-mail: starh@jhuccp.or.id

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARH	Adolescent Reproductive Health
ASA	Aksi Stop AIDs
AusAID	Australian Agency for International Development
BCC	Behavior Change Communication
BKKBN	Badan Koordinasi Keluarga Berencana Nasional
CMR/PKBI	Center Mitra Remaja-PKBI
DepKes	Department of Health
FHI	Family Health International
FPKCH	Forum Peduli Kawin Cerai and Hak Anak
HRD	Human resource development
HSPCP	HIV/AIDS and STI Prevention and Care Project (DepKes & AusAID)
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IPPF	International Planned Parenthood Federation
KESPROMATRA	Forum Kesehatan Reproduksi Remaja-Sumatra
KRA-AIDS	Kelompok Relawan Antisipasi-AIDS
PCI	Projects Concern International
PGRI	Persatuan Guru Republik Indonesia (National)
PKBI	Perkumpulan Keluarga Berencana Indonesia (National)
PKPA	Pusat Kajian Perlindungan Anak (Medan)
M&E	Monitoring and Evaluation
NGO	Non-governmental organization
PLWHA	People Living With HIV/AIDS
RH	Reproductive Health
STARH	Sustaining Technical Achievements in Reproductive Health Program
STIs	Sexually Transmitted Infections
TRUK-F	Tim Relawan Untuk Kemanusiaan-Flores (Maumere)
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WPF	World Population Fund
YCH	Yayasan Cinta Kehidupan (Maumere)
Yay Galatea	Yayasan Galatea (Medan)
Yay Gentar	Yayasan Gentar (Surabaya)
Yay Harpa	Yayasan Harpa (Malang)
Yay Humaniora	Yayasan Humaniora (Medan)
YIK	Yayasan Investasi Kemanusiaan (Jakarta)
YKB	Yayasan Kusuma Buana (Jakarta)
YKSSI	Yayasan Keluarga Sehat Sejahtera Indonesia (Lombok)
YMKK	Yayasan Mitra Kesehatan Kemanusiaan (Batam)
YMM	Yayasan Mitra Masyarakat (Manado)
YPI	Yayasan Pelita Ilmu (Jakarta)
YPS	Yayasan Pelita Swadaya (Maumere)

1. Scope of Consultancy

The purpose of this consultancy was to inventory and document with NGOs activities in adolescent reproductive health (ARH) in Indonesia. This review will allow STARH to help develop further capacity in this area and scale up ARH interventions. The NGO resources described here may also be of interest to other NGOs, and to DepKes and BKKBN personnel interested in working with adolescents.

Specific tasks included:

- Inventory Indonesian NGOs (whether national or local to determine whether they have any ARH projects.
- For all NGOs who report an ARH project or activity (either past or present), conduct more in depth interviews to determine the following questions:
  - Geographical area of the project
  - Type of environment (e.g. urban or rural)
  - Profile of population served (age, in school or out, employed or not, married or not, sex, etc.)
  - Objectives of the project
  - Whether adolescent or youth are actively involved in planning, implementing and/or monitoring project activities, and if so, how extensive that involvement is and how it is managed.
  - Type of activities conducted (e.g. peer education, parent training, IEC or, referrals for specialized services such as STIs, etc.)
  - Types of materials used or available (curricula, IEC materials) and language (if other than bahasa Indonesia)
  - Any monitoring or evaluation data collected (e.g. number of adolescent reached with information, number of condoms distributed, number of referrals for health services, etc.)
  - Number of paid staff or consultants involved in the project and their professional background, including any training they have received in ARH, counseling, participatory approaches to program implementation, etc.
  - Willingness of these staff or consultants and their interest in helping train other NGOs or Government personnel in developing ARH projects
- Where appropriate and desirable visits were undertaken to project areas and interviews with staff and adolescent participants were conducted to assess activities and capacities.

2. Method of Operation

Key individuals and donor agencies known to be active in the area of RH in Indonesia were contacted. These people provided recommendations and contact details of NGOs with ARH programs. In co-operation with STARH staff, an NGO visit schedule was planned and three separate trips were made to visit NGOs and activities.

Areas of focus include

1. Jakarta,
2. Surabaya, Makassar and Manado (Trip 1)
3. Medan and Pekanbaru (Trip 2)
4. Mataram and Maumere (Trip 3)

For more details on visitation schedule and NGO contact details refer to Appendix 1.

The visit allowed face-to-face interviews with NGO directors and/or ARH program staff. Where possible efforts were made to meet members of the adolescent target group. Five field visits to program location sites were made. Where possible, program data, documentation and IEC material from each NGO were collected.

It was not possible to meet with three of the 22 NGOs surveyed, but phone interviews, emails and use of existing documentation on their ARH program allowed a satisfactory review to include them in the review.

As the list of NGO candidates for visitation increased, an "Adolescent Reproductive Health NGO Profile" (see Appendix 2), was sent to 39 NGOs to be completed and returned. These basic summaries on NGO ARH programs in Indonesia provide STARH with an inventory for future reference. At the submittal of this report 25% of the profiles had been returned.

3. Characteristics of Adolescents

Indonesian adolescents are typical of adolescents in any developed and developing country. Reproductive health issues that have affected adolescents in Indonesia for generations are still relevant today. Accurate and timely reproductive health information is still not available to many youth. Reproductive clinical services in general remain unavailable, distant and underutilized by youth. Rural and urban adolescent populations differ in cultural and behavioral norms resulting in different ARH priorities, but in general, issues that are relevant to urban populations (premarital sex experimentation, unwanted pregnancy and STI/HIV) are increasingly relevant to rural populations.

Low levels of education and poverty contribute to a large number of marginal and at risk youth. More common to bigger cities is the growing number of children and youth working as sex workers and/or living in sex-worker areas. In Surabaya for instance, Yayasan Gentar Surabaya works with children and youth who live in an area with 300 brothels. In this area the sex workers were present first and communities and businesses have developed around the brothels, in essence supporting of the sex industry. Yayasan Gentar Surabaya report that youth in these areas are significantly more sexually advanced and open to a broader range of high-risk behaviors then other youth.

Through the course of discussions with NGOs and their clients, a common belief was articulated that today's youth appeared to be involved earlier and partaking more often in high-risk sexual behavior than their target youth of previous years. While they acknowledge the interplay of many different social factors in causing this perceived change, they stated that the emergence of accessible pornography rented at corner shops and the emerging "youth drug culture" was changing the face of ARH issues in Indonesia.

Because of the emergence of drug use and pornography among youth, there is a growing realization among governments, parents, communities, and youth of the urgent need for education and dialogue concerning drugs and sex; two issues that had previously been labeled as culturally taboo.

As a result of the increased need for drug education, NGOs report a greater community tolerance and support for the work they are doing with youth. Many institutions previously resistant to ARH programs in schools and communities are actively soliciting the education and prevention services of NGOs (KRA-AIDS, YKSSI, Yay. Galatea, PKBI, YPI, YMM). For NGOs this represents a long awaited break through, providing them with the opportunity to develop broader partnerships in an environment more willing to address ARH issues.

4. Overview of NGO Activities in ARH

4.1 General Introduction

In general the ARH programs surveyed appear to be both innovative and responsive to the needs of youth. All NGOs use multiple approaches and reported that they routinely adapt and change program approaches to achieve greater impact. Assessment of program effectiveness is usually based on observation and oral testimony. However, documentation, monitoring and evaluation are limited and of poor quality. A comprehensive evaluation of ARH programs in Indonesia has never been conducted. Few NGOs have the tools to evaluate their ARH programs and as a consequence they miss opportunities to strengthen and share their program results. NGOs emphasize information and education approaches with youth, but to what extent these approaches are impacting on sustainable youth behavior change over time requires further attention. There are ongoing informal debates on the effectiveness of different ARH program approaches in Indonesia, but these dialogs tend to be Jakarta based.

Lack of coordination between national and local ARH NGOs, was reported to effect the quality and reach of current ARH programs. NGOs, particularly outside Java, continue to feel they work in isolation. Many opportunities for linkages and coordination between NGOs remain under developed, particularly in the areas of program approaches, communication, training curriculums, advocacy, policy change and research.

NGOs undertaking ARH programs reported the need for timely technical assistance and capacity development. Two current ARH donors, WPF and AusAID, provide flexible small grants but do not provide technical support on implementation. UNFPA only funds PKBI initiatives which are adequately backstopped by IPPF technical support.

Of those NGOs surveyed, years of operation range between 1 and 30 years. With the majority having been active for between 6 and 12 years. Most had received some international funding at some time and all continued to prioritize ARH activities regardless of funding.

Many NGOs are humble in their capacity to continue ARH programs with little or no funding. Generally, ARH programs rely heavily on a few key permanent staff and a large number of outreach and peer educators. Many NGOs (48%) who have previously been supported by donor agencies are currently not receiving any support for their ARH program.

Sustainability of ARH programs amongst surveyed NGOs was non-existent. In some PKBI offices (Yogyakarta, Surabaya and Medan) clinical services are self sustained but youth education programs require constant funding. All NGOs self-reported at least one successful ARH program that has been discontinued due to funding constraints.

In asking NGOs the key to successful ARH programs in Indonesia, they indicated;

- Staff and volunteers that treat youth with respect, equality and compassion.
- Well-trained, long-term staff who are easily approached by youth and have a good understanding and empathy for youth issue.
- Existing peer educators who are well trained and respected by paid staff and their peers, with the opportunity to be promoted through the organization.
- Creating an atmosphere where youth feel safe and empowered.
- Strong community mobilization and support, particularly from religious leaders, prior to implementation and throughout the life of the program.
- Ongoing participation and input of youth.

- Revolving range of activities and methodologies that continually pulls youth into the ARH programs as both participants and actors.
- Innovative and appropriate information and education material that is interactive and participatory.
- Integrate other services with the RH information and education program such as vocational and life skills training and general problem counseling.

Table 1: Profile of Indonesian NGO Activities and Support Services in Adolescent Reproductive Health (Geographically)

	School Based Education	Community based Education	NGO based Education	Workplace based education	Drop-in/ Youth Center	Street Outreach	Peer Programs	FP & Clinical services	Health referral	Voluntary counseling and testing STI/HIV	Counseling / Psych services	Condom Distribution	Drug prevention programs	Youth participation	Community mobilization	Parent programs	Youth Educational Support Programs	livelihood & employment opportunities	IEC material development	Mass Media usage	New information technology	Youth in sex industry	Marginal /At risk Youth	Rural Youth	Urban Youth	Regular Coordination with BKKBN	Implemented with BKKBN	Previous capacity building exp	Advocacy /Policy initiatives (National or Local)	Research
Jakarta, Jawa																														
PKBI	√	√	√		√		√	√	√	√	√	√	√	√	√	√			√	√	√				√	√	√	√	√	√
Yay Pelita Ilmu	√	√	√		√	√	√	√	√	√	√	√	√	√	√			√	√	√		√	√		√	√	√	√	√	√
YKB		√	√	√	√	√	√	√	√	√		√	√	√					√	√		√	√		√	√	√	√	√	√
YIK			√		√	√			√				√	√	√		√		√				√		√				√	
Aisyiyah		√							√						√	√								√						
Surabaya, East Jawa																														
Yay. Gentar		√	√		√	√	√		√				√	√	√	√	√	√				√	√		√				√	
Makassar, Sulawesi																														
Kra-AIDS	√					√	√	√	√	√	√	√	√					√	√	√		√	√		√			√	√	√
PGRI	√								√				√												√					
Manado, Sulawesi																														
YMM		√	√			√	√		√			√	√	√	√	√		√	√			√	√		√	√			√	
Malang, East Java																														
Yay. Harpa	√	√				√	√		√			√		√					√			√	√		√				√	

Source: STARH - Mepham, 2001

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	School Based Education	Community based Education	NGO based Education	Workplace based education	Drop-in/ Youth Center	Street Outreach	Peer Programs	FP & Clinical services	Health referral	Voluntary counseling and testing STI/HIV	Counseling / Psych services	Condom Distribution	Drug prevention programs	Youth participation	Community mobilization	Parent programs	Youth Educational Support Programs	Program linkages with livelihood & employment opportunities	IEC material development	Mass Media usage	New information technology	Youth in sex industry	Marginal /At risk Youth	Rural Youth	Urban Youth	Regular Coordination with BKKBN	Implemented with BKKBN	Previous capacity building exp	Advocacy /Policy initiatives (National/ Local)	Research
Medan. Sumatra																														
Yay. Galatea						√			√			√	√	√					√			√	√		√			√		
CMR/PKBI	√	√	√		√		√	√	√	√	√	√	√	√	√	√			√	√	√				√		√	√	√	
PKPA	√					√			√						√				√			√	√		√				√	√
Yayasan Humaniora	√	√					√	√	√	√		√			√		√	√	√					√		√	√	√	√	√
Pekanbaru, Riau																														
Yay. Utama	√	√					√		√				√	√	√				√	√	√				√	√	√	√	√	
Batam, Riau																														
YMKK			√	√	√		√	√	√	√	√	√		√				√	√	√		√	√		√				√	√
Mataram, Lombok																														
YKSSI	√	√					√		√		√		√	√	√	√		√	√	√			√	√	√		√	√	√	√
FPKCH		√	√				√		√		√			√	√	√		√					√	√					√	
Maumere, Flores																														
TRUK-F		√					√	√	√	√	√			√	√								√	√	√				√	
YPS		√					√		√					√	√				√				√	√	√					
YCH	√	√	√			√	√		√			√	√	√	√				√			√	√		√				√	√

Source: STARH - Mepham, 2001

4.2 Profile of NGO Activities and Support Services (Table 1)

In Jakarta three big NGOs (PKBI, YKB and YPI) have extensive programs that attempt to meet adolescent reproductive health needs through various approaches. Only PKBI has expanded its programs to other provinces and currently has 23 youth centers around the country. These three NGOs differ in their focus: PKBI taking a youth center approach that targets the general population of youth, YKB being involved in medical services and research, and YPI is a national leader in outreach and service delivery to marginal and at risk youth.

All three NGOs reported having the capacity to expand current programs in ARH. The management of each of these NGOs sees their role as provider of technical assistance to other NGOs and Government agencies as one that will continue to increase. All three were enthusiastic about this role.

No less effective in their commitment are two smaller NGOs in Jakarta: Yayasan Investasi Kemanusiaan (YIK) and Aisyiyah who work with a smaller target groups and report good results.

Outside of Jakarta the picture is varied, larger cities have between one and six NGOs with some form of ARH activity and/or focus. In many cities and the surrounding province (Surabaya, Malang, Manado, Bali, Makassar, Pekanbaru, Maumere and Kupang) there has been considerable investment in local NGOs by International donors (AusAid and USAID) concerned with HIV/AIDS and STI prevention.

Some of these NGO programs (YCH, Kra-AIDS, YMM, Yayasan Utama and Yay. Harpa), while often identified as youth HIV/AIDS programs, have in fact been implementing comprehensive ARH for many years. Many NGOs would prefer to be considered an ARH NGO, as it is more representative of the activities and philosophy they promote.

In some areas only PKBI ARH programs were identified (Semarang, Balikpapan, Samarinda, Aceh and Pontianak). Likewise, in some areas like Manado, Mataram, Malang and Batam only one NGO other then PKBI could be identified as prioritizing ARH issues. In areas where few NGOs are prioritizing ARH there is a high community expectation that these NGOs should address all youth social problems, such as unemployment, drugs, and street crime in addition to youth health issues. These NGOs often reported a sense of professional isolation and frustration with the lack of government ARH programs.

Bali and Irian Jaya were areas not covered under this phase of the review. Information received from peers and donor agencies suggested that Bali was strongly funded by AusAID and other funders and that Irian Jaya was being targeted intensively by program ASA/FHI. This is not to say that NGOs in these areas do not have the same capacity development and coordination needs as surveyed NGOs. It is recommended that programs not prioritized in this review be visited at a future date.

Table 2: Breakdown of NGO Activities and Support Services In Adolescent Reproductive Health (Percentage of NGO in the review with specific ARH activities)

	PKBI	Pelita Yav	YKB	YIK	Aisyiyah	Yayasan	Kra-AIDS	PGRI	YMM	Yav. Harpa	Yayasan	CMR/ PKBI	PKPA	Yav	Yayasan	YMKK	YKSSI	FPKCH	TRUK-F	YPS	YCH	**TOTAL %**
School based Education	√	√					√	√		√		√	√	√	√		√				√	**52.3%**
Community based Education	√	√	√		√	√			√	√		√		√	√		√	√	√	√	√	**71.4%**
NGO Based Education	√	√	√	√		√			√			√				√		√			√	**47.6%**
Workplace based Education			√													√						**9.2%**
Drop in / Youth Center	√	√	√	√		√						√				√						**33.3%**
Street Outreach		√	√	√		√	√		√	√	√		√								√	**47.6%**
Peer Programs	√	√	√			√	√		√	√		√		√	√	√	√	√	√	√	√	**76.1%**
FP & Clinical Services	√	√	√				√					√		√		√			√			**38.0%**
Health Referrals	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	**100%**
Voluntary Counseling & Testing for HIV/ STI	√	√	√				√					√		√		√			√			**38.0%**
Counseling / Psych Services	√	√					√					√				√	√	√	√			**38.0%**
Condom Distribution	√	√	√				√		√	√	√	√		√		√					√	**52.3%**
Drug prevention programs	√	√	√	√		√	√	√	√		√	√			√						√	**57.1%**
Youth Participation	√	√	√	√		√			√	√	√	√			√	√	√	√	√	√	√	**76.1%**
Community Mobilization	√	√		√	√	√			√			√	√	√	√		√	√	√	√	√	**71.4%**
Parent Programs	√				√	√			√			√					√	√				**33.3%**
Youth Education initiatives				√		√								√								**14.3%**
Livelihood & employment initiatives		√				√	√		√					√		√	√	√				**38.0%**
IEC material Development	√	√	√	√			√		√	√	√	√	√	√	√	√	√			√	√	**76.1%**
Mass Media usage	√	√	√				√					√			√	√	√					**38.0%**
New Information technology	√											√			√							**14.3%**
Youth in sex industry		√	√			√	√		√	√	√		√			√					√	**47.6%**
Marginal / At risk youth		√	√	√		√	√		√	√	√		√			√	√	√	√	√	√	**71.4%**
Rural Youth					√									√			√	√	√	√		**33.3%**
Urban Youth	√	√	√	√		√	√	√	√	√	√	√	√		√	√	√		√	√	√	**85.7%**
Regular Coordination with BKKBN	√	√	√						√					√	√							**28.6%**
Implemented with BKKBN	√	√	√									√		√	√		√					**33.3%**
Precious capacity building experience with other NGOs	√	√	√	√			√				√	√		√	√		√					**47.6%**
Advocacy/ Policy initiatives (National or Local)	√	√	√	√		√	√		√	√		√	√	√	√	√	√	√	√		√	**80.9%**
Research Experience	√	√	√				√						√	√		√	√				√	**42.8%**

Source: STARH - Mepham, 2001

5. Program Activities and Services (Table 2)

For the purpose of discussion ARH activities and services have been broken down under four categories that are discussed separately:

1. Education and Information Services for youth
2. Clinical services and support
3. ARH program linkages
4. Program support initiatives

5.1 Education and Information Services for youth

The following activities are classified under **Education and information services for youth**: School based education, Community based education, NGO based education, and workplace based education, drop in/ youth center, street outreach, peer programs, new technology programs, IEC media development and mass media usage.

5.1.1 General

Most ARH programs try to impact youth behavior change by providing education and information services, generally promoting abstinence. NGOs are more actively involved in school, street, community and peer based approaches, developing comprehensive information and training curriculums, which attempt to be both youth friendly and participatory.

Donor agencies reported that many NGOs have a history and reputation for implementing strong outreach programs with youth. Some NGOs such as PKBI, Pelita Ilmu, Kra-Aids and Yayasan Investasi Kemanusiaan had over 10 years experience and were pioneers in this field. Donors also reported that some NGOs, while having excellent trust relationships with youth, lack the program and management experience to take their programs further and as a result do not secure funding.

NGOs are more experience in running education, information and out reach programs than any other type of program. School based (52%), Community based (71%) and peer programs (76%) are the most popular while drop in centers/ youth centers (38%) and workplace base programs (9%) were undertaken less by NGOs surveyed.

Key areas for development:

- Poor program documentation, formative research and program evaluation
- Limited success developing activities and services that are truly "youth friendly"
- Limited success in involving and or handing over to youth, parent and communities in their programs
- Strong training modules and training techniques in all areas in reproductive health. (Unfortunately almost every NGO reported developing their own curriculums in isolation from other NGOs or government agencies, which may have already developed similar material).

5.1.2 Specific

School Based Education: (52%) Yayasan Utama, PKBI and YPI are considered leaders in school-based education. PGRI a school teachers association exists in most provinces but remains relatively untapped as an ARH resource except in Makassar and Bali.

Community Based Education: (71%) YKSSI, Aisyiyah, YPS and YCH are considered by their peers to have innovative rural programs that use traditional youth groups as peer educators. They all report that their programs are effective because they socialized their programs intensively with all sectors of the community before commencing activities. Evaluation results from the YKSSI ARH program suggests that in Lombok youth can be effective educators not only with peers but also to the community as a whole, including parents.

Workplace Education: (9%) YKB and YMKK are the only NGOs who appear to have undertaken any work place based programs with youth. Both NGOs have targeted factory sites where high risk sexual behavior is common. The NGOs use a peer information/education approach, as youth in the workplace were difficult to access without a peer network.

Street Outreach: (47%) of the NGOs use street outreach to reach youth. This approach is usually used with marginal or at risk youth. KRA-AIDS in Makassar and YMM in Manado, have a good reputation with their clients and donor agencies. YPI have three drop in centers and one youth clinical in Jakarta providing outreach activities to street youth and youth sex workers.

Peer Approaches: ARH programs reviewed relied heavily on peer educators (76%). While peer programs are susceptible to high peer educator turnover, NGOs were unanimous in their feeling that these programs are effective. Apart from basic reproductive health, peer approaches are used by NGOs to increase male participation, raise gender awareness and promote responsible sexual behavior.

Drop-in/Youth Center: (33%) While NGOs debate the usefulness of drop-in centers for Indonesia, PKBI and YPI are considered to have the most comprehensive drop-in centers. Yayasan Gentar in Surabaya and YIK in Jakarta appear to have well utilized, community based drop-in centers.

New Technology Programs: These programs are currently being piloted by PKBI around the country. They provide on-line counseling and chat lines for youth to discuss adolescent issues including reproductive health. Evaluation reports from PKBI suggest this method is extremely popular with youth as Internet consultations provide a level of confidentiality that face to face counseling cannot achieve.

IEC Material Development: The Majority of NGOs developed their own IEC materials (76%). Most materials are awareness materials consisting of stickers, posters, bulletins, brochures and t-shirts. Very few NGOs market or evaluated their materials and therefore it remains difficult to gauge the effectiveness of such materials on instigating and maintaining behavioral change. YPI and PKBI have a reputation for being strong in this area.

Mass media usage: Few NGOs use mass media genres to raise awareness and promote behavior change (38%). Most activities are limited to radio spots (YLI, PKBI, YKB, YKSSI, KRA-AIDS & Yay. Utama) and routine articles in national newspapers (PKBI). No NGO produced visual media materials despite a strong youth culture of watching digital videos (VCD or DVD).

5.2 Clinical Services and Support

The following activities are classified under **clinical services and support**: Family planning and clinical services, health referrals, voluntary counseling & testing for HIV/STI, counseling/ services, condom distribution

5.2.1 General

NGO clinical interventions for youth are undertaken less often (38%). Very few NGOs felt they had the capacity to run clinical services despite the perceived need for such services in their target populations. It is hard to evaluate the quality of NGO ARH clinical services in this review, but NGOs themselves report the need for more training to improve the quality and professionalism of their services and staff. Many NGOs use medical students and new graduate health personnel that while bringing compassion and enthusiasm to the services do not necessarily bring strong experience as a health professional.

The PKBI Yogyakarta and Jakarta Youth Clinics are two examples of clinics that are financially self-sustaining and youth friendly. Other NGOs experiences are varied. Recently YPI opened a youth clinic in Jakarta and their experience shows that outreach medical services to youth is more practical than the clinic, as youth health seeking behavior is still poor.

All NGOs use a referral system with youth. NGOs tended to refer to PKBI clinics if they are active in the area. Referrals were also given to private practices and community health centers (Puskesmas). In each case these places were chosen for referrals because the individuals running the clinics were accepting of youth. Most NGO staff are available to accompany youth to these services.

Most NGOs do not provide pregnancy termination services and those equipped to terminate pregnancies report that they do so in cases of medical emergencies or where there is consent from all parties concerned (parents). Services are linked with comprehensive options counseling. All NGOs with clinical services provide pregnancy option counseling and referrals.

ARH implementers are alarmed at the lack of support services available to pregnant adolescent mothers wanting to either abort or keep their babies. Isolated adolescents wanting to keep their babies have limited options, as “supportive, safe houses” do not openly exist. Alternatively, access to safe abortion services is often closed to unwed mothers, leaving them with no alternative but to turn to traditional and unsafe abortion practices. Several ARH implementers commented on the extensive knowledge that youth have on traditional abortion methods, despite having relatively low knowledge of other ARH issues.

Adolescent clinical services are scattered and have experienced varied degrees of success with different populations over the years. PKBI for many years has placed an emphasis on clinical services for general and high-risk youth, but not all of their clinics have been successful. Clinical staff surveyed suggested that it is difficult to gain youth trust and create a youth-friendly atmosphere. YPI’s attempt to provide services to young sex workers and street youth suggests that even a strong trust relationship does not guarantee usage of clinic services in high risk groups. A more detailed assessment of youth clinics in Indonesia would be useful to clarify some of the issues and debates.

5.2.2 Specific

Family Planning and Clinical Services: (38%) PBKI and YKB have the most clinics catering for youth, usually with a good quality of service. Other NGOs such as KRA-AIDS, YMKK and YPI have just begun to provide family planning and clinical services to youth with mixed success. Quality varies between all the clinics and further assessment would be useful in gaining a clearer picture.

Health Referrals: (100%) Most NGOs refer to PKBI, local NGOs or a private practitioner who is trusted by NGO staff.

Voluntary Counseling and Testing (VCT) for HIV and STIs: (38%) PKBI, YKB, YPI and Kra AIDS) provide VCT while YMKK has a working agreement with clinics to provide this service. All NGOs who undertake VCT usually also complete a pre and post test counseling session.

Counseling/Psych Services (CPS): (38%) CPS is an under utilized service that is often difficult to establish and sustain. Poor quality counseling is common and very rarely undertaken by trained professionals. However, PKBI's experience is that if this service is established well, it can be enormously useful and popular with youth in Indonesia. No NGO surveyed had high usage rates for counseling services, except for PKPA with their outreach-counseling program in schools.

Condom Distribution: (52%) Most NGOs reported distributing condoms informally and use strategies that creatively bi-pass legal rulings on condom distribution and sales to youth.

5.3 ARH Program Linkages

The following activities are classified under **ARH program linkages:** Parent programs, drug prevention programs, youth education initiatives, and livelihood and employment initiatives.

Parent Programs: (33%) Few NGOs are undertaking specific programs that target parents and no NGO was undertaking combined parent-youth activities. Almost all NGOs reported a hesitation to involving parents in their ARH programs because they feared parental disapproval. PKBI reported success in parent programs because they built on long standing trust relationships existing in the community. Aisyiyah reported success with parent programs because they are connected to Muhammadyah a large, respected Muslim association.

Drug Prevention Programs: (57%) Of the NGOs surveyed 57% were undertaking drug prevention programs, usually focused on awareness and education. Some NGOs (YPI, YKB, YCH, Kra AIDS and Yay Galatea) are directly supporting interventions for intravenous drug users (IDU) as well as conducting public education campaigns. Approaches favored were outreach activities to high-risk youth and school based education.

Youth Education Initiatives: (14%) of the NGOs had youth education and support programs that ran in partnership with their ARH program. Yayasan Humaniora provides public sector donated education scholarships to their peer educators. Yayasan Gentar and YIK provide night classes at their drop-in centers.

Livelihood and Employment Initiatives: (38%)**:** Most of the programs undertaken by the NGOs were aimed at providing new skills and jobs opportunities to youth who were engaged in high risk behavior or professions such as sex work, crime, gambling and drugs. Yayasan Humaniora has a rural initiative that provides youth with small loans to start small businesses or attend courses. Youth have to repay the loan but have a longer re-payment length and minimal interest.

5.4 Program Support Initiatives

The following activities are classified under **program support initiatives:** Youth participation, community mobilization, coordination and implementation with BKKBN, research and policy initiatives.

5.4.1 General

In general less emphasis was placed on program support initiatives than other areas of ARH programming. While most NGOs were trying to increase basic participation of youth and communities in their programs, few were prioritizing coordination with BKKBN or undertaking advocacy, research and policy initiatives.

5.4.2 Specific

Youth Participation: While most NGOs report youth participation (76%) in their programs, in general youth participation was limited to peer outreach or training roles. Youth appear to remain voiceless in ARH advocacy and policy initiatives at all levels of Indonesian society. The figure represented here does not indicate the extent or quality of youth participation in the programs and it was obvious that some organizations have considerable youth participation and other have minimal. YKSSI, YPI, Yayasan Humaniora, Yayasan Utama, PKPA have good examples of youth participation in their programs.

Community Mobilization: Most NGO report some kind of community mobilization activity within the scope of their ARH programs (71%). As Indonesia still has a strong community structure, few programs would start let alone be successful without community support, especially from community and religious leaders. Surprisingly many NGOs choose to undertake programs without community support and or mobilization and it would be interesting to compare the two approaches. Many NGO staff possesses limited community development experience and few are aware of the formal theories and practical methodologies used by International NGOs to facilitate community mobilization. Programs with basic community mobilization include YKSSI, YKB, YCH, Yay Gentar, YKSSI.

Coordination with BKKBN: 28% of NGOs regularly coordinate with BKKBN and 33% have implemented part of a program with BKKBN. Those NGOs being funded by international HIV/AIDS programs reported a higher coordination with BKKBN and other government departments in general due to donor agency support for coordination (ASA, Ford Foundation, PCI, PATH and HSPCP). There is more coordination and results-sharing with the bigger organizations in Jakarta, usually concerning clinical services, family planning and advocacy. NGOs reported very little coordination and leadership from BKKBN in ARH outreach, drop-in centers, and community based education approaches.

Advocacy and Policy Initiatives (80%). In the areas of advocacy and policy change many NGOs feel they are under utilizing their potential to force change. Partly, this is because NGOs are not formally organized, but also there is a lack of confidence and or resistance to working with government policy makers. Most NGOs had at least one advocacy or policy activity; very few had a documented advocacy and policy strategy. Policy making is considered to be a "Jakarta" issue and provincial voices often go unheard. Some organizations are active in advocating for ARH rights at the local and provincial level and provided successful example in breaking community taboos.

Research: (42%) Almost half of the NGOs had some form of research experience. PKBI and YKB have produce academic standard research on ARH issues at the national, provincial and district levels. Most NGO research experiences were limited to target area/group social research done in collaboration with external researchers. Few NGOs have the funding or the competency to undertake data collection for program evaluation, or operations research.

6. Capacity Development and Support Needs of ARH Programs

Assessment of NGO capacity and support needs was not covered under the terms of the consultancy, nor was there sufficient time during the visits with NGOs to assess NGO capacity development needs in any detail. However, during the course of the consultancy, NGOs were very forthcoming in providing observations concerning the capacity needs of NGOs undertaking adolescent reproductive health programs. Below is a summary of these observations:

Management:

- Most NGOs are founded and managed by charismatic leaders who at times almost carry an NGO single handedly. Many NGOs are aware of this phenomenon, but have limited human resource development (HRD) experience or money to invest in developing staff capacity, particularly at the management level. Combined with a funding environment that sponsors programs on a yearly basis, it is difficult for NGOs to retain trained staff year after year.
- Many NGO managers have taken the step up from field workers to managers and would appreciate the opportunity to improve their management skills in finance, HRD, strategic planning, program development, documentation and organizational representation.
- At the field level there is a perceived need for skills in community mobilization and participation, program development, monitoring and evaluation, sustainability, counseling, advocacy, and Behavior Change Communication (BCC).
- NGOs report the high turn over in staff and volunteers and stated the need for effective volunteer management systems.

Coordination

- Limited coordination between NGOs and government departments (including BKKBN) on ARH issues was reported repeatedly by NGOs as an area for concern. There has been limited sharing of "lessons learned" and program approaches in the field of ARH, and many organizations report a sense of professional isolation.
- The establishment of the Sumatran Forum for Adolescent Reproductive Health (KESPROMATRA) is considered a timely step forward in the right direction. Many NGOs expressed the need for a ARH Conference that could provide an opportunity to coordinate on ARH advocacy and policy issues and share program approaches.
- Unlike the HIV/AIDS network in Indonesia, there is no central coordinating body or organization that has taken the role of receiving and distributing information relevant to the field of ARH. It is felt that the coordination network developed by HIV/AIDS NGOs could act as a comprehensive working example for a future ARH network.
- There appears to be significant amount of NGO to NGO technical assistance in the areas of training and program design, but very few NGOs use each other to provide ongoing technical assistance in the areas of research, monitoring and evaluation. Timely technical assistance to support implementation is often not written into program proposals.
- Most NGOs are enthusiastic about receiving technical assistance from the bigger NGOs in Jakarta (Yayasan Kusuma Buana, Yayasan Pelita Ilmu and PKBI) but distance, funding and confidence to approach them prevent collaboration.

Facilities

- Most NGOs were equipped with at least one computer and basic office furniture. NGOs in Lombok and Flores have fewer resources.
- Of those NGOs visited, only three owned their current office or did not have to pay rent. Most NGOs had little recurring income except program funding from donors. NGOs report that the payment of day-to-day expenses without a continuing funding source, usually results in long program stoppages or the disbandment of programs.

Program

- Limited skills and competency to take advantage of opportunities in mass media.
- Limited skills in IEC material development and evaluation.
- Need to improve practical skills and understanding of youth and community mobilization/participation processes in all phase of ARH programs.
- Skills and support to document and evaluate impact of ARH programs on behavior change in target groups.
- Limited success developing activities and services that are "youth friendly."
- Need to develop strong training modules and training techniques in all areas of reproductive health.

7. Donor Activities

Other donor activities in ARH were reviewed and a summary of their main activities in ARH are presented below:

- **UNFPA**: Supports PKBI in the development and expansion of their Youth Center (Medical, counseling, resource center, HR Development) programs. In 1999 they funded six centers and in 2002 will fund add an extra eight. UNFPA is currently developing a survey, which will be undertaken by UNFPA and partners, for the purpose of reviewing adolescent health in general, including ARH. The survey is expected to generate a comprehensive assessment of youth health needs and priorities. The results of the survey are anticipated in March 2002 and will be shared with STARH. UNFPA staff stated difficulties in identifying programs that target the 11-14 year old age group with reproductive health information and would be interested in supporting such initiatives.
- **Save the Children (United States)**: Supports drop in youth centers that cater for street and at-risk youth. Focus is mainly on general health, vocational and non-formal education initiatives is but RH is incorporated in their scope of work. Save the Children is very willing to coordinate especially on NGO capacity building initiatives.
- **AusAID HIV AIDS Program (HSPCP)**: has a 5 year HIV/AIDS and STI prevention and care project in Nusa Tenggara Timor, South Sulawesi and Bali. The project supports approximately 40 NGOs and is known for its capacity building program for NGOs. Phase II, starting next year, will emphasis harm reduction.
- **AusAID**: provides flexible small grants to NGOs, but provides no technical assistance.
- **FHI/ASA (USAID)**: is a long term HIV/AIDS and STI prevention and care project in ten provinces. NGO support emphasizes harm reduction, behavior change communication. The interventions are primarily targeted to high risk populations, commercial sex workers and intravenous drug users. They also work with the populations in Irian Jaya.
- **World Population Fund**: is a Dutch organization receiving money from the Bill and Melinda Gates Foundation. It supports four local NGOs that submitted proposals. No technical assistance, monitoring or evaluation is provided.
- **Ford Foundation**: has a focus on ARH research initiatives.

8. Recommendations

8.1. Priority Populations and Programs

While it may be logical to look to the Government for direction in ARH programming, the undeniable fact is that the Government has only just begun to prioritize adolescent initiatives, while NGOs and communities have been active in this area for the past 25 years. It is therefore recommended that ARH priority setting and planning be inclusive and respectful of the wealth of information and experience that NGOs, communities and youth can bring to the table.

ARH priorities should represent the whole of Indonesia and should pay special attention to the needs of adolescent girls, rural and high risk/marginal youth. There is a tendency to plan ARH needs based on adolescents in urban areas, but it is clear that unaddressed rural reproductive health issues can lead to a life of illness, disadvantage and poverty, particularly for women, but also for the community as a whole.

Actions to Provide Reproductive Health Information, Education and Services for All Adolescents.

- Evaluate current program approaches, documenting good practices for future ARH programs in Indonesia.
- Provide materials through schools, media, youth groups, work places and families to meet the needs of youth for basic reproductive health information.
- Support the maintenance, improvement and expansion of existing NGO programs in ARH by providing financial and/or technical assistance.
- Develop special programs and materials for young adolescents (10-14 years) and rural youth. NGOs suggest that ARH education is possible in rural areas and with young children if comprehensive community mobilization is part of implementation.
- Provide health facilities (Puskesmas and Hospitals) additional institutional support to meet adolescent health needs.

Actions to Prevent Early Marriage, Divorce and Pregnancy and Rural Youth.

- Advocate for enforcement of Indonesian marriage laws that set the age of marriage at 16 for women and 19 for men.
- Identify areas with a high incidence of adolescent marriage, pregnancy and divorce for special interventions.
- Support) community–based initiatives that promote delays in marriage and first birth, until women are physically, emotionally and economically prepared to become mothers.
- Include ARH initiatives in economic and education programs.
- Link BKKBN programs, field workers and NGOs in rural areas.

Actions to Protect High Risk/Marginalized Youth, (Youth Involved in Drugs, Commercial Sex Workers and or Homeless).

- Ensure that ARH services and education initiatives are based on an understanding of young people's needs, expectations, and realities.
- Undertake ARH initiatives in conjunction with other "life skills" initiatives such as drug prevention and economic and education opportunities.

Unwanted Pregnancy

- Help adolescents prevent and make an informed decision about pregnancy by making available information and education, counseling, and contraceptives, including emergency contraception.
- Ensure that adolescents who are faced with pregnancy have access to health and counseling services.
- Advocate for changes in the law restricting contraception availability for youth.

Actions to Expand Coordination among Youth-serving Organizations.

- Undertake a National ARH conference with an emphasis on program approaches and opportunities for coordination and collaboration.
- Develop multi-sectoral linkages across departments concerned with youth.
- Develop mechanisms for increased coordination and cooperation between organizations, donors, communities, and the Government.
- Develop links with HIV/AIDS networks in Indonesia.
- Develop an ARH Internet site to provide routine information updates.
- Use networks to develop consensus, advocacy, and research initiatives.
- Institutionalize the active participation of youth in planning and advocacy activities.
- Take steps to facilitate a better relationship between NGOs, BKKBN and other Government agencies, particularly in regards to program, policy, advocacy, and capacity building issues.

Develop Capacity of NGOs to Serve Youth

- Undertake a comprehensive assessment of NGO capacity needs.
- Provide resources and opportunity to develop capacity.
- Develop standardized communication training and research materials to be locally adopted.
- Develop skills in effective media usage; radio, TV dramas, etc.

9. Follow-up Activities

- Contact Ford Foundation to further explore ARH program activities.
- Request results of current UNFPA needs assessment and review of Adolescent Health.
- Continue updating and translation of the "Adolescent Reproductive Health NGO Profile list."
- Pursue contacts with NGOs not reviewed under this consultancy.

Appendix 1: Contact/ Visitation schedule and contact details

Organization & Date	Contact Person	Contact Details
UNFPA 2nd Nov 2001	Farida Sakawi Adolescent Health Contact Person	UNFPA, UN Building Jl. Thamrin, Jakarta Tel (021) 3141308
PKBI Head Office 2nd Nov 2001	Adrianus Tanjung Head of Youth Programs	Jl Hang Jebat III/F3 Kebayoran Baru, Jkt Tel (021) 725 3172 Email: kespro@indo.net.id
Save the Children/US 3rd Nov 2001	Laurel MacLaren and Kambodji Street Children Program Staff	Jl. Wijaya II/36 Kebayoran Baru, Jkt Tel (021) 7279 9570 Email: lmaclaren@savechildren.or.id
HIV/AIDS and STI Prevention and Care Project (AusAID) 6th Nov 2001	Julie Klukman NGO Institutional Strengthener (Bali)	Tel (0361) 242651 Email: jklukman@cbn.net.id
ASA Program (FHI) 7th Nov 2001	Jen Ruslen and Ahmad Bahrul Program Staff	Ditjen PPM & PL DepKes RI Jl. Percetakan Negara 29 Jkt Tel (021) 422 3463 Email: abahrul@fhi.or.id
Yayasan Kusuma Buana 9th Nov 2001	Pak Firman (Director) and Shita Mumpuningdyah (Program Officer)	Jl. Asem Baris Raya Blok A3 Tebet Jakarta Tel (021) 8296337
Yayasan Pelita Ilmu-Youth Clinic 10th Nov 2001	Usep Soiehudin (Youth Clinic Manager)	Jl Pancoran Timur 26A South Jakarta Tel (021) 7985847 ypilmu@link.net.id
Yayasan Pelita Ilmu-Rumah Gaul 10th Nov 2001	Widityatna (Rumah Gaul Coordinator)	Jl. Sungai Sambas VII/17 Kebayoran Baru Jkt
KRA-AIDS **13th Nov 2001**	Zulkifli Amin (Director)	Jl. Kancil Selatan 85 Makassar. South Sulawesi Tel: (0411) 851 829 Email:kra-aids@indo.net.id
UNICEF Makassar 13th Nov 2001	Suhaeni Kudus	Kantor Gubernur Lt 4 Jl. Urip Sumohardjo, Makassar Tel (0411) 440 236 Email: Skudus@unicef.or.id
Yayasan Gaya Celebes 14th Nov 2001	Drs. Andi Akbar Halim (Chairman)	Jl. Baji Passare II/6 Makassar South Sulawesi Tel (0411) 851 829 Eml: gayacelebes@bigfoot.com

Persatuan Guru Republik Indonesia (PGRI) 14th Nov 2001	Pak Armin (Director)	Jl. Ammana Gappa No 12 Makassar, South Sulawesi Tel (0411) 332709
Yayasan Mitra Masyarakat (YMM) 15th Nov 2001	Jenny Zebedeus (Executive Director) Umar Mato (Vice Director)	Jl Teling Atas No 68 (Belakang Greja Advent) Manado, North Sulawesi Tel (0431 843606) Ymm@manado.wasantara.net.id
Canadian Cooperatives Ass (NGO capacity Building) 16th Nov 2001	Byron Rogalski (Program Officer)	Jl Petogogan I/16 A Jakarta Tel (021) 726 8564
Yayasan Investasi Kemanusiaan (YIK) 19th Nov 2001	Pak Jacob and Pak Elvis	Jl. Tanjung Lengkong No 4 RT12/RW 07 Jakarta 13330 Tel/Fax: (021) 856-7022 Email: yik@centrin.net.id
Yayasan Galatea 20th Nov 2001	Nita (Director) Badu and Lisa (program Officers)	Jl. Intertip No. 27, Komp. Wartawan Medan 20239, North Sumatra Tel (061) 662 2654 Eml: galatea_mdn@yahoo.com
CMR-PKBI 21st Nov 2001	Dr Noermadi Saleh (Director) Rahmadani Hidayatin "Atin" (Senior Coordinator)	Jl Sei Belutu No 126 Medan, North Sumatra Tel (061) 4156804 Email: compkbi@indosat.net.id
Yayasan Humaniora 21st Nov 2001	Dr Rizali (Director) and Darma Nasution (Director Program)	Jl. Senayan 2-A Medan, North Sumatra Tel (061) 732 1759 Em: rizabell@idola.net.id
Pusat Kajian dan Perlindungan Anak (PKPA) 22n Nov 2001	Ahmad Sofian (Secretary Executive)	Jl. Mustafa 30 Medan, North Sumatra Tel (061) 663 7821 Fax (061) 661 1943 Email: pkpa@medan.wasantara.net.id pkpamdn@indosat.net.id
Yayasan Utama 22nd Nov 2001	Ismail Nasution (Executive Director)	Jl. Singgalang No 16 Pekanbaru-Riau Tel (0761) 37645 Email: yu-riau@indo.net.id
KESPROMATRA (Forum) 23rd Nov 2001	Linda Lasrian (Coordinator)	Jl. Singgalang No 16 Pekanbaru-Riau Tel (0761) 37645 Email: netmatra@indo.net.id
AusAID Jakarta 26th Nov 2001	Kim Hendrikson	Australian Embassy Jl Rasuna Said, Kuningan, Jkt Tel (021) 2550 5555
Aisyiyah	Suryana Agustin (Health Coordinator)	Perguruan Muhamadiyah Jl Danau Limboto Gg Sekolah 8

27th Nov 2001		Bendungan Hilir Jkt Pusat Tel (021) 5738651
Yayasan Gentar 12th Nov 2001	Didik Yudhi Ranu (Director)	Perumahan Wisma Indah II Blok K11 No. 22 Gunung Anyar Tambak, Surabaya 60296 Tel: 031-741-0773 Email: genta_surabaya@indo.net.id
Yayasan Keluarga Sehat Sejahtera Indonesia (YKSSI) **29th Nov 2001**	Zubaidah (Executive Director)	Jl Gn Semeru Gg Merdeka I/12 Kp Pelita Dasan Agung Mataram, Lombok Tel (0370)629612 Email: zubi@cbn.net.id
Forum Peduli Kawin Cerai and Hak Anak (FPKCH) 30th Nov 2001	Zubaidah and Erna	C/o Jl Gn Semeru Gg Merdeka I/12 Kp Pelita Dasan Agung Mataram, Lombok Tel (0370)629612 Email: zubi@cbn.net.id
Tim Relawan untuk Kemanusiaan- Flores (TRUK-F) 1nd Dec 2001	Sister Estochia ssps (Health and Gender Coordinator)	Sustckam ssps Kewapointe Maumere Flores
Yayasan Pelita Swadaya (YPI) 3rd Dec 2001	Yoce BL de Rozari (Director)	Jl Jendral Sudirman 59 Waioti, Maumere, Flores Tel (0382) 21121 rosari_maumere@yahoo.com
Yayasan Cinta Kehidupan 4th Dec 2001	Lambert Dore Purek (Director)	Jl. Rajawali 8 Beru Maumere, Flores Tel (0382) 21978 Email: yckflores@yahoo.com
World Population Fund 4th Dec 2001 (Email)	Nathalie Kollmann	Amperestraad 10, 1221 GJ Hilversum, Netherlands Tel (31-35) 6422304 E: N.Kullmann@wpf.org
Yayasan Harpa 10th December 2001	Pak Waris Dwiyogo (Director)	Jl Danau Semayang G2E/28 Malang East Java Tel (0341) 711221 Email: warisdd@yahoo.com
Program Concern International 10th Dec 2001	Carol Carp (Director) and Kindy (Program Officer)	Jl.Tirtayasa Raya 51 Kebayoran Baru Jkt Tel (021) 722 1136 Email: pcijkt@red.net.id
Ford Foundation Unable to be contacted		11th Floor Jl Sudirman 71 Jakarta Tel (021) r.sciortine@fordfoundation.org

Appendix 2: NGO Adolescent Reproductive Health Profile Form

Nama organisasi ***Name of Organization***	
Penghubung dan Jabatan ***Contact Person and Position***	
Alamat dan telephone ***Contact details***	
E-mail	
Tanggal Berdiri / Established	
Jumlah staf (staf tetap, relawan, Peer educators, Consultants dll) ***Staff Breakdown***	
Lokasi Kegiatan (Wilayah geografis) ***Geographical focus***	
Latar Belakang Organisasi ***Organizational Summary***	
Kegiatan pokok, tujuan atau sasaran organisasi ***Main activities or aims of the organization***	
Kegiatan Reproduksi Kesehatan Remaja yg telah dilakukan (Termasuk tahun, jumlah dan kelompok sasaran, caranya kerja dan sumber dana) ***Main Activities undertaken in ARH***	
Kegiatan apa yang telah direncanakan dalam bidang Kes Repro Remaja? ***Planned activities in ARH***	
Masalah apa yang sedang terancam Kes Repro Remaja di daerah atau kelompok sasaran	

anda? ***What are the current problems threatening ARH in the NGOs focus area or target group?***	

Appendix 3. Narrative of NGO ARH Activities

1. Perkumpulan Keluarga Berencana Indonesia, PKBI (Indonesian Planned Parenthood Association): National

PKBI is a strong and consistent champion of adolescent reproductive rights and services in Indonesia. Since 1968, when volunteers were imprisoned for supporting birth control PKBI has remained committed and focused on adolescent reproductive services. PKBI has 23 offices and over 200 sub-offices throughout Indonesia. All receive technical (not necessarily financial) support from PKBI in Jakarta.

PKBI has been a national leader in advocating for the inclusion of ARH education in school curriculums. PKBI has considerable experience in research and program evaluation and over the past few years has been involved in capacity development initiatives with the GOI, NGOs and other AID Programs (British Council, World Bank).

PKBI promotes a vision for "Responsible Youth", which is implemented through a Youth Center approach (funded by UNFPA and IPPF).

PKBI has six main components to their youth program:

1. Counseling: telephone, face to face and letters
2. Human resource development
3. Medical counseling and service delivery
4. Resource centers: Peer Education
5. Internet café
6. Outreach

All the branches of PKBI are encouraged to build and expand on these six components. Each PKBI is free to develop other programs and follow funding opportunities within the guidelines of the current five-year plans. PKBI Head Office provides technical support to all the branches and actively encourages individual sustainability.

PKBI places a strong emphasis on the medical counseling and service delivery. The quality and management of PKBI clinics is amongst the best in the country. Government and NGO health professionals alike undertake study exchanges to PKBI clinics, most notably, those based in Java. Clinical youth services have been pioneered by PKBI in Indonesia and evaluation results suggest that success is dependent on the capacity of the clinical staff to attain and maintain a youth-friendly approach to service delivery.

PKBI has considerable capacity and experience in IEC material Development and some mass communication genres. Currently PKBI is piloting internet counseling, national radio-spots, and weekly newspapers columns in an effort to reach the wider community.

2. Yayasan Kusuma Buana, YKB : Jakarta

YKB is a strong Jakarta based NGO respected for the work they do in: 1) Research and evaluation; 2) Health education and outreach, and; 3) IEC and training material development.

In the past YKB has implemented different ARH programs using various methodologies but currently, YKB is focusing on health and drug education for youth involved in sex work and or youth living in economically poor areas in North Jakarta. YKB has a drop in center/clinic in Warakas (North Jakarta) from which they conduct education and medical outreach activities for youth between the ages of 12-20 years. YKB uses a Peer Educator approach with youth but supports this activity by providing training and education sessions for parents of adolescents. AusAID and Catholic Relief Services (CRS) support this program.

Since 1994, with funding from Nike, World Bank and Levi Strauss, YKB has been implementing RH education activities in 128 factories in Jakarta and East Java. Each factory has between 200-21,000 employees approximately 50-65% being adolescents. This program coordinates over 1000 Peer Educators who provide education and referrals to their peers. YKB staff monitor and supervise the PE's and provide ongoing training.

YKB has been proactive in undertaking research initiatives including an ARH needs assessment in 12 cities for BKKBN (96-99) and a UNFPA ARH Knowledge, Attitudes and Practices survey. Many of YKB's research initiatives and published materials are extensively utilized by other ARH implementers. YKB's current ARH facilitator's manual for parents and youth is a good example.

Other Activities
- 4 General population health clinics and medical services (includes counseling for youth)
- Economic opportunities for struggling families

3. Yayasan Pelita Ilmu, YPI: Jakarta

YPI is the National leader in ARH programs working with marginal youth. YPI has three drop in centers coordinated under the program "Mall Youth" that targets street youth, youth involved in the sex industry and youth who hang out in Jakarta shopping malls. A youth clinic funded by WPF, supports these initiatives by providing free medical outreach and clinic based services.

YPI drop in centers have five components:
1. Information and education services
2. Consultation
3. Routine youth meetings
4. Medical consultations
5. Drug use support services

YPI is focusing on developing its capacity to sustain youth-empowering and friendly programs. Underlying all YPI activities is an unwavering respect and commitment to the communities they serve. The dividends of this approach are now paying off as youth targeted by initial programs move up the organizational ladder and begin to take on management positions. All the drop in centers have ex street youth coordinators who have a mature and instinctive capacity to implement programs that meet the real needs of marginal youth.

The youth clinic that supports these centers is a new initiative started in 2001 and supported by WPF. Despite YPI's strong relationship with youth, youth are still resistant to accessing traditional clinical services. More effective has been outreach medical services. YPI clinical data suggest that 80% of the youth they serve are taking drugs and many are injecting drug users.

In 1996-7 YPI implemented a high school based RH program "Peduli AIDS Sekolah" (PROPUS). In 1998 this program was taken over by the Department of Education, but the initial standard set by YPI was not maintained and teachers and students requested YPI return. In 2001 YPI entered 45 high schools and recommenced RH activities using a Peer Education system.

As a consequence of YPI's intensive interaction with youth they have begun an educational, vocational and livelihood program that also targets the youth involved in all their health promotion activities. YPI is committed to creating better life opportunities for youth and they feel this program will be effective in enabling youth to leave the streets permanently.

Other Programs
- Parent programs
- Capacity building for other NGOs, GOI and donor agencies
- HIV/AIDS prevention and support program
- Clinical and support services for PLWHA
- Economic opportunities
- IEC material development

4. Aisyiyah: Jakarta

Aisyiyah is the health and gender section of Muhammadyah, a large Muslim association. Committed volunteers promote responsible parenthood to women and youth in two rural districts outside of Jakarta. Using religious teachings to promote reproductive health messages Aisyiyah has been successful in gaining widespread community support and acceptance of their programs in the target areas.

ARH is a relatively new priority for Aisyiyah and as an organization they are still testing approaches and methodologies. In addition to expanding and building the capacity of the Aisyiyah ARH program, Aisyiyah would like to develop an ARH model based on Islamic teachings.

Other Activities:
- Nutrition and environmental health education

5. Yayasan Gentar Surabaya, YGS

YGS has only been operational for a year but is managed by staff with considerable experience in the field of ARH. YGS runs a youth friendly drop-in center in Moroseneng, a sex worker community in west Surabaya. Approximately 150 children and 50 youth utilize the center that with support from SC/US, is providing educational, recreational, heath and self-development opportunities. For the youth and children in this area the drop-in center represents a safe place in an otherwise unsafe environment.

YGS's ARH program provides accurate information to youth and children through interactive education sessions held at the center. The sessions are facilitated by volunteer Peer Educators who are from the area and have been trained by the organization. Youth are enthusiastic about learning and the drop in center has managed to foster an atmosphere of openness and trust which allows children and youth to discuss their problems with staff and volunteers.

YGS hopes that their RH program can be expanded to children and youth who live just outside the sex industry area but still remain influenced by its close proximity. YGS has just begun work in another sex industry area and hopes to start up another drop-in center.

Other Activities
- Employment and livelihood skills training for children and youth.
- Environmental education.
- Alternative education.
- Social research.

6. Kelompok Relawan Antisipasi-AIDS, KRA-AIDS (AIDS Anticipation Volunteer Group): Makassar

KRA-AIDS has been working with sex worker and other marginal target groups for 11 years. KRA-AIDS staff and volunteers are accepted and trusted by many marginal groups in Makassar and actively advocate for the rights of these groups at the provincial level. Due to the increasing drug problems with youth in Makassar, KRA-AIDS is utilizing their street experience with sex worker and focusing more intensely on youth.

Staffed by eight full time staff and 40 peer educators, KRA-AIDS not only provides street education to marginal youth groups but also undertakes high school based education sessions with mainstream youth. The KRA-AIDS school based program has developed a curriculum that educates youth about sex and drugs through laughter. Initially tried in two high schools this program will be expanded to five new schools in the coming year.

KRA-AIDS has both clinic based and outreach medical services. The clinic funded by AusAID and set up originally to test for HIV/AIDS and STIs has expanded to accommodate all reproductive health needs. KRA-AIDS clinical services are considered to be the most confidential and user friendly in Makassar and this growing reputation is attracting an ever increasing youth clientele. KRA-AIDS data suggests that they receive approximately 2-3 unplanned adolescent pregnancies a week. Ideally KRA-AIDS would like to establish a safe house for isolated pregnant youth so that they are able to have their babies while learning new parenting and life skills.

Through extensive community mobilization KRA-AIDS has been able to secure permission for the sale of condoms at small kiosks. These “Condom Stalls” are placed in known youth hangouts and are becoming increasingly popular.

Other Programs:
- HIV/AIDS prevention and PLWAH support program.
- TOT training for other NGOs.
- Telephone hot-line.

7. Persatuan Guru Republic Indonesia, PGRI (Indonesian Teachers Association): Makassar

PGRI has a branch in most cities throughout Indonesia but few branches utilizing this association for reproductive health promotion opportunities with youth and teachers. PGRI Makassar is an example of how this association can be proactive in implementing ARH activities with high school youth.

PGRI uses a two step methodology, first they train teachers in reproductive health issues then in supervised facilitation with newly trained teacher they present the material to the students. Teachers are encouraged to engage their students in ongoing discussions and special efforts are mage by PGRI to facilitate teachers to organize students on special days such as World AIDS Day.

PGRI has at different times received funding from AusAID and Unicef but this has been in the form of small grants, which generally cover the cost of training teachers but not the ongoing supervision. PGRI Makassar is basically a volunteer organization with a core staff of five, one of which coordinates health related programs. PGRI have the potential and reach for undertaking ARH programs, as they have active members at National, Provincial and local levels.

Other activities:
- Training for teachers in ethics and morality (Education Department).
- Family planning training for teachers (BKKBN).
- Nutrition Training for elementary teachers (UNICEF).

8. Yayasan Mitra Masyarakat, YMM (Community Partners Association): Manado

Based in Manado YMM has been undertaking ARH programs with an emphasis on HIV/AIDS and STIs education for the past six years. Initially funded by Care and HAPP, YMM has a reputation for creative adolescent health programs.

YMM has been targeting marginal youth involved in the sex and bar industry or other high risk areas such as the ports and central city areas of low economic status, since 1997.

Over the years YMM has developed and interesting methodology. Initially staff will approach leaders of peer groups within the target areas. These youth are usually well respected by their peers, in some cases they are leaders of groups involved in petty crime, sex, extortion and or drugs, almost without exception they spend most of their time on the streets. These youth are slowly trained to be potential peer educators through street sessions with YMM staff. To facilitate the youths move into a peer educator role, YMM places a strong emphasis on developing individual self esteem. When there is a definite commitment to being a peer educator YMM will take the youths camping to provide further training and improve their confidence.

After the training, peer educators with supervisory support from YMM staff, facilitated a peer group of between 50-70 youth (4000 youth in all). The peer educator acts as a contact person for the YMM outreach workers who provides ARH information and support to the group. As this program developed the peer educator took on many of the outreach workers duties and other members in the group were trained up to be peer educator. The groups are often active in developing their own IEC material and public action such as world AIDS day. A positive outcome of this program is that the 85% of the peer educator returned to their family home and 65% were successful in finding alternative livelihoods other then being on the streets.

Currently YMM is not receiving funds for this program but they continue to keep in contact with the groups. In 2002 YMM will receive a English volunteer with a background in health and it is hoped that this person can improve the quality and reach of their current health programs.

Other Activities:
- Clean water and sanitation
- Monitoring of Kecamatan Development Program (World Bank)
- Micro credit financing

9. Yayasan Harpa (Malang)

Since 1998, Yayasan Harpa with assistance from HAPP, has be implementing RH and HIV/AIDS awareness and prevention programs with schools, universities and high risk youth in Malang, East Java. YH coordinates ten outreach staff and 240 youth peer educators who provide RH information to 10,000 youth.

YH works in conjunction with the Department of Education providing basic RH education and training to teachers and students in twelve high schools and two tertiary institutions. YH has also trained 450 peer educators who work in ports, building sites, transport and sex areas providing RH information to the general population many of whom are youth. YH also targets gay and transgender youth with safe sex initiatives.

YH plans to expand their school program to include general counseling and drug prevention activities. They would like to improve their capacity for developing IEC materials.

10. Yayasan Galatea, YG (Medan)

Yayasan Galatea is a new and exciting organization, established in January 2001 by former outreach staff from PKBI-Medan. YG works with females involved in the sex and bar industry of Medan. They use outreach methodologies. The target group organizes their own monthly education session in a spare room at a local karaoke bar. Many of the women targeted by YG are under 18 years.

YG places a special emphasis on reaching school age girls who frequent bars. Bars in Medan promote the free entry of women and often young girls will be provided with drugs or money if they dance or sit with men. Over time this can lead to involvement in sex work or more tragically some girls are doped and trafficked to Batam and Singapore.

YG's strength is in counseling, training and outreach, three of the four founding members are psychologists and all the staff are experienced outreach workers and trainers

Other Activities;

- Psychological outreach to youth in drug rehabilitation centers and prisons.
- TOT training on ARH for other NGOs and BKKBN.
- HIV/AIDS prevention program to sex workers.
- Support for people living with HIV/AIDS.
- Psychological outreach to high schools.

11. Pusat Kajian Perlindungan Anak, PKPA (Center for Research and Child Protection): Medan

Troubled about the lack of community concern over the rights of women and children, a group of university lecturers established PKPA in 1996. Initially emphasizing legal representation, advocacy and research on women and children's issues, PKPA has expanded their programs to become more community based and hands on.

With support from AusAID PKPA has implemented high school based ARH and gender program in three districts of North Sumatra. PKPA trains teachers and facilitates education sessions with students (approximately 2,500 students). In each school they set up part-time confidential counseling services in the schools, which have proven to be very popular with the students. PKPA will expand their program to more schools over the next year.

Other Activities

- Street children's program (Save the Children/US).
- HIV/AIDS prevention program with street children.
- Research on the rights of children and women, published in a monthly bulletin.
- Support services for victims of sexual trafficking.
- Legal consultations.
- Advocacy on the rights of women and children.

12. Center Mitra Remaja-PKBI, CMR-PKBI (Center for Youth Partnerships in Collaboration with Indonesian Planned Parenthood Association): Medan

CMR-PKBI was surveyed as a provincial example of PKBI's youth center approach to ARH. CMR is currently receiving funding from UNFPA.

In keeping with PKBI's five-year strategy CMR-PKBI promotes a vision for "Responsible Youth", through four core youth center activities:

- Counseling : telephone, face to face and Internet.
- Medical Counseling and service delivery.
- Resource centers: Peer Education.
- Outreach.

Strong in counseling initiatives PKBI runs a family counseling program. This service provides traditional family planning consultations, marital conflict resolution, youth-parent conflict resolution, domestic violence consultation and pre marriage consultations for couples.

In an ongoing partnership CMR as trained and continues to work with religious marriage celebrants. Couples who register their intent to marry with the celebrant are referred to CMR for pre-marital counseling.

13. Yayasan Humaniora, YH: Medan and North Sumatra

YH is a solid unassuming NGO that implements a wide variety of health and social welfare programs. Active since 1983, YH draws on considerable experience with rural communities to design responsive programs.

In 1992, YH established a RH clinic and information center that is utilized by the general population and youth.

Through the clinical services, YH supports youth in need of family planning and pregnancy options counseling. At one stage YH had a comprehensive clinic with general operation, maternity and laboratory facilities. In 1998 these services were transferred to the local hospital after the capacity of the hospital staff had been sufficiently developed by YH.

In 1998 with assistance from AusAID, YH implemented a school based ARH and harm reduction education program in North Sumatra. With the help of 200 peer educators and 45 teachers YH program now has 2000 youth involved in weekly discussion groups.

YH has published numerous resource books some of which are sold in major retail outlets. YH is currently collaborating with Koalisi Sehat Indonesia on various communication materials.

Other Activities
- HIV/AIDS and Drug awareness program.
- Family planning and RH services.
- Community and individual rights training.
- Small business schemes.
- Village micro credit schemes for women.
- Family health program.
- Return to school program.
- Social research.
- Anti smoking program with youth.

14. Yayasan Utama, YU: Pekanbaru

Since 1995 YU has implemented ARH activities with sex workers. In 1998 with assistance from WPF, YU began an ARH program with high school youth. Active in 50 high schools (30,210 students) YU has been successful in soliciting both Government and community support for their programs.

Initially, YU invested heavily in training both teachers and peer educators to conduct ARH education sessions in schools, but now in the fourth year of operation many of the schools are taking the responsibility on themselves to sustain the program.

Other Activities
- Outreach education activities to male and female sexworkers.
- Counseling.

15. Jaringan Kesehatan Reproduksi Remaja Sumatra, KESPROMATRA (Sumatran Adolescent Reproductive Health Network)

This new NGO forum established in late 2000 with funding from WPF to promote the coordination and capacity development of Sumatran NGOs involved in the field of ARH. Underlying KESPROMATRA's vision is the desire to improve NGO bargaining power and solidarity on ARH advocacy and policy issues.

KESPROMATRA has three full time staff all with practical experience in implementing ARH programs. The Network uses a revolving secretariat system and for the next two years the forum secretariat will be based in the Yayasan Utama (Pekanbaru) office.

Activities to date include:
- Basic ARH capacity training (25 participants).
- Outreach methodologies in ARH (31 participants).

16. Yayasan Mitra Kesehatan dan Kemanusiaan, YMKK (Partners for Health and Humanity): Batam

YMKK is currently in the second year of a two year Ford Foundation funded ARH program targeting adolescent industrial workers.

This progressive and challenging program attempts to coordinate Government health services and other NGOs to meet the clinical needs of sexually active industrial workers in Batamindo.

Initially, YMKK identified and trained existing government health providers in comprehensive reproductive health clinical care (physical examination, clinical diagnosis of RTI/STI, family planning history-taking and individual counseling and education). These health providers act as referral points for the industrial workers.

Religious leaders and other NGO staff working and living in the target areas were trained in counseling and behaviour change communication methodology and four drop-in centers were opened for counseling services. These services support the clinical services and visa versa. Counselors in the drop in center utilized sessions with clients to address behavior change, including sex negotiation skills, positive planning, and internal methodologies for preventing or overcoming behavior relapse.

After the establishment of support services YMKK began to conduct outreach education activities with the target groups, including the distribution of IEC material informing them of the availability of reproductive health and counseling services.

As the program has progressed and a trust relationship with the target population developed many of the youth were willing to become peer educators and volunteers.

17. Yayasan Keluarga Sehat dan Sejahtera Indonesia, YKSSI (Indonesian Foundation for Prosperous and Healthy Families): Lombok

YKSSI is an innovative grass root NGO that tirelessly advocates for the health needs and rights of families in Lombok and Sumbawa.

Lombok Island experiences ARH problems that are virtually non-existent in other parts of Indonesia. Traditional culture supports a system where youth can marry as young as 12, resulting early pregnancy and childbirth. The divorce rates are also high, often resulting in girls being married and divorced up to 3 or 4 times before the age of 18 with a child from each different coupling. Only men can instigate divorces and usually this is done after they have secured their next wife.

After each divorce (often when the women is pregnant) the women receives no settlement and is faced with the task of providing for fatherless children. Usually these children are placed in the care of the maternal grandmother who also is without a male partner and has limited monetary means. Women have two choices at this stage find another husband or seek overseas work through illegal work agencies.

ARH problems are compounded by:

- High domestic violence rates against women and children.
- Poor educational and economic status.
- Limited access and acceptance of health and family planning services.
- High maternal and infant mortality rates.
- Male dominance in the family unit determining family planning decisions.
- Multiple sexual partners and the risk of STI/HIV.

With initial funding from PLAN International YKSSI began implementing an ARH and Gender program in 1999. After a considerable period of community mobilization, YKSSI established 60 youth discussion groups (1,200 youth) and 120 children's discussion groups (2,200 children) in both formal (school) and non-formal (community) settings. All groups were mixed sex except for those groups in religious boarding schools.

Every fortnight a discussion on a specific RH issue would be facilitated by YKSSI staff and the discussion group members would be encouraged to share the information with peers and family through discussions, theatre and music.

YKSSI reported that the community groups despite being the hardest initially to establish, were the most successful. School groups were internally focused and often members did not take the information out of the group. In comparison community groups were more inclusive by nature and youth knowledge soon translated in to new community knowledge in a short time.

After three years YKKSI is finding that of those youth involved in the discussion groups very few (approximately 3%) are getting married before the age of 18 years. YKSSI attributes this to positive peer influence. In the beginning when children and youth understood the risks of early marriage they decided as groups and individuals that it was unacceptable. This decision by peers continues to influence and shape younger children's attitudes to early marriage.

Mixed sex groups provided youth with the opportunity to share feelings and perspectives. Male youth reported an increased awareness and responsibility towards the plight of women in their society. Female youth report an increased confidence to stay at school, negotiating opposite sex relationships and plan for their future.

YKSSI would like to expand this ARH program so that schools, communities and youth themselves have the capacity to sustain the program. Currently YKSSI is not receiving funding (WPR funding finished in December 2001).

18. Forum Peduli Kawin Cerai dan Hak Anak, FPKCH (Forum Concerned with Young Marriage and Divorce and Children's Rights): East Lombok

Established by YKSSI (above) and local health kaders in 2000, FPKCH addresses the issues of early marriage, divorce, domestic violence, child neglect and gender imbalance in two districts of East Lombok. FPKCH is staffed by both male and female volunteers all of whom were victims of the early marriage - divorce cycle.

FPKCH's RH and awareness program is mainly targeted at youth, with the assumption that if youth perceptions change and there is a delay age at marriage, then there is a chance to avoid future negative outcomes break the cycle of early marriage, divorce, and denial of the rights of women.

FPKCH is working with community religious leaders to help promote the benefits of the family unit. Children are also given a voice in FPKCH and the stories of children effected by family breakdown are turning out to be powerful behavior change messages.

19. Tim Relawan untuk Kemanusiaan – Flores, TRUK-F (Humanitarian Volunteer Team for Flores): Flores

The TRUK-F secretariat and the majority of programs are situated in Maumere, Flores, although its members live all over the islands of NTT. TRUK-F is a small community based program that has not received any international funding but is supported by PIKUL a large national NGO (supported by Oxfam).

TRUK-F works in partnership with a Catholic mission hospital to provide information and medical services to rural areas of Flores. TRUK-F has a small ARH program but has the potential to expand their program further given they are already active in other health issues in

the community. TRUK-F is interested in undertaking an ARH and gender education program with schools and traditional community youth groups.

20. Yayasan Pelita Swadaya, YPS: Maumere

YPS is situated in Maumere, Flores and has been active in community and rural health for ten years. The YPS core program has been supported by PLAN International for the last three years. The goal is to improve mother and child health and nutrition in Talibura and Pager districts, and covering a target audience of about 12,000.

Though concerned with rural health in general, YPS has observed that increasing the reproductive health knowledge of youth before marriage positively impacts on their health behaviors as an adult and impacts on the reproductive health of the community as a whole. YPS would like to expand their current ARH activities into a large scale program for 12 districts.

As Flores experiences a frighteningly high rate of domestic violence towards women and children, YPS have would like to expand their ARH and violence activities with male youth (before marriage and just after) to other areas.

Key to YPS success is their ability to implement gender and economic sensitive health activities. YPS stressed the importance of such an approach as the living standard of the communities they work in was very low and the incident of domestic (husband to wife and children) and school (teacher to student) violence is high. YPS also stressed the importance of community mobilization and capacity development in improving program results

21. Yayasan Cinta Kehidupan, YCK (Love Life Foundation): Maumere

YCH is an NGO that has taken the lead in Adolescent HIV/AIDS prevention programs in Maumere, Flores. Initially, when they started in 1995 they faced intimidation and condemnation over their decision to work with sex workers and other marginal groups. Over the years they have run an affective mass media campaign that has slowly turned the initial critics into supporters. YCH has runs an AusAID funded STI/HIV prevention program for five years, but activities finish in December 2001. Currently YCH has eight paid staff (2 in office and 6 in field) as well as three volunteer field workers. The current field workers are made up of former youth educators that have been trained for paid positions.

Through a successful peer education system and strong community advocacy work their program has expanded to include:

- Female, male and transvestite sex workers and their clients and pimps.
- In school (4 peer groups) and out of school (7 groups) youth (urban youth).
- Local Laborers such as port, construction and transportation workers, especially those who are clients of sex workers.
- Police and military.

PCK provides accurate and complete reproductive health information and referral services through training, outreach, lectures, discussions, radio and religious services. In five years they have undertaken 5,109 separate activities and have helped support over 300 people to seek appropriate medical care.

According to the staff at YCH the out-of-school youth groups have been very successful and have managed to secure larger community support and a continual stream of enthusiastic peer educators. In the past YCH has found it difficult to gain support for adolescent reproductive

health programs in the schools, but with increases in drug abuse and sexual experimentation schools are more willing to accommodate their programs. This year they have expanded their curriculum to include high risk behaviors such as drug and alcohol abuse, premarital sex, crime, rape, sexual harassment and violence towards others (including domestic).

YCH staff are particularly proud of the RH program they have implemented with the Police and Military. A good working relationship with the Police and Military has also provided YCH with the unique opportunity and contacts to advocate for the legal rights of marginal and persecuted groups (sex workers, street children, victims of domestic violence and rape). Equally as effective has been YCH's decision to train 42 religious leader (Christian and Muslim) to be counselors and advocates. These people have provided much needed support to the program and have in some cases taken on activities previously done by field workers.

YCH feels that the community awareness and tolerance to issues surrounding sex have reached a level where the community can begin to accept services that were previously taboo. One of these services is the public selling of condoms. YCH opened a small information kiosk near a frequented sex area and market to observe market demand and community attitudes to the public sale of condoms. After 6-months they had sold 1,082 condoms mainly to sex workers and younger men.

In the future YCH hopes to be able to expand their ARH program to more communities and school groups. They would like to expand to rural areas using their current peer education system. They would like to undertake further research into domestic violence and rape.