



**PKBI** PERKUMPULAN  
KELUARGA  
BERENCANA  
INDONESIA

**2024**



Most Significant Change Stories

# **RESPOND PROGRAM**

# TABLE OF CONTENT

03

Executive Summary

06

Foreword

08

About the Project

14

About the Final Report Framework

16

Most Significant Change Stories

47

Annex





# EXECUTIVE SUMMARY

Perkumpulan Keluarga Berencana Indonesia (PKBI)/ Indonesian Planned Parenthood Association (IPPA) is a full member of the International Planned Parenthood Federation (IPPF). Founded in 1957, IPPA initially set up a facility to provide input and services in the face of strong opposition from the government and religious leaders. Today, IPPA provides a range of sexual and reproductive health (SRH) services through a network of static clinics, mobile clinics, associates, and community based distribution (CBD). IPPA pays particular attention to the needs of vulnerable and marginalized groups and runs special programs for street children, men who have sex with men, transgender people, and female sex workers.

The COVID-19 pandemic has had a serious negative impact on the Indonesian economy, health system, and people's lives across Indonesia. The government estimates that at least 5.5 million jobs, especially in the informal sector, will be lost, while research estimates that between 5.1-12.3 million people will fall into poverty.

In this situation, the RESPOND (Responding with Essential SRHR Provision and New Delivery Mechanism) Project is here to answer the needs of Reproductive and Sexual Health Services for the community, especially vulnerable groups during the Covid 19 pandemic. This program is present through a partnership between IPPA and IPPF and funding support from the Department of Foreign Affairs and Trade (DFAT) Australia.

The RESPOND program was carried out for 3 years, aiming to strengthen the Sexual and Reproductive Health (KSR) services of IPPA spread across 25 provinces, especially for vulnerable groups and those most affected by Covid-19. This service is provided by all IPPA Chapters, both those that do not have a clinic (8 IPPA Chapters), those that already have a clinic (23 clinics in 17 provinces) and those that are developing a clinic pilot (4 provinces, which are the Independent Midwife Practice Initiation in Bengkulu, Clinic Initiation in Central Kalimantan, Gunung Kidul District and Jember District).

The RESPOND project has succeeded in reactivating all information and service provision activities at IPPA, of course also collaborating with the Youth Program, the Bina Anaprasa Program and other projects at IPPA with the Clinic Program as the spearhead.

Project RESPOND has made a major contribution to improving the quality of inclusive SRH Services by carrying out a number of activities to create and update Guidelines related to national management such as revising IPPA management guidelines, revising financial guidelines and upgrading SAKU, creating Supply Chain Management Guidelines to creating technical Standard Operating Procedures (SOPs) at the Clinic or regional level such as creating SOPs for Providing SGBV services, revising Clinic Management Guidelines and creating Clinic Management Training Modules and so on.

Related to capacity building, Project RESPOND also contributes in carrying out a number of capacity building for IT Data, service providers, both youth counsellors, cadres and Clinic Teams, both at the national and chapter levels.

Project RESPOND also contributes in the fulfillment of facilities such as providing funds for rent and purchase of buildings, cars, renovation and purchase of clinic equipment, and even contributing related to the legality of the practice of providing health services in the form of support for financing clinic licenses and accreditations.

Another contribution of the RESPOND Project is to encourage the IPPA Headquarter and IPPA in all chapters to provide information and services through alternative methods, namely telemedicine, self-care and Home-based care. These alternative services are intended to expand the scope of Reproductive Health services so that they can be accessed and felt by marginalized groups (vulnerable groups) who fall into the PMSEU

(Poor, Marginalized, Social Excluded and Under-served) category, for example in this case the disabled group and Sex Workers. Vulnerable groups who often receive discriminatory treatment and stigma in the process of obtaining reproductive health services.

In this project, telemedicine is carried out through several social media channels, which are WhatsApp, Instagram, Hotline and others. Before the RESPOND Project was carried out, only a few regions had utilized the use of social media in providing information and services to clients. However, after implementing the RESPOND Project, all IPPA Chapters including Clinics have had and used social media channels to provide information and services.

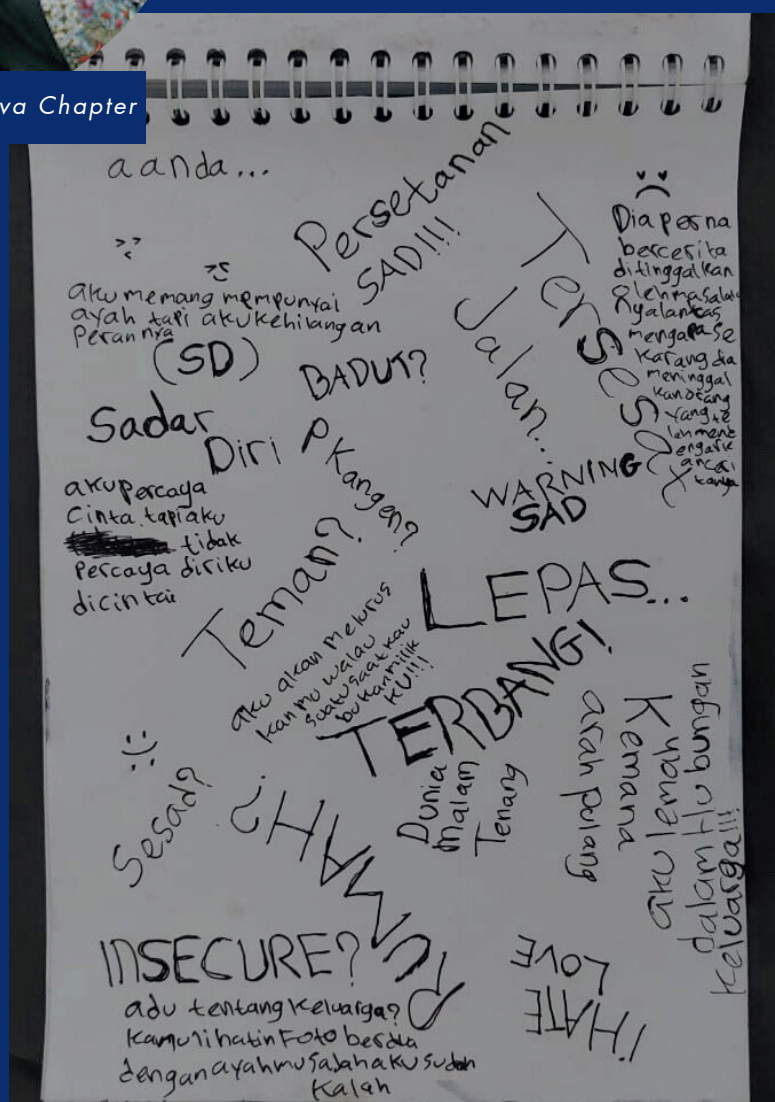
Through the RESPOND Project, IPPA has developed a special telemedicine called PKBICare. PKBICare is a web-based reproductive health consultation service that can be used by the community, including vulnerable groups.

At the end of the RESPOND Project, an assessment was also carried out regarding Female Genital Mutilation (Female Circumcision) carried out in the areas of South Kalimantan and Riau. The activities carried out were limited group discussions and in-depth interviews involving IBI (Indonesian Midwives Association), IDI (Indonesian Doctor Association), PPPA Service, KUA, Religious Leaders and Community Leaders. The results of this activity will be used as a consideration for carrying out programs related to the issue of Female Genital Mutilation in the future. In addition, an assessment and mapping of the needs of Reproductive and Sexual Health services for Women and transgender women who use injecting drugs was also carried out. The results of this activity are the basis for carrying out programs for Women and transgender women who use injecting drugs.



Accredited Mawar Clinic, IPPA West Java Chapter

At the end of the RESPOND Project for 3 years, IPPA collected Best Practices from various chapters during the implementation of this project. These Best Practices are just a few examples of stories that we have included in 4 domains, which are Accreditation, Inclusive Services, Multi-stakeholder Cooperation and Capacity Building.



Expression of Emotions at Rumah Aman Survivor in IPPA West Java Chapter



# FOREWORD

COVID-19 has had a serious negative impact on Indonesia's economy, health system and people's lives across the country. The government estimates that at least 5.5 million jobs, mostly in the informal sector, will be lost, while studies estimate that between 5.1-12.3 million people will be pushed into poverty.

Lockdowns, curfews and quarantine restrictions have increased economic hardship, and confinement has had a devastating impact on women and girls at home. Already stretched health systems have been focused on the COVID-19 response. Even before COVID-19, an average of 17.5% of all pregnancies nationwide were not attended by a skilled midwife. The National Family Planning Coordinating Board (BKKBN) found in March that 10% of family planning users in 34 provinces had difficulty accessing contraception, indicating the rapid impact of the pandemic on these services. BKKBN estimates that a one-month decline in contraceptive use in Indonesia could increase pregnancy rates by up to 15%.

Without timely access to maternal and child health services, women who rely on these services will suffer. There is a high likelihood of unwanted pregnancies, stunted growth, and maternal and infant deaths. Gender-based violence has also been reported to increase sharply.

Sexual and reproductive health issues, especially for the poor and vulnerable, have been neglected. The number of services for PLHIV and Key Populations in HIV & AIDS prevention programs in Indonesia has decreased by 50% since the pandemic began.

Since the outbreak of COVID-19, emerging data, and reports from those on the frontlines have shown that all sexual and gender-based violence (SGBV), especially domestic violence, has increased. UN Women defines SGBV as a shadow pandemic, which must be addressed collectively and globally. The Jakarta Legal Aid Institute of the Indonesian Women's Association for Justice (LBH APIK) recorded 59 cases of domestic violence, rape, sexual violence,



and online pornography. As of October 2020, SGBV had increased by 63% during the pandemic. The increase in early and forced marriages shows that girls are particularly at risk. The reduction in SRH services and women's lack of access to contraceptives prompted IPPA to change services in response. Project RESPOND (Responding with Essential SRHR Provision and New Delivery Mechanism) is here as a response to concerns about quality Reproductive and Sexual Health Services from various parties, both from the service provider side and from the beneficiary side.

RESPOND is an important program for Indonesia in general and IPPA in particular considering the severe gaps in the provision of SRHR services impacted by government de-prioritization during COVID-19. IPPA will build innovative approaches and restore services that have been severely impacted. The RESPOND project will complement other programs and projects currently being carried out at IPPA such as the Tuberculosis elimination program for PLHIV and high-risk communities; CMIS enhancement in IPPA clinics targeting SDM clinics, digital infrastructure improvements, and other technical assistance.

With the support of DFAT through IPPF, quality Reproductive and Sexual Health Services provided by IPPA can again be felt by beneficiaries who fall into the PMSEU (Poor Marginalized Social Excluded and under-served) category.

Based on data from the third quarter of the third year, Project RESPOND has successfully provided 1,004,791 Reproductive and Sexual Health services to 248,880 clients conducted at 57 Service Delivery Points consisting of static clinics, mobile clinics, associates; 6,629 of whom have received SGBV-related services, 4,470 have received services through alternative service methods (home-based care and self-care), 18,841 beneficiaries have used telemedicine as a method to access Services. In addition, 3,015 service providers have been trained and 2,637,089 people have received exposure to Reproductive and Sexual Health information through various channels, both online and offline. IPPA is grateful for the support of DFAT and IPPF so that we are able to provide optimal services, especially for marginalized citizens, and those who are not/have never been served by the state.

EKO MARYADI  
Executive Director of IPPA



# ABOUT THE PROJECT

## RESPOND

Responding with Essential  
Sexual and Reproductive  
Health and Rights (SRHR)  
Provision and New Delivery  
Mechanisms

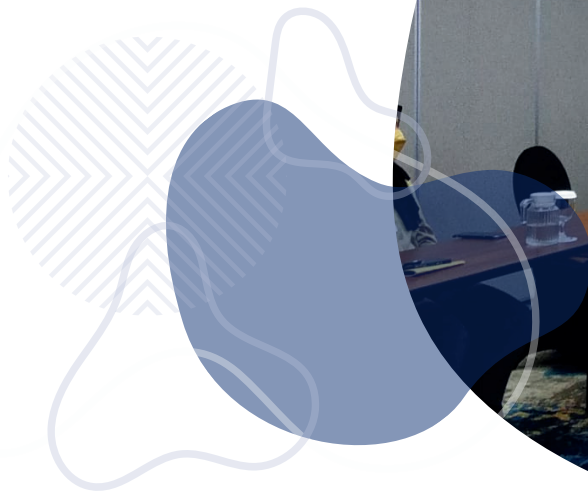


The Responding with Essential Sexual and Reproductive Health and Rights (SRHR) Provision and New Delivery Mechanisms (RESPOND) Project is part of the Indo-Pacific Sexual and Reproductive Health Rights COVID-19 Surge Response (C-SURGE) program of the Department of Foreign Affairs and Trade (DFAT) implemented by the International Planned Parenthood Federation (IPPF) together with the Indonesian Family Planning Association (IPPA / PKBI), Rahnuma Family Planning Association of Pakistan (R-FPAP), Promotion of Family Health Association Laos (PFHA), The Society for Health Education Maldives (SHE), Papua New Guinea Family Health Association (PNGFHA), Reproductive Health Association of Cambodia (RHAC),

PICT Pacific, Family Planning Association of Sri Lanka (FPASL), Respect Educate Nurture Empower Women Bhutan (RENEW), Family Planning Association of Nepal (FPAN) and Family Planning Organization of the Philippines (FPOP).

The goal of the RESPOND Project is to ensure that populations affected by COVID-19 have improved SRHR through the provision of high-quality and equitable Sexual and Reproductive Health and Family Planning services and the dissemination of trusted and reliable SRHR and COVID-19 information. This will enable sustainable impact for women, girls, and marginalized groups across the Asia Pacific region including Indonesia.

For IPPA, through the RESPOND Project, it is expected to strengthen IPPA's Sexual and Reproductive Health (SRH) services spread across 25 Provinces and 170 Districts / Cities. In its implementation, IPPA Headquarter is supported by 25 IPPA Chapters (including 23 IPPA clinics) and 170 Branches (including 9 IPPA clinics).



## OUTCOME

Increasing the use of high-quality and equitable SRHR information and services by the most vulnerable groups, with a focus on innovative approaches and the restoration of services impacted by COVID-19.

## EXPECTED RESULT

The proposed initiative will directly increase access to high-quality, voluntary and equitable reproductive health services and contribute to efforts to realize the shared commitment to Sustainable Development Goals (SDGs) 3: "Ensure healthy lives and promote well-being for all at all ages". And SDGs 5: "Achieve gender equality and empower all women and girls".

## OUTPUT AND ACTIVITIES

**Output 1: High quality and equitable reproductive health and reproductive services through established service delivery channels.**

### Activities:

1. Provide high-quality RH services through established service delivery channels
2. Strengthen the capacity of health service organizations and providers (staff, private sector, and public) in providing quality comprehensive RH services and COVID-19 response
3. Strengthen the provision of domestic violence services and referral pathways for survivors of domestic violence
4. Strengthen the supply of essential commodities and supplies for RH and infection prevention
5. Expand social marketing of contraception

## OUTPUT AND ACTIVITIES

Output 2: Women, men and young people have access to digital health services (telemedicine) and alternative service delivery models (home-based care, self-care, etc.)

### Activities:

1. Explore and expand telemedicine
2. Increase the availability, accessibility, and acceptability of SRH self-care approaches and home-based service delivery
3. Adapt care pathways (e.g., home visiting service models, comprehensive SRH packages, youth-focused service delivery)

Output 3: Women, men and young people receive quality, reliable and easily accessible information about reproductive health (SRH) and COVID-19

### Activities:

1. Conduct awareness-raising activities through radio, campaigns, TV, SMS, and social media
2. Strengthen IPPF long-distance counselling / hotline

## STRATEGIES AND APPROACH

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01	Community Empowerment and Organizing	<ol style="list-style-type: none"><li>1. Outreach and mentoring</li><li>2. Establishment of Health Service Networks in the community (starting from the grassroots level)</li><li>3. Distribution of prevention (PPE)</li><li>4. Referring clients to health service locations</li><li>5. Strengthening youth organization through providing basic and specific knowledge to IPPA youth volunteers</li></ol>
02	Improving Service Access and Expanding Network	<ol style="list-style-type: none"><li>1. Developing a digital platform / telemedicine</li><li>2. Mobile service / mobile service</li><li>3. Coordination meetings with providers in an effort to Strengthen the Health Service Network</li><li>4. Procurement of medical equipment and supplies</li></ol>
03	Advocacy and Information, Education and Communication (IEC)	<ol style="list-style-type: none"><li>1. Paralegals, cadres and youth, including vulnerable groups.</li><li>2. Non-violence movement campaign/advocacy</li></ol>

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## BENEFICIARIES

The beneficiaries of the RESPOND Project are people who fall into the following Vulnerable Group categories as followed:

1. Poor
2. Disability
3. Children and Adolescents
4. Acceptor of Contraceptive
5. LGBTQ Communities
6. Sex Workers
7. People Living With HIV AIDS (PLWHA)
8. Children Against the law
9. Women in Prison
10. Migrant Workers

## DURATION

The RESPOND Project implemented from August 1, 2021 to July 31, 2024, which is divided into 2 phases, which were:

- Phase 1: August 1, 2021 to July 31, 2023
- Phase 2: August 1, 2023 to August 1, 2024

## CROSS CUTTING ISSUE

### 1 Gender Equality

RESPOND Project demonstrates a commitment to advancing gender equality and inclusivity throughout the implementation of Project RESPOND in Indonesia, through contextual activities, capacity building, partnerships, and increasing access to information and services. IPPA's efforts are aligned with IPPF's global initiatives and priorities around gender programming to ensure inclusion and leaving no one behind.

Project RESPOND implements a 'no denial' policy that ensures that all beneficiaries/clients have access to Sexual and Reproductive Health information and services, regardless of their financial situation, which can often be a barrier for marginalized groups to access services and protect the right of all to access Universal Health Services. Also at the heart of the project is placing women and girls at the heart of the project design and implementation through appropriate and respectful client-centered treatment.

## CROSS CUTTING ISSUE

### 2 LGBTQIA+

RESPOND Project in this case considers that everyone has the same rights to obtain reproductive and sexual health services including for LGBTQIA+ people.

This struggle is an ongoing struggle in many parts of the world, including IPPA (Indonesia) as one of the countries implementing RESPOND Project, which faces discrimination, violence, and lack of legal protection. However, progress has been made through activism and advocacy aimed at securing SRHR for everyone regardless of gender identity or sexual orientation, including the right to make personal decisions about one's body, relationships, and access to health services. This also requires eliminating bias in the health care system and ensuring that LGBTQIA+ people receive competent and compassionate care.

Through RESPOND Project, it is hoped that it can promote LGBTQIA+ inclusion and sexual and reproductive rights, so that IPPA contributes to a more just and equal society where everyone has the same rights and opportunities to develop. In implementing RESPOND Project, IPPA at the headquarter, chapter and branch levels and its partners continue to focus on the involvement and provision of inclusive services for the LGBTQIA community.

### 3 Inclusion : Disability

The implementation of the RESPOND Project shows that sexual and reproductive health services are the right of everyone, including the disability community. Therefore, by involving and facilitating access for the disability community to information and sexual and reproductive health services, people with disabilities can participate fully and meaningfully. Not only for fellow people with disabilities but also for their families and their environment. Simple changes can open previously closed doors, but beyond physical adjustments, inclusion means creating a culture of awareness, empathy, and solidarity. It is essential to be able to treat people with disabilities with dignity and respect, while paying attention to their needs, making the environment more welcoming to everyone.

### 4 Safeguarding

IPPA has relevant safeguarding processes and policies that are widely disseminated and understood across its programs/projects. As an organization that provides SRH services to millions of people each year, IPPA has a responsibility and duty to ensure that all beneficiaries/clients and staff are adequately protected. IPPA has a robust set of Safeguarding Policies and implementation systems in place to (1) Prevent all forms of harm, abuse, exploitation and harassment, sexual or otherwise; (2) Identify and mitigate potential risks, to promote reporting of actual or potential risks and to make reporting accessible to all clients and team members; and (3) Treat all reported incidents seriously and in the best interests of survivors.



## CROSS CUTTING ISSUE

### 5

#### Climate Change

The climate crisis poses a major threat to sustainable development and the realization of human rights, including SRHR. IPPA is committed to implementing this program sustainably, taking into account its impacts on the communities and environments in which it operates.

IPPF's position on SRHR, climate change and sustainable development is articulated in its policies and through the MA accreditation system and our recently launched position paper on the climate crisis and SRHR. As a primary health service provider and supporter of SRHR, IPPA is committed to supporting communities to adapt to the impacts of the climate crisis while calling for inclusive, human rights-based and gender-transformative action to respond to the climate crisis and its impacts at all levels.

IPPA understands that the impacts of climate change on SRHR are numerous. These impacts include reduced or unavailability of services in disaster-affected areas, adverse impacts on maternal health due to heat exposure, and increased incidences of SGBV and early and forced child marriage in humanitarian crises or displacement situations. As the impacts of the climate crisis worsen, the adverse impacts on SRHR will increase. Inequality and marginalization are key factors that increase vulnerability to the impacts of the climate crisis. PKBI recognizes that to reduce vulnerability and increase resilience, we need to address gender inequality and other forms of marginalization. SRHR is critical to advancing gender equality and addressing marginalization, thereby strengthening the resilience and capacity of individuals and communities to adapt to the climate crisis.

IPPA is committed and includes environmental issues in its quality assurance program to reduce potential negative impacts and ensure that our work is 'environmentally friendly' in IPPA Health Facilities / Clinics.

COVID-19 has led to an increase in the use of disposable goods and equipment that can have a negative impact on the environment including minimizing some of the impact of waste in IPPA Health Facilities / Clinics. IPPA will comply with existing policies and best practices on medical waste management in Indonesia.

### 6

#### Sustainability

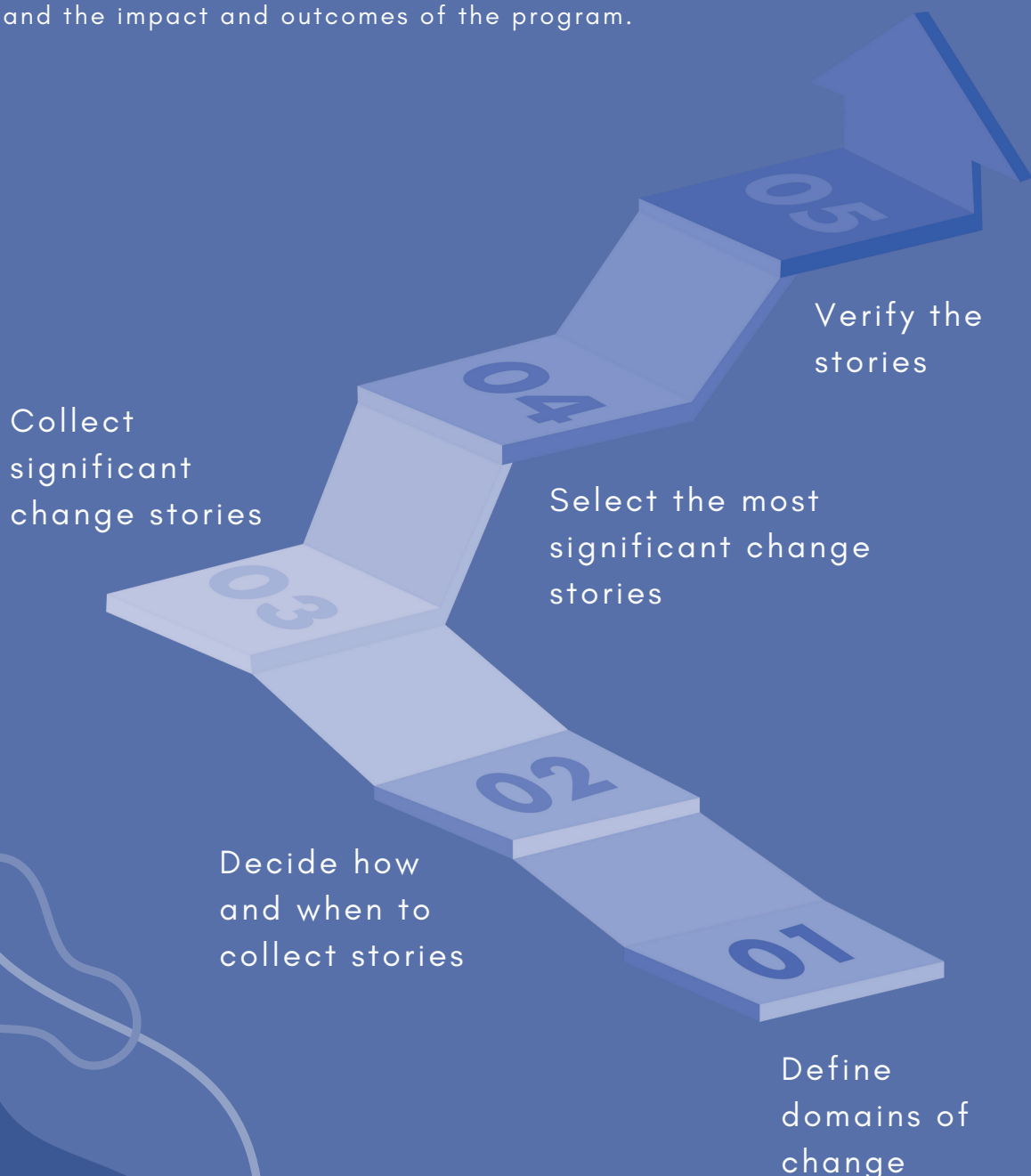
RESPOND Project is not only carried out for services that can be provided during the project, but also plans so that all IPPA Chapters that are the locations for the implementation of RESPOND Project can continue to provide services even after this project is completed. Through the support of Project RESPOND, institutional capacity building is also carried out to lead to sustainability, namely by conducting Business Plan Training.

Therefore, in terms of sustainability, Project RESPOND encourages and supports all IPPA Health Facilities / Clinics to have legality and are Accredited by the Government so that IPPA Health Facilities have accountability and excellent service quality.

# ABOUT THE FINAL REPORT FRAMEWORK

## MOST SIGNIFICANT CHANGE STORIES

The Most Significant Change (MSC) technique is a qualitative, participatory approach used primarily in monitoring and evaluation, particularly in the fields of international development and social programs. The core idea of MSC is to collect stories of significant change from program participants or stakeholders and then systematically select the most significant ones to understand the impact and outcomes of the program.



# ABOUT THE FINAL REPORT FRAMEWORK

## DOMAINS OF CHANGE



*Accreditation process at Catur Warga Clinic, IPPA Bali Chapter*

In the Most Significant Change (MSC) process, the domains of change are thoughtfully crafted to align directly with the outputs and outcomes articulated in the project's Theory of Change (ToC). By carefully reviewing the ToC, key outcomes and pathways are identified and used as the foundation for defining these domains. This alignment ensures that the MSC stories collected will reflect the changes most relevant to the project's intended outcomes. The process of defining these domains is carried out through in-depth discussions with selected chapters of PKBI and representatives from headquarters. This collaborative approach ensures that the domains of change are not only theoretically sound but also practically relevant, capturing the most significant shifts within the project's scope.

### DOMAIN 1: CAPACITY BUILDING

Capacity Transformation:  
Delivering Improved Health  
Service and Sustainable Clinic  
Operation

### DOMAIN 2: ACCREDITATION

Clinic Accreditation:  
Proof of Quality Service at IPPA  
Clinics and Its Impact on  
Marginalized Groups

### DOMAIN 3: MULTI-STAKEHOLDER NETWORKING

A Snowball Effects on Multi-  
Stakeholder Networking and  
Collaborations:  
From Partnership to Clinic  
Revitalization

### DOMAIN 4: INCLUSIVE SERVICE

Advancing SRHR Rights: Positive  
Impact of Advocacy on the  
PMSEU Community

DOMAIN 1

## Capacity Building



# CAPACITY TRANSFORMATION:

Delivering Improved Health Service  
and Sustainable Clinic Operation





*Business Plan Training conducted by IPPA Headquarter*

## **Enhancing Service Providers' Capacity in Sexual and Reproductive Health (SRH) and Clinic Sustainability**

As a key outcome measurement, the RESPOND program aimed to train service providers in SRH. By the end of the program, the program outcome on "improved utilization of high-quality and equitable SRHR information and services by the most vulnerable, with a focus on innovative approaches and restoring services impacted by COVID-19," has resulted in training 3,015 out of the targeted 5,626 individuals across various capacity-building activities. These activities included training in OpenEMR (a medical practice management software), telemedicine, virtual quality assessment training, comprehensive Sexual and Gender-Based Violence

(SGBV), supply chain management, clinic management module development, and chapter knowledge sharing. The training activities were designed for The Indonesian Plan Parenthood Association (IPPA) and its clinic staff including the external parties such as the key stakeholders in the RESPOND Program. The vital aspect of this capacity-building effort was equipping service providers to deliver better health services by raising awareness and standardized health services on Sexual and Reproductive Health and Rights (SRHR) mainly for the Poor, Marginalized, Socially Excluded, and Underserved (PMSEU). This was accomplished through participation and collaboration with the internal staff and key stakeholders as showcased by Catur Warga Clinic in Bali and Satu Hati in Manado, North Sulawesi.



## Shifting from a Project-Based Model to a Sustainable Approach

Ninik Andrias, Manager of Catur Warga Clinic IPPA Bali Chapter, has been looking for a way to solve the challenge that emerged from the lack of a systematic approach, including human resources and clinic management. Until an “aha” moment, sparked by capacity-building initiatives; accreditation, and business plan training. The transformation began with the accreditation training, which changed her perspective on perceiving IPPA clinics.

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*“If we continue to depend on projects, what happens if there are no new projects in the future.”*

*“What stood out to me was that, first, we were taught that the clinic, as one of IPPA’s business entities, must comply with government regulations. This includes all types of government regulations, such as accreditation. Secondly, we learned that the clinic can operate as a business. Up until now, we’ve been heavily reliant on projects. If we continue to depend on projects, what happens if there are no new projects in the future, like now with Respond ending? In Bali, we still have the CBC project, but what if no projects are going forward?”,* said Ninik. The training empowered Ninik and the clinic staff to recognize the importance of developing business plans that incorporate diverse revenue streams, rather than depending solely on project funding. This included offering fee-for-service and collaborating with local healthcare providers to broaden their health service offerings.


Ninik emphasized that change must start internally before promoting the clinic’s services. The transformation began with the accreditation process, which laid the foundation for Catur Warga Clinic to develop standardized service and management structures. These standards specified the number and expertise required to run the clinic effectively, including roles such as lab analyst, pharmacist, doctor, and others. To ensure sustainability, Catur Warga Clinic implemented a structured approach to the clinic’s financial and operational management, ensuring fair and transparent role expectations and compensation. This move was

crucial in retaining staff and maintaining morale. Transparency is the key for Ninik to bring unity among the staff to chase the clinic's sustainability. Therefore, Catur Warga Clinic focuses on achieving accreditation status as delivered in the accreditation training before promoting the services to potential clients and exploring potential collaborations as taught during the business plan training.

Reflecting on her experience since joining PKBI in 2007, Ninik appreciates the recent business plan training received in 2023 as the igniter for developing a sustainability plan. One of the shared positive experiences is the relevance of the topics to clinic sustainability and the expertise of the trainers, who were experienced medical practitioners providing practical case studies. Although not all staff members participated in the training, sharing knowledge was seamless. *"I adhere to the saying 'strike while the iron is hot,' so as soon as I receive the training materials, I immediately share them with my colleagues at the clinic in my own words,"* said Ninik. A knowledge-sharing session was organized to disseminate the insights gained during the capacity-building to the broader team. This session was followed by ongoing support to ensure smooth implementation, whether it involved standardizing the health services delivery or monetizing the expanded offerings to the local communities.

One of the drawbacks lies in the format of the training itself. Ninik

experienced two business plan training sessions with the same material and facilitator. While the ad hoc session was beneficial, Ninik believes that a follow-up session is essential to assist in the implementation of the business plan. She mentioned that several IPPA Chapter offices had submitted

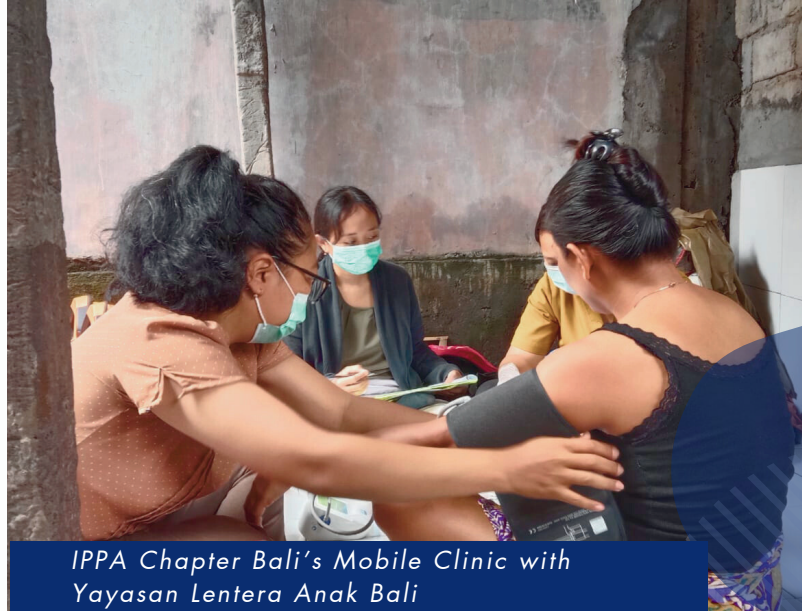


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*I adhere to the saying 'strike while the iron is hot,'*

proposed business plans during the training session, expecting a follow-up and coaching as planned by the IPPA Headquarters. She suggests that it would be highly beneficial if a facilitator or trainer who has experience in the same field could provide ongoing coaching sessions regularly after the training session. Ninik suggests that, instead of conducting similar training in different locations, it would be more effective to have a single training session followed by dedicated business plan advisory support. This would ensure that the advice given is practical and tailored, supporting the sustainable provision of standardized and competitively monetized services.

In addition to the team advisory and business plan follow-up for clinic sustainability, Ninik explains the needs of relevant topics, such as pricing strategy. She emphasizes the importance of considering various factors before setting a health service price. *"We consider the pricing based on the cost of medical equipment, health provider's service rate, water and electricity (fixed cost), tax, and others,"* explained Ninik. Moreover, she also thinks that the pricing should factor in the clinic's unique value proposition and strength, for instance, the clinic's operational hours compared to Puskesmas which offers free service charges. Therefore, this topic is necessary to find the formula for ensuring no losses while covering operational costs and being affordable compared to other medical service providers. Another critical topic she suggests is creating awareness of medical services needs, as not all communities are aware of this need. Ninik believes that segmenting the potential client should be followed by understanding their behavior and level of knowledge.

Sustaining the revenue stream, Catur Warga Clinic introduced new services, such as medical check-ups, immunizations, and mobile clinic services to hotels, villas, and other places, which provided additional income. One significant opportunity identified was external collaboration, specifically a plan to partner with Puskesmas (Community Health Center) to deliver vaccines to the local community. She also explained several plans for other



IPPA Chapter Bali's Mobile Clinic with Yayasan Lentera Anak Bali

revenue streams, such as the provision of a health facilitator or trainer and food and beverage by developing a canteen. Another critical aspect of sustainability was the emphasis on continuous capacity building.

Recognizing the need for ongoing support, Ninik expressed the importance of follow-up coaching and mentoring, especially for complex areas like financial planning and pricing strategies. This approach ensures that staff can continue developing their skills and adapting to new challenges, such as changes in healthcare policies or market demands.

The story of Catur Warga Clinic's transformation highlights the significant impact of training and capacity building in creating a more structured, sustainable organization. The journey from an informal system to a well-structured sustainable clinic demonstrates the importance of continuous learning and adaptation in the not-for-profit sector. The changes not only improved internal operations but also enhanced the quality and range of services offered to the community, ensuring a more sustainable future for the organization.

## From personal growth to holistic support in community health and rights awareness

Before 2015, Satu Hati focused primarily on health issues, specifically on HIV prevention and support for the LGBT community in Manado and surrounding areas. The organization is known for supporting gay men and transgender individuals. Under the leadership of Clif Bryan Mangowal, the community-based organization expanded its focus to include Sexual and Gender-Based Violence (SGBV) and human rights issues for sexual minority groups in Manado.

Since then, Satu Hati has been collaborating with IPPA North Sulawesi Chapter in various activities. The activities include participating in training programs alongside five to six other communities that focus on health issues including addressing HIV and adolescent health. The training was socialized through word of mouth, with 20-25 participants attending

two full-day training sessions. It covered topics such as sexual orientation, gender identity, gender expression, sex characteristics (SOGIESC), HIV self-test, and Value Clarification Training emphasizing IPPA's commitment to inclusivity.

The training sessions provided by IPPA North Sulawesi Chapter were crucial in enhancing Satu Hati's knowledge and practical skills, which significantly improved its community outreach. *"The SOGIESC training was highly anticipated and well-received since it provides insights of sexual diversity and helps to address issues of stigma and discrimination within the community,"* said Clif. Apart from the IPPA representative, another trainer from Satu Hati, who also had previously participated in the training was also present to enhance the material relevance and participants' acceptance. *"The training format involved lectures followed by brainstorming sessions, as the participants were new to the SOGIESC topic,"* Clif explained.

“

*The SOGIESC training was highly anticipated and well-received.*



IPPA North Sulawesi Chapter's Value Clarification Training

The second training session, focusing on HIV self-testing, offered a distinct approach from the previous SOGIESC training by equipping participants with knowledge and practical skills for independently screening for HIV. This training significantly piqued the participants' curiosity and increased their knowledge and skills in using Oral Fluid Tests (OFT) and understanding the referral process.

This training is vital, as Clif highlighted one of the challenges in working with marginalized communities, such as the reluctance of transgender individuals to share personal identification information (NIK) due to privacy concerns and fear of discrimination. Clif explained, *"Invisible community members are concerned with privacy and uncomfortable visiting public health facilities. Through this self-test, the participants could assist the invisible community members in accessing the test. It (self-testing HIV) is a new training for us."* Furthermore, Clif stated that Satu Hati appreciated the assistance and support of field officers, who supported not only during the training but also at the grassroots level for each key population, including providing online access through IPPA North Sulawesi Chapter's media specifically for this service. Addressing these challenges are crucial for the organization's continued success in providing inclusive and comprehensive support to its community members.

Clif expressed positive experiences from participating in these capacity-

building sessions, including IPPA North Sulawesi Chapter's efforts to obtain training feedback and suggestions for improvement from the organization-based community.

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*Through this self-test, the participants could assist the invisible community members in accessing the test.*

The main expectation revolves around the training duration and variety of topics, such as safeguarding. Clif suggests that the training could be implemented as a series with a breadth of health issues following the current trend and needs. As a reflection, Satu Hati has conducted training on journalism and content creation, including making short films as a means to raise awareness. These series of training sessions would also broaden the subjects to be covered and provide refresher sessions for those who have previously attended. For instance, the SOGIESC topic is prominent for new members, but there is a need to expand the topic for experienced community members.



Overall, the capacity-building initiatives significantly enhanced the operational capabilities of Satu Hati, allowing it to expand its services and better support the community's diverse needs. Satu Hati is committed to sharing the knowledge obtained through IPPA's training with its members through informal sharing sessions as part of its capacity-building sustainability. The organization's engagement with IPPA North Sulawesi Chapter and the broader network of community-based organizations has been instrumental in this transformation, providing essential training, resources, and collaborative opportunities that have led to a more holistic and sustainable approach to community health and human rights.



## DOMAIN 2

# Accreditation



# CLINIC ACCREDITATION:

Proof of Quality Service at IPPA Clinics and Its Impact on Marginalized Groups





IPPA Tegal Chapter's Accreditation Process

## Efforts of RESPOND Program in Driving IPPA Clinic to be The Center of Quality Reproductive Health Services

Over the past three years, the RESPOND Program has strived to provide qualified sexual and reproductive health (SRH) services, accessible to vulnerable groups in society. One of the key strategies by enhancing the quality of services at Indonesia Planned Parenthood Association (IPPA) clinics, which are spread across 17 provinces in Indonesia.

To achieve the highest standards of service at each IPPA clinic, the RESPOND Program provided funding allocation for enhancing the clinic infrastructure such as: adding counseling rooms, building wastewater treatment facilities

(IPAL) as a prerequisite mandatory for clinic installation, and renovating the clinics to be disability-friendly. Furthermore, the funding also enabled clinics to acquire necessary medical equipment and facilities, such as vehicles for mobile clinic activities, allowing them to reach more underserved communities.

Beyond financial support, the RESPOND Program increased the organizational capacity for clinic managers, emphasizing comprehensive and quality reproductive health services to meet the standardized service. The training was provided to clinic staff, midwives, and doctors at the 23 IPPA clinics across Indonesia. These trainings covered various topics, including the use of OpenEMR (an electronic medical record software) for managing patient data efficiently and business plan training

for encouraging clinics to develop sustainable business models.

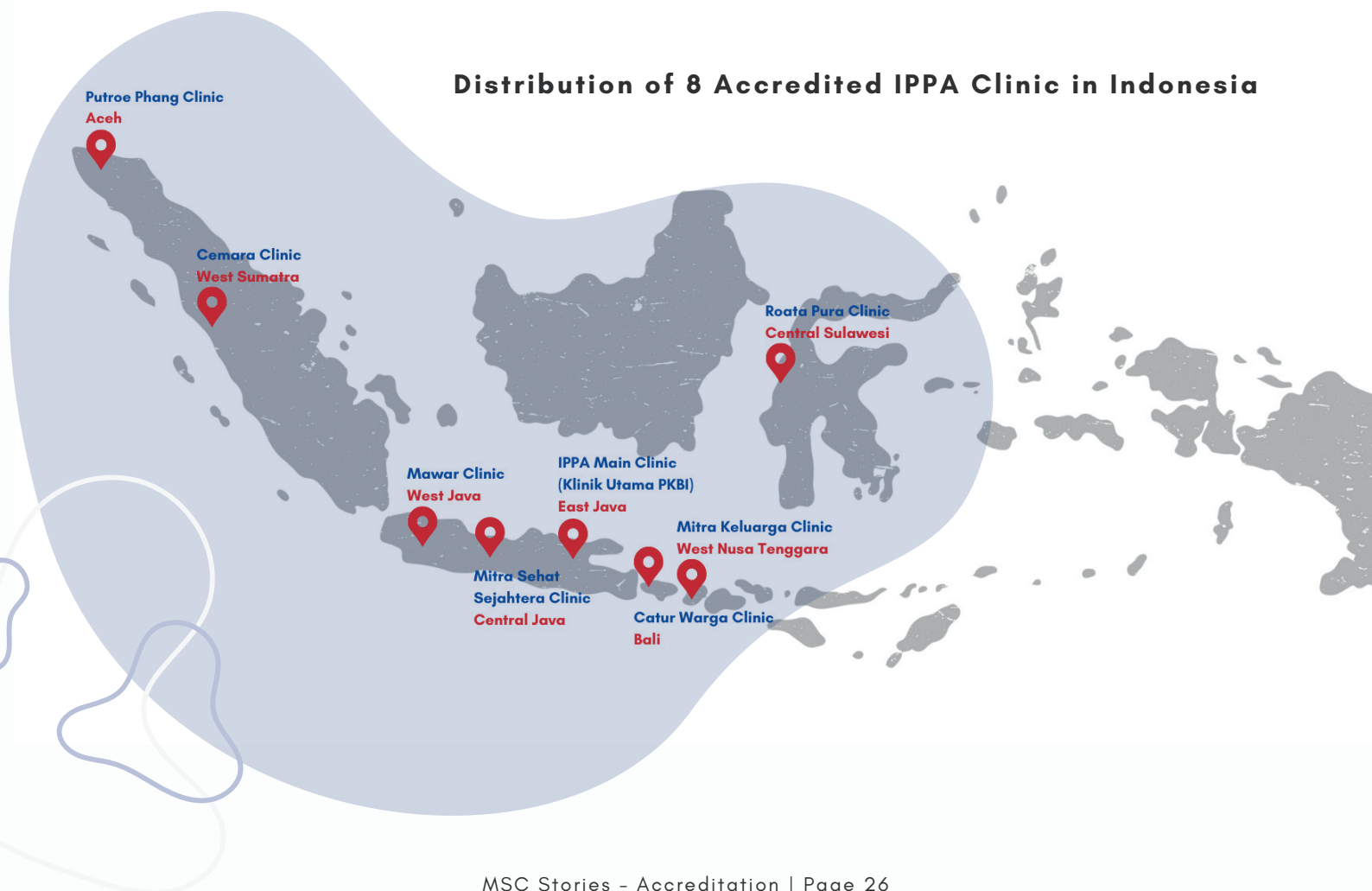
## **New Regulations Have Driven New Opportunities: 8 IPPA Clinics Achieved Government Accreditation Standards**

In 2022, amidst the RESPOND Program's activities, the Indonesian government introduced several regulations, such as Minister of Health Regulation (Permenkes) No. 24 of 2022, which mandates the implementation of electronic medical records in all health facilities, including clinics. Another regulation, Permenkes No. 34 of 2022, required health facilities to

undergo accreditation to improve service quality, ensure patient safety, protect healthcare workers, improve facility management, and support government health programs.

The regulations provided an opportunity for the clinics involved in the RESPOND Program to meet the service standards set by the Indonesian government. By the end of the program, eight IPPA clinics successfully achieved accreditation from the Indonesian government. This is a significant achievement since clinic accreditation is a recognition of service quality, assessed by credible parties.

### **Distribution of 8 Accredited IPPA Clinic in Indonesia**





## The Journey of Klinik Mitra Sehat Sejahtera to Achieve Full Accreditation: Turning Challenges into Achievements

Klinik Mitra Sehat Sejahtera (KMSS) is one of the IPPA clinics that achieved –the highest accreditation status – ‘Paripurna’. Located in Tegal, Central Java, this clinic provides general check-ups, and maternal and child health services, and specializes in long-term contraception (MKJP), as well as offering consultations on reproductive health, emergency contraception, unwanted pregnancies, and more. These services are accessible both online (telemedicine and social media) and on-site.

Yuyun Priatiningrum, a finance staff member, shared how KMSS initially only provided services when funded by specific projects or programs. However, in 2020, they began focusing on developing the clinic for sustainability. *"We realized we needed to start developing the clinic to make it more sustainable, and projects could take a backseat for now. Around early 2020, we started taking the necessary steps to obtain proper licensing and upgraded our facilities to meet the requirements,"* she explained. That same year, KMSS also partnered with BPJS Kesehatan (Indonesia's National Health Insurance).

In early 2023, the local Health Office (Dinas Kesehatan/ Dinkes) encouraged clinics to go through

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*We had to be accredited by December, but there were still gaps in resource and infrastructure.*

accreditation in compliance with Permenkes 34 of 2022. They emphasized that all clinics working with BPJS Kesehatan must be accredited by December at the latest. Yessy Octaviani, a midwife and IT data staff at KMSS, elaborated, *"The initial push for us to pursue accreditation came because it was a requirement. Since our clinic was already partnered with BPJS, we had to comply with the regulation; otherwise, our partnership would be revoked."*

*Yessy admitted that she and her colleagues were initially anxious about the accreditation process, as it was entirely new to them. "We were learning from scratch, there were concerns about not meeting the standards," she said. The short timeframe for accreditation added to the pressure, "We had to be accredited by December, but there were still gaps in resources and infrastructure," added Yuyun. Fortunately, the accreditation process went smoothly, thanks to a supportive internal team and mentors. "We had a solid team and mentors who supported us wholeheartedly," said Yuyun.*

The RESPOND funding also played a crucial role, in helping renovate the clinic to meet standards, including the installation of a waste treatment system and the acquisition of necessary medical equipment. *"The RESPOND funding also helped us significantly. We used the funds to convert a storage room into a medical waste processing facility. We didn't have a microscope or other necessary medical equipment before, but now we're fully equipped to meet the clinic standards,"* Yuyun shared. The funds also allowed for the addition of human resources at the clinic. *"With RESPOND, we were able to hire more staff, including nurses and doctors. Before, we couldn't afford to pay for a doctor, but with RESPOND, we could pay the doctors, nurses, and administrative staff,"* she added

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*The RESPOND funding also helped us significantly. We didn't have necessary medical equipment before, but now we're fully equipped to meet clinic standards.*



*The condition of the clinic room is increasingly well-equipped with medical instruments.*

The capacity-building activities provided by the RESPOND Program, especially the training on OpenEMR, were instrumental during the accreditation evaluation. *"During the accreditation assessment, we were asked if our clinic had implemented electronic medical records and to provide proof of this. We had already implemented the OpenEMR system, which helped us a lot in inputting patient data online,"* explained Yessy.

The accreditation brought many positive changes to KMSS, both internally and externally. Internally, the clinic now has a clearer service flow and better-organized patient data, making operations more efficient and improving patient care. *"Our work is now more efficient and well-organized. We can now measure how long it takes to treat a patient, making our processes more streamlined,"* Yessy noted. On the other side, the accreditation has increased public trust in the clinic. *"Patients are more confident in the quality of our services, especially now that they are aware about the accreditation,"* Yessy added.



KMSS carries out health checks as a form of company CSR

Looking ahead, *BPJS Kesehatan* capitation and CSR health services are the two potential revenue streams in ensuring the sustainability of KMSS after the RESPOND Program ends. The clinic has partnered with private entities for CSR health services and secured a budget allocation from the local government in addition to optimizing the clinic's income. Keeping up with other opportunities the clinic also plans to enhance its services by conducting general health check-ups at community events and providing health certificates for school students.

### **The Transformation of Klinik Mawar: Providing Quality Healthcare Access to Marginalized Groups**

Mawar Clinic, one of the IPPA clinics accredited with the highest "Paripurna" accreditation status, located in West Java, serves as an example of how quality healthcare services can reach underserved groups.

Wendah (a pseudonym) works as a female sex worker (FSW) and has often faced discrimination when accessing healthcare services. *"I've had several unpleasant experiences. Once, I went to a large hospital with a concern. I said, 'I had sex with someone who is HIV/AIDS positive, and I'm scared,' but the hospital staff told me to come back the next day to see a psychiatrist. So, I was sent home without any treatment. I felt insulted because I'm not crazy,"* Wendah shared about her experience.

“*Will I be rejected again just because I'm a sex worker?*”

That experience in 2013 led Wendah to Mawar Clinic, recommended by an acquaintance. Initially skeptical and fearing rejection like before, she thought, *"Is it really true (how they treat patients)? Will I be rejected again just because I'm a sex worker?"* However, after being reassured by her acquaintance, she went to Mawar Clinic. There, she received the necessary treatment and was even helped with referrals. This experience left a lasting impression on her.



*"At a time when I needed someone, many didn't care, but [a staff member's name] was willing to help, even taking me to the referral clinic. Thanks to their help, I got treated quickly. I was grateful that there were still good people out there,"* Wendah recounted. Since then, Wendah has been a regular visitor to Mawar Clinic. She mentioned that she visits the clinic at least every three months for contraceptive injections. She also goes to the clinic for check-ups or when free services are being offered. *"Sometimes there's free PrEP. (Pre-Exposure Prophylaxis), and I always participate. Sometimes there are free contraceptives (in pill and IUD forms). There are also Pap smears available, and I usually bring my friends along,"* she said.

Though unfamiliar with the term 'accreditation,' Wendah observed significant improvement at Mawar Clinic before and after the accreditation process. She noticed that the clinic, once disorganized with limited facilities and staff, had

much more comfortable and well-equipped, with specialized rooms for labs, counseling, and pharmacy services. Wendah also appreciated the improvements in service delivery, noting shorter wait times and a more efficient process. *"Before, waiting could be very long, but now everything is more streamlined,"* she said.

Interacting with the IPPA team and receiving healthcare services at Mawar Clinic has led to many positive behavioral changes for Wendah. *"I used to be scared of HIV tests. I didn't take contraceptives seriously and was careless with condom use. After receiving education and counseling, I've changed a bit, not a lot, but now I'm more willing to get tested regardless of the results. I've learned that HIV isn't as terrifying as I once thought. Before, the IPPA team or the clinic would come to us to offer testing. Now, if they don't come, we go to the clinic ourselves."*

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*I used to be scared of HIV tests. I didn't take contraceptives seriously... After receiving education and counseling, I've changed a bit .... Now I'm more willing to get tested regardless of the results.*



Wendah's transformation did not just stop with herself; she is now actively involved in encouraging and educating others in her community of FSWs to be more aware of sexual and reproductive health issues.

*"Many FSWs are either unaware or too shy to ask questions or don't know whom to approach. So, I like to bring them along when there's an outreach event (by the IPPA team or Mawar Clinic). Sometimes Mawar Clinic shares knowledge or information about services with me, and I always pass it on to the community. In this role, you could say I'm a bridge, connecting them to the information and services they need," she explained.*

The stories showcase the impact of RESPOND Program on service quality improvement and the benefits experienced by the vulnerable groups accessing the health service. The first story reflects the changes of accredited IPPA clinics even though the clinic starts with resource limitations. On the other side, the second story tells the experience of positive changes from FSW in behavior and encourages her community to follow her path in accessing IPPA health services.



DOMAIN 3  
Multi-Stakeholder  
Networking



A SNOWBALL EFFECTS  
ON MULTI-STAKEHOLDER  
NETWORKING AND  
COLLABORATIONS:  
From Partnership to Clinic Revitalization





*IPPA DIY Chapter's collaboration with FPKK Yogyakarta to strengthen SGBV services*

## **The Critical Role of Multi-Stakeholder Networking**

To achieve the RESPOND Program's goals, collaboration beyond the Indonesian Planned Parenthood Association (IPPA) was essential. Given that the program was set to run for three years, the involvement of multiple stakeholders at both strategic and practical levels was critically required. Multi-stakeholder networking was expected to manifest broader, tangible, sustainable, and targeted impacts on the primary target group. In addition, this networking and collaboration also aimed to empower all involved parties.

The RESPOND Program aims to ensure the continuity of high-quality Sexual and Reproductive Health

(SRH) services by expanding partnerships with private and public sector entities. A key initiative involves working with private doctors and midwives within the catchment areas of 23 IPPA clinics across 17 provinces, aiming for at least one partnership per province. This expansion enhances services such as Manual Vacuum Aspirator (MVA), Medical Abortion (MA), Sexually Transmitted Infections (STI) testing, HIV & AIDS care, Sexual and Gender-Based Violence (SGBV) support, and comprehensive contraceptive and family planning services. The program also strengthens collaboration with clinics in children's and women's prisons, offering vital counseling, SGBV support, and women's health services, complemented by monthly mobile outreach.

Additionally, the RESPOND Program supports Community-Based Distributors (CBDs) who distribute contraceptives independently, partnering with "Group Initiators" registered with the Ministry of Social Affairs. These groups lead HIV & AIDS prevention at the provincial level, with each "Group Initiators" organization having a "KDS" (Kelompok Dampingan Sebaya) or "Peer Support Group" at the district level. This comprehensive strategy not only expands SRH services but also addresses the specific needs of diverse and underserved populations, ensuring accessible quality healthcare for all.



Each IPPA in chapter level tailors these collaborations to meet specific needs, specialties, and a shared vision. Even so, multi-stakeholder networking became one of the highlighted achievements in the RESPOND Program considering it significantly enhanced the snowball effect comprehensively.

## From Regular Partnership to Empowered Collaboration

IPPA East Java Chapter has one of the best practices in multi-stakeholder networking. The collaboration among IPPA East Java Chapter and other entities has been running for over a decade. In this RESPOND Program, IPPA worked closely with the National Family Planning Coordinating Board (BKKBN) in East Java Province.

Initially, IPPA has partnered with BKKBN to offer regular service in its Surabaya static clinic. BKKBN funded the annual budget for the resources and services, while IPPA provided the services, human resources, clients, and managed daily operations. In addition, during the Safari of Family Planning BKKBN Program (Safari KB), IPPA East Java Chapter played an essential role in providing comprehensive family planning services, including the placement of long-term contraceptive methods, such as implants and Intrauterine Devices (IUDs) and permanent contraceptive methods, such as tubectomy. Moreover, IPPA East Java Chapter supplied contraceptive logistics through BKKBN East Java, facilitated by the Office of Women's Empowerment and Child Protection, Population Control, and Family Planning (DP3A PPKB) Surabaya.

IPPA East Java Chapter also demonstrated a strong partnership by being officially assigned as the health facility providing the care and treatment (PDP service) for HIV/



AIDS patients in 2022, as appointed by the Health Office in Surabaya. This service did not only offer care and treatment but also included preventive measures in the Pre-Exposure Prophylaxis (PrEP) service. As of May 2024, PrEP Service was delivered for individuals at high risk of contracting HIV. Currently, the number of people living with HIV (ODHIV) under the clinic's care has reached 170 clients. This official designation has significantly enhanced the reputation and reach of IPPA East Java's Klinik Utama, emphasizing its profound role in addressing SRHR issues comprehensively. This development highlighted the IPPA East Java Chapter's sustainable partnership with BKKBN over the years. This service offered care and treatment and included preventive measures in the Pre-Exposure Prophylaxis (PrEP) service. As of May 2024, PrEP Service was delivered for individuals at high risk of contracting HIV. Currently, the number of people living with HIV (ODHIV) under the clinic's care has reached 170 clients. This official designation has significantly enhanced the reputation and reach of IPPA East Java's Klinik Utama, emphasizing its profound role in addressing SRHR issues comprehensively. This development highlighted the IPPA East Java Chapter's sustainable partnership with BKKBN over the years.

As the RESPOND Program launched, IPPA East Java Chapter advanced the collaboration with BKKBN to address reproductive health needs across various communities,

including PMSEU (Poor, Marginal, Sexually Excluded, Underserved) populations, ensuring they have equal access to reproductive health services. This partnership involved the Family Planning Field Officer (PLKB) which operates under BKKBN. Both IPPA's RESPOND Program and PLKB focused on providing a range of reproductive health services including the provision of long-term contraceptive methods like IUDs and implants, as well as reproductive health education to certain communities, particularly in engaging with PMSEU populations. Besides, IPPA also served as the facilitator and resource person in Contraceptive Service Practices for Midwives in East Java, held by the Training and Development Center of BKKBN East Java over the last two years.



*The Implementation of Contraceptive Training for Midwives in East Java Province*

On the other hand, the implementation of the RESPOND Program has also significantly contributed to the revitalizing of IPPA's branch clinics in Jember and Pasuruan, while also advancing the partnership with associate clinics in Mojokerto, Jombang, Blitar, Kediri, and Bondowoso. As the local staff gained a better understanding of reproductive health and its services, they became highly motivated to advocate for society and reach out to the PMSEU population with the reproductive health services offered by the RESPOND Program. Each clinic leveraged its unique specialties, manifesting well-rounded achievements. For instance, collaborating with associate clinics, the IPPA branch in Jember focused on providing HIV and Sexually Transmitted Infections (STI) services to high-risk communities, such as female sex workers and LGBTQ communities. Meanwhile, IPPA branch's clinic in Pasuruan functioned as the referral clinic from PLKB. Moreover, at the moment, the IPPA branch Pasuruan clinic is

equipped with access to local government funding regarding the placement of long-term contraceptive methods due to the RESPOND Program's contribution in the last three years.

Since RESPOND Program activities are aligned with the recurring daily operations, there were no significant obstacles in implementing the program or sustaining partnerships. Both aspects were effectively managed due to well-executed activities and long-standing relationships. IPPA maintained close communication and coordination with each stakeholder, ensuring their engagement and visibility.

In addition to reactivating the clinic and its partnership, IPPA East Java Chapter has seized this opportunity to enhance the sustainability plan in the provincial area. Eager to fully utilize the status of Klinik Utama, IPPA East Java Chapter is planning to extend clinic hours and collaborate with specialized doctors. They have been actively discussing



IPPA East Java Chapter directly reached out the targeted society on the RESPOND service

these plans internally and reaching out to several doctors, receiving positive feedback from both the internal team and the doctors.

Having successfully operated with a profit-oriented model at the Klinik Utama in Surabaya, IPPA East Java Chapter is also planning to encourage branch clinics to become self-sustaining by shifting from a non-profit to a profit-oriented approach. Ika Yuliana, Manager of the Klinik Utama and RESPOND Program Manager, believes that establishing independent clinics is important, considering the high demand of each area and the strong engagement built through the RESPOND Program.

*"In this dynamic era, I believe we ought to demonstrate our agility to adapt to market demands and needs. Hence, branch clinics should be encouraged to be self-sustaining by generating profits. We should work together to develop comprehensive and sustainable plans, particularly focusing on the service chain, from the moment clients arrive, the examination process, to the transaction for medications, payments, and ongoing medication management," Ika explained.*

### **From Acquiring the Trust from the Local Government to Restoring the Branch Clinic**

IPPA in the Special Region of Yogyakarta (DIY) has worked hand in hand with the Forum for the Protection of Victims of Violence (FPKK), operating under the Office

of Women's Empowerment and Child Protection, Population Control (DP3AP2) at the province level. Established by Governor's Decree number 199 in 2004, FPKK aimed to ensure the implementation of services and protection for victims of violence, especially women and children, through an integrated and efficient referral mechanism. The partnership with FPKK resulted in expanding the reach of the RESPOND Program, particularly in addressing Sexual and Gender-Based Violence (SGBV). Data from DP3AP2 highlights that DIY highlighted the high incidence of SGBV in DIY, with 773 cases reported in 2023. These figures represent only the reported victims of SGBV. Additionally, there is always the risk of accompanying Sexually Transmitted Infections (STI). In response, IPPA Yogyakarta Chapter has teamed up with FPKK to offer free SGBV services to clients, supported by funding from the Yogyakarta provincial government (APBD).

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We should work together to develop comprehensive and sustainable plans.



Before the RESPOND Program began, IPPA Yogyakarta Chapter was not heavily involved in addressing SGBV issues and focused primarily on daily operations. However, during the RESPOND Program, IPPA Yogyakarta Chapter and FPKK integrated the service since the beginning of the program, and both were eager to synergize in achieving a broader impact. With FPKK's network covering four districts and one city in DIY province, IPPA Yogyakarta Chapter was able to extend its reach into these areas, working alongside local FPKK staff.

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*We recognized that victims might not only face violence but also be at risk of sexually transmitted infections. To anticipate such cases, we teamed up with IPPA and hospital partners to conduct comprehensive testing.*

Each IPPA in chapter level tailors these collaborations to meet specific needs, specialties, and a shared vision. Even so, multi-stakeholder networking became one of the highlighted achievements in the RESPOND Program considering it significantly enhanced the snowball effect comprehensively.

Not only did they raise awareness about SGBV among high-risk groups and PMSEU communities, but they also directly supported SGBV victims. When a client reported an incident, IPPA and FPKK verified the case and conducted a comprehensive examination. If further treatment was needed, they referred the victim to a partner hospital for additional care, with funding provided by the local government through DP3AP2. Through these efforts over the past three years, IPPA Yogyakarta Chapter has studied SGBV issues and services more intensively, thus, succeeding in achieving an advanced service in SGBV issues. Sari Murti, Head of FPKK, shared, “We have partnered with IPPA Yogyakarta Chapter for years without significant obstacles. However, with the introduction of the RESPOND Program, our partnership became more intense and holistic. The RESPOND Program has provided a comprehensive service addressing SGBV issues. We recognized that victims might not only face violence but also be at risk of sexually transmitted infections. To anticipate such cases, we teamed up with IPPA and hospital partners to conduct comprehensive testing.”

Furthermore, the RESPOND Program had a significant internal impact on IPPA Yogyakarta Chapter, creating a multiplier effect. The program led to the reactivation of IPPA in Gunung Kidul district which targeted the PMSEU communities in the area. Working with the local FPKK team, IPPA Gunung Kidul Branch was able to advocate for broader coverage of SGBV issues and implement other RESPOND Program initiatives, such as conducting health education sessions for underserved communities. In addition, IPPA Gunung Kidul Branch provides a range of reproductive health services, including long-term contraceptive methods such as IUDs and implants. This strategic partnership was possible due to well-established relationships nurtured over the years, with IPPA Yogyakarta Chapter and FPKK, and between local provincial governments and other partners.

Throughout the implementation, no significant challenges were encountered. The collaboration and relationship with FPKK, the provincial local government, and local staff were well-maintained, ensuring that the program activations were executed smoothly. Examining the sustainable plan, IPPA Yogyakarta Chapter aims to maintain its current partnership with FPKK and the hospital partners, while simultaneously reaching out to

potential new hospital partners, particularly to support IPPA Gunung Kidul Branch towards a self-sustaining branch clinic. Considering the success of the RESPOND Program, IPPA Yogyakarta Chapter sees this as an opportunity to expand the partnership and coverage. At the moment, IPPA Yogyakarta Chapter has already begun the discussion with Bethesda Hospital in Wonosari, Gunung Kidul. IPPA Yogyakarta Chapter also intends to continue the efforts after the RESPOND Program is completed.

By synergizing with various stakeholders, IPPA has been able to amplify broader connections and impacts, which were also experienced by the stakeholders. As the mutual partnership successfully manifested, it resulted in a snowball effect, enhancing the impact of IPPA's RESPOND Program. Inspired by these achievements in the provincial level, the stakeholders are willing to take part and collaborate in future IPPA programs, aiming for a broader positive impact on society.

DOMAIN 4  
Inclusive Service



# ADVANCING SRHR RIGHTS:

Positive Impact of Advocacy  
on the PMSEU Community





IPPA Lampung Chapter's Counselling Service

## The RESPOND Program Strived for Equitable Access for PMSEU Community

Unlike the general population, the Poor, Marginal, Sexually Excluded, Underserved (PMSEU) society often struggles to achieve a prosperous life. They have limited access to resources, information, education, and infrastructure. The PMSEU society is also the primary target of the Indonesian Planned Parenthood Association (IPPA) RESPOND Program. Inclusive service, a core value of IPPA's RESPOND Program, aims to provide PMSEU society with better access to reproductive health.

Emphasizing an innovative approach and rebuilding health services disrupted by COVID-19, the RESPOND Program aims to enhance access to high-quality, equitable reproductive

health information and services for PMSEU communities.

Over the past three years, RESPOND has implemented the Community-Based Distributor scheme by partnering with "initiator groups" registered with the Ministry of Social Affairs, alongside peer support groups (KDS/Kelompok Dukungan Sebaya) at the city/district level. This program targets a variety of institutions, organizations, and communities within the PMSEU community, including Juvenile Detention Centers (LPKA), Women's Correctional Institutions (LPP), female sex workers (PSP), LGBTQ communities, and educational institutions from elementary schools to universities. Content is specifically tailored to each group to ensure favorable outcomes. Targets vary based on the region,

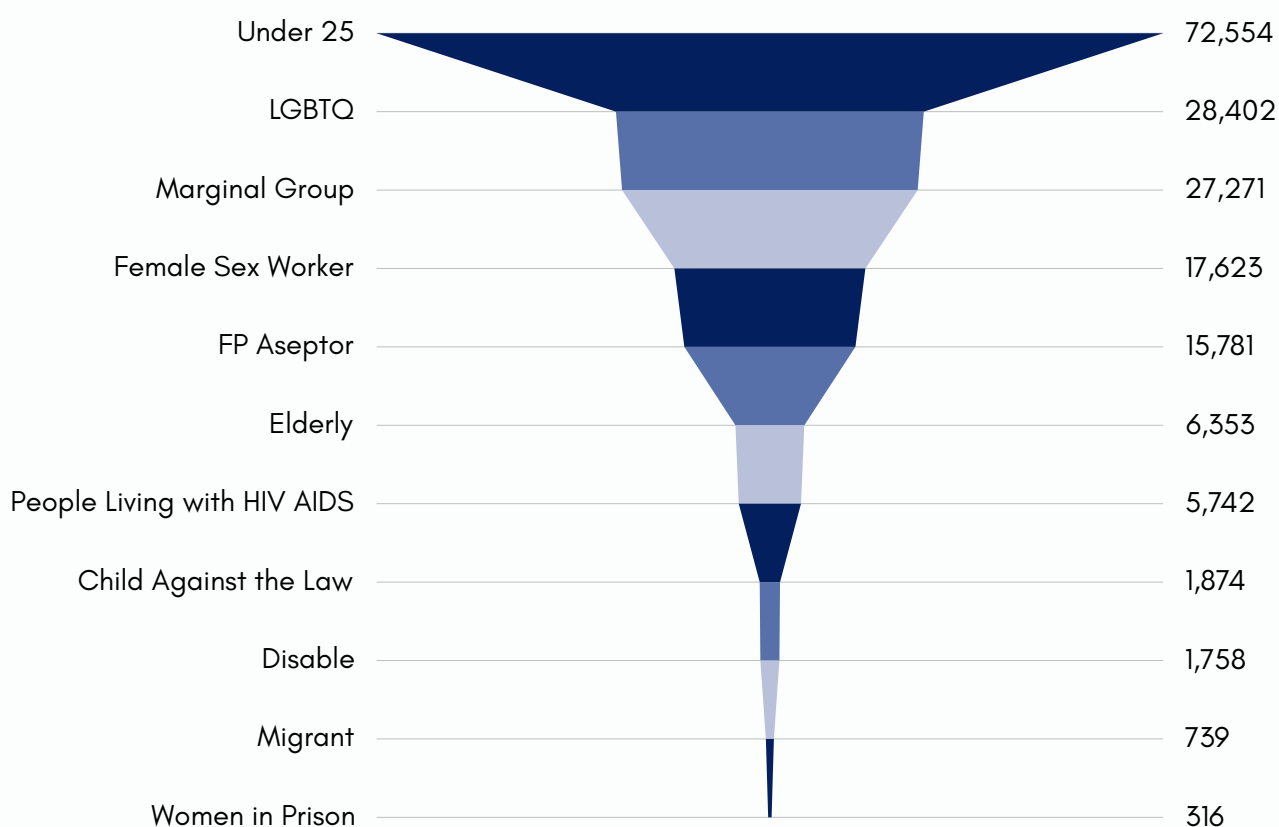
depending on the specific needs of each group.

The RESPOND Program targeted PMSEU populations, aiming to provide Sexual and Reproductive Health and Rights (SRHR) services to groups who are inadequately served by the government. Over three years, the program reached 77% of its target, exceeding the goal of serving 65% of SRHR clients who are most vulnerable and underserved. The chart below highlights that people under 25 received the most services, with a strong focus on sexual and reproductive education in educational institutions. The LGBTQ community ranked second. The marginalized group closely followed, being the third most-reached community.

### Promoting Inclusive Services to the Juvenile Detention Center (LPKA)

According to the latest report, the RESPOND Program has reached 1,874 children who were in the Juvenile Detention Center (LPKA). The RESPOND Program created equitable access to Sexual and Reproductive Health and Rights (SRHR) Services and was not only limited to SRHR socialization. One example of good practice is IPPA in Lampung which prioritized the LPKA due to its high rate of sexual harassment, and limited healthcare access, with only one doctor serving approximately 120 children. Many of these children lacked basic health knowledge since most of them were only elementary

### The Number of PMSEU Members Served During the RESPOND Program



school graduates. The surrounding environment also tended to be unhealthy. IPPA in Lampung is committed to providing education on reproductive health, counseling, and hard skills training to prepare them for future integration into society.

The education on reproductive health resulted in a favorable outcome. The children listened and paid attention; they were very enthusiastic learning about health issues, particularly reproductive health. This activity was conducted every two months, addressing different topics at each

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*Before we arrived, the children in the detention center were unaware of environmental and reproductive health issues. They lived in unsanitary conditions, putting them at high risk for diseases.*

socialization event. As a result, the children became more aware of various health issues, particularly reproductive and environmental health. Before the RESPOND initiative, they did not care about hygiene and toilet and room cleanliness, but now they pay more attention.

*“Before we arrived, the children in the detention center were unaware of environmental and reproductive health issues. They lived in unsanitary conditions, putting them at high risk for diseases. During our first educational session, they were still indifferent, so we had to repeat the lessons several times. Eventually, they became more aware and were able to create a cleaner and more habitable environment,”*

Hasan, Program Manager of RESPOND in Lampung, explained.

Counseling proved to have a significant personal impact, especially on those with deviant behavior. Over the past three years, approximately 30 children accessed the counseling service. Each received two or three counseling sessions, depending on their case. One case involved a child who entered a detention center for committing sexual harassment of the same sex. This deviant behavior was influenced by his past trauma of being harassed by his uncle. In the detention centre, he continued this behaviour to his friend. After receiving three counselling sessions, he learned why such behaviour was considered deviant and how to mitigate it. He has not repeated the behaviour ever since.



Meanwhile, IPPA in Lampung is eager to expand the RESPOND Program to the LPKA, despite facing significant challenges such as geographical distance, long travel times, and difficult road conditions. The team considered this one of the toughest challenges. Although the IPPA team considered this challenge one of the most difficult to overcome, they continued visiting the detention center and conducting activities as planned. The thought of the children in need of SRHR and SGBV (Sexual and Gender-Based Violence) services provided profound motivation. Initially, approaching the children with two-way communication was quite hard, possibly due to their limited educational backgrounds. Despite these difficulties, the IPPA team persisted, approaching the children slowly and more frequently. As the activities increased in frequency, they were able to gradually embrace and engage with the children.

Due to IPPA's significant contributions to the children in the RESPOND Program in 2023 and 2024, the LPKA awarded a certificate of appreciation to IPPA in Lampung. "We were delighted to collaborate with the IPPA Lampung Chapter. The RESPOND Program activities have brought positive changes. The children are now more aware of their health, especially environmental and reproductive health. Moreover, private counseling for more than thirty children successfully changed their attitudes, and they have not engaged in sexual harassment or deviant behaviour ever since. IPPA also provided education

about HIV/STIs (HIV/IMS) and testing, resulting in zero cases detected. I hope they continue these activities and collaborations in the future, because if we don't care, who will help them? In my perspective, the IPPA Lampung Chapter truly deserves this award of appreciation," said Anggit Yongki, Head of LPKA Lampung.

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*The RESPOND Program activities have brought positive changes. The children are now more aware of their health, especially environmental and reproductive health.*

### **Introducing SRHR Knowledge to People with Disability**

Another story comes from Taupik, a man with a physical disability in Bengkulu, who is also part of a community peer support group for people with disabilities called GENIK (Gerakan Inklusi). The RESPOND Program in Bengkulu conducted a socialization and discussion forum at GENIK to disseminate information about reproductive health. These activities provided Taupik with a broader understanding of reproductive health. Taupik was

thankful to receive such socialization from new people who cared.

*"Having discussions with the IPPA Bengkulu Chapter was an incredible experience. We learned that maintaining health goes beyond just food, clothing, and the environment, but also includes reproductive health. We saw this activity as an opportunity to gain new and beneficial knowledge. Besides we were able to expand our activities at GENIK, we were also glad to make new friends from IPPA,"* Taupik added.

“

*Having discussions with the IPPA Bengkulu Chapter was an incredible experience. We learned that maintaining health goes beyond just food, clothing, and the environment, but also includes reproductive health.*

## **Showcasing Inclusive Service Based on Client's Preference**

The inclusivity of RESPOND's services is evident both in targeting specific groups and in offering services through offline and online channels. Clients are encouraged to choose the channels according to their preferences. The program provides a hotline number as the initial contact point. Upon contacting the hotline, clients fill out an online form. Based on this confidential information, a psychologist will decide the most suitable service, whether counselling with a psychologist or the RESPOND team, who are also trained in counselling. For private counselling, psychologists contact clients directly to arrange meetings, either offline or online, depending on client preferences.

In Pekanbaru, Riau Province, Putra (a pseudonym), a field worker in IPPA Pekanbaru, experienced sexual harassment from his partner, leading to both mental and physical trauma. Initially, he tried to handle the situation on his own, blaming himself for what happened. However, after learning about the RESPOND Program, Putra decided to seek counseling with a psychologist, hoping to find the help he needed. As a member of the LGBTQ community, Putra was concerned about privacy, but with encouragement from a friend involved in the RESPOND Program, he decided to reach out to their hotline. *"As a man from a marginalized community, I have profound concerns about my data and identity. Most of*

*the society members in Pekanbaru are religious and still consider people like me to be taboo and sinful. This makes me anxious about the potential for data privacy leaks when accessing any program and facilities. I need to ensure that my identity is protected. After being reassured by someone I trust at IPPA, I no longer hesitated to access the services in the RESPOND Program,"* Putra emphasized.

During the first counseling session, Putra felt a bit uneasy because the psychologist was quite passive. He had hoped for a more engaging conversation, perhaps with examples of similar cases to broaden his understanding. Despite this initial discomfort, by the end of the second session, Putra felt much more comfortable and believed that the sessions were helping him cope and heal. The psychologist offered various options for convenient service access. The psychologist's active listening, comforting words, and practical suggestions for daily life made a significant positive impact on Putra's recovery journey.

As Putra found comfort in the services offered by the RESPOND Program, he encouraged his friends who faced similar problems to access the counseling services provided by the program.

Witnessing the significant impact on PMSEU communities, the RESPOND Program has demonstrated its success in effectively executing its approach and implementation. Collaborators, beneficiaries, and the internal team of the RESPOND Program felt deeply involved, supported, and empowered. They appreciated the comprehensive knowledge provided about reproductive health. Additionally, they felt invaluable, knowing they had successfully collaborated to enhance the PMSEU society's access to information and services regarding reproductive health. To ensure equitable access to SRHR services for broader PMSEU communities, all parties should continue to work together in the future.

“*After being reassured by someone I trust at IPPA, I no longer hesitated to access the services in the RESPOND Program.*”





# ANNEX

*Other stories from the field*



# TESTIMONIALS

## PKBI BALI CHAPTER

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- *“The activity is very useful. It is also fun because I get new knowledge related to counseling and get new insights and experiences”.*

*(Participant of Self-care Orientation / youth counselor)*

- *“The new thing I learned today is about HKSR, I just found out that there are rights regarding sexual and reproductive health”.*

*(Adolescent, participants of Lecture session)*

- *“This activity is good so that we can provide information to each other regarding handling the problems that dealing with”.*

*(Participant of Gender Based Violence Meeting)*

## PKBI EAST NUSA TENGGARA CHAPTER

“

*Let me introduce myself, my name is FK. I have ever had counselling session with IPPA East Nusa Tenggara Chapter, my impression of my counselor is that I feel comfortable telling all the problems I have experienced, because the person is friendly and the solutions provided are very helpful so that they are easy to understand and also explain in writing (description of the solution to the problem), and provide a place to vent emotions.*

*Hopefully in the future I will still have the opportunity to have counseling again.*

# TESTIMONIALS

## PKBI DKI JAKARTA CHAPTER

- *The implementation of the Gender and Sexual Based Violence Workshop for both private and government service providers in the Greater Jakarta areas. The result of this workshop was a mapping of services, both medical and non-medical, thus facilitating the referral process carried out between providers.*
- *Mobile Clinic services are carried out in various communities and key populations, such as providing HIV and STI testing services to Female Sex Workers (FSWs), Pap smear and contraception services to female sex workers.*
- *Integration of the program with UNFPA and OKY by providing information and education related to reproductive health to adolescents, workers in companies, schools and communities.*
- *There is cooperation with the Mahardhika Women's Organization which fights for women's independence from all forms of violence, discrimination, oppressive culture and poverty. The methods used include providing information and education to female workers in Sukabumi regarding contraception and pap smears, followed by pap smear and contraception services.*



# TESTIMONIALS

## PKBI DKI JAKARTA CHAPTER

- *Collaboration with the Kepulauan Seribu Health Sub-dept. to conduct Mobile Clinic activities in the North Kepulauan Seribu Health Center area. The services provided are providing information and education on reproductive health, adolescent reproductive health counseling, IVA test examinations and contraceptive counseling.*
- *Capacity building by conducting training for counselors to IPPA Jakarta Chapter's staff and volunteers. This activity is a step to empower staffs and volunteers so that they can be actively involved in implementing direct counseling to clients, either statically, mobile, or via telemedicine related to reproductive health.*
- *The clinic team collaborates with the Women's Health and Well Being (WEALTH) program in providing information on sexual and reproductive health for workers in garment factories working with H&M.*
- *There is a cooperation agreement between the ProCare Clinic IPPA Jakarta Chapter and YSS (Srikandi Sejati Foundation) which is a community-based organization for transgender women, for referrals, assistance and treatment at the ProCare clinic.*
- *There is cooperation with Fatmawati Hospital for referral services for Anatomical Pathology examinations for pap smear samples.*

# TESTIMONIALS

## PKBI JAMBI CHAPTER

- *For 1 year, the implementation of the RESPOND project has had a good impact both internally and externally. The internal impacts felt include clinics that were previously inactive can now operate again, and the available human resources have increased. The clinic is revitalizing. Its human resources also receive various types of training supported by the RESPOND Project.*
- *For external itself, for the Best Practice, we have the opportunity to establish cooperation with various parties and existing agencies, then we can conduct training that we provide not only to staff, but also to external or from other parties such as health service providers from Community Health Centers and Independent Midwife Practices, SGBV service providers from Private Institutions, Integrated Service Unit in District level for Women and Children survivor (UPTD PPA), Ministry of Women Empowerment and Child Protection Task Force, and others. The trainings held also vary from Training on Reproductive Health in general or Reproductive Health for adolescents, as well as Training that breaks the existing taboo related to SOGIEB.*
- *Through the RESPOND Project, IPPA can established peer counselors who have been trained to provide counseling services through telemedicine or directly. Then, through the RESPOND Project, colaberation and coordination with health centers are established to provide services and education in adolescent Integrated Service Unit (Posyandu Remaja) activities and others. There is also a referral path provided by health centers and independent midwife practices to conduct pap smear examinations at the Dara Jingga Clinic. Then, the Dara Jingga Clinic is also a clinic that is friendly to marginalized groups so that clients feel comfortable when they come to the Dara Jingga Clinic. Through the RESPOND Project, the Dara Jingga Clinic is also a referral path for health examinations for victims of violence.*

# TESTIMONIALS

## PKBI CENTRAL JAVA CHAPTER

### WOMEN COUNSELING SERVICES FOR WOMEN IN PRISONS IN DATING VIOLENCE CASES

- *O client is a 32-year-old female Foreign Citizen. The client became a Women in Prison in a drug case. The client received threats from the client's partner and the client's partner's friends that she would be killed if she did not become a drug courier. The client was even forced to insert methamphetamine capsules through her mouth and vagina, the client said she vomited several times, but the client's partner immediately put them back in.*
- *This is what makes the client not have a trust issue because the partner who is expected to love him and will not do bad things to him, turns out to lead the client into trouble. So when the counseling process, the counselor must first build trust from the client to the counselor. Moreover, because the client is a foreigner who previously did not understand Indonesian, the client must feel that he is respected, appreciated, and trusted as a foreigner who is in Indonesia.*
- *The client felt frustrated when he was transferred to Semarang Prison because he had to adapt again to new people who were different from his previous environment, of course this was very difficult because he was not yet fluent in Indonesian. In his social process, the client refused to participate in activities in the workshop because he did not really like many people, he preferred to be with his small group or alone. His hard life, receiving threats, and almost being killed made him now try to attack when something bad happened, this caused him to become an aggressive and impulsive person. The client felt very sorry for his actions, but the client had no choice but to do it because of the threat to his life.*
- *The client likes it when friends in prison are afraid of the client, this is because he gets "power" from it. There is a feeling of being respected by others, this is what he did not get when he received threats from his girlfriend and when he was caught in Indonesia. So that impulsive behavior is a way for him to show others that he is truly powerful and must be respected.*



# TESTIMONIALS

## PKBI CENTRAL JAVA CHAPTER

- **First Counselling Session**

*In First session, the client was quite good, starting to be able to open up. Crying is one of the signs of the client's emotions that can finally be released after being suppressed for quite a long time. The counselor in this session facilitates the client to be able to release all the pent-up things. The client cannot accept his condition and hopes to be able to be transferred from Semarang Prison or to have his detention period reduced. After the client can release all his emotions, at the end of the session, the client can smile and thank him for being able to release his emotions. The client is also willing to follow up in the second session.*

- **Second Counselling Session**

*Second Session, the client tells a lot about her family. The counselor invites the client to remember the fun things that happened in the family, the counselor invites the client to make those fun things a guide when in Prison. The counselor also invites the client to think about what goals she wants to achieve, the client wants to start her own convection business, to become a business woman. So that is what the client also uses as a guide to survive in the Prison's situation.*

- **Third Counselling Session**

*In the third session, the client said that he had been relieved from the client's initial problems, he did not think too often about the story of being in prison, and he began to be able to accept that he was in prison and had to survive here so that he could meet the client's family. However, a new problem came to the client, he was deceived by someone and behaved impulsively towards that person. However, he did not hit, only shouted. So, the counselor and client together mapped out how the bad mood arose, then how the impulsive behavior could be diverted. The counselor made the client aware that impulsive behavior could put him in a Prison T cell and could extend his sentence. That was what the client kept in mind so that he would not behave impulsively.*

- **Follow up**

*Conducted 2 weeks after the last session. In the follow-up session, the client expressed her gratitude and felt grateful because now she could accept that she was cheated. The client tried to accept it and not think too much about it. The thing that made the client persist was the thought that her family was waiting at home and she had to realize her dream of becoming a business woman.*

# TESTIMONIALS

## PKBI TEGAL BRANCH

### CLIENT SERVICES FOR PEOPLE WITH MENTAL DISORDERS AT MITRA SEHAT SEJAHTERA CLINIC IPPA TEGAL CLINIC BRANCH

- *On January 30, 2023, at 13.00 WIB, the Mitra Sehat Sejahtera Clinic received a People with Mental Disorders client who was accompanied by her mother. The client is named Murniasih, 40 years old, address Kudaile RT 2/3 for an IUD check-up.*
- *Murniasih's daily activities as a collector of used goods/garbage, while her husband is a street musician and has two children. At the beginning of her arrival, the client was persuaded and picked up by the Family Planning Field Officer. When she arrived at the clinic, the client was cooperative but her husband did not want the client to use Long Term Contraceptive Methods, so the Family Planning Field Officer and the clinic provided support and counseling to her husband until finally the husband agreed.*
- *A few days later the client came back to the clinic asking for the IUD to be removed at the husband's request and consent because the husband felt uncomfortable during intercourse. The clinic staff then provided counseling to the client's husband so that the IUD would be kept in place.*

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*I feel calm if I use pure contraception, because if I don't she will definitely get pregnant often and add to my burden.*

*(Client's Mother)*

# TESTIMONIALS

## PKBI CENTRAL JAVA CHAPTER

### POSITIVE EFFECTS OF INCREASING THE CAPACITY OF PARTNER MIDWIVES

*The presence of IPPA Central Java Chapter in the midst of midwives' activities is considered very helpful. This was expressed by one of the 24 midwives who are partners of IPPA Central Java Chapter. "The presence of IPPA Central Java Chapter is very helpful for us as private midwives, especially in providing contraception to the community without burdening the cost of disposable devices," said one of the IPPA Central Java Chapter midwives who came from the West Semarang sub-district.*

*Friday, January 28, 2022. 24 midwives departed for the IPPA Central Java Chapter Hall to attend the signing of the MoU. One by one, senior midwives and new midwives arrived to fill in the attendance list that had been provided. The midwives looked very enthusiastic to meet their colleagues. Happy smiles and jokes could not be separated from their faces. While sitting enjoying the snacks provided, they took the opportunity to relieve their longing after not attending offline activities for a long time due to the Covid-19 Pandemic. The event was opened by Elisabeth Widyastuti, M. Kes as the Executive Director of IPPA Central Java Chapter and was well attended by 24 partner midwives.*

*Midwives are one of the medical personnel who are close to the community. Midwives are considered by the community as all-round medical personnel. Midwives can provide treatment for children, adolescents, pregnant women, and mothers who have given birth. It is not surprising that the community, especially mothers, are more comfortable accessing health services to midwives around their homes. "We can be said to be the first people remembered by the community when they are sick, I was once called by a client at 2 in the morning because his wife was about to give birth and was unable to come to the clinic. Yes, I have to be ready to help with the delivery at his house and be on call 24 hours," said Midwife Dewi, one of IPPA's senior partner midwives. The most well-known midwife service is the family planning service. Family planning or contraception is an effort to regulate the spacing of pregnancies or prevent pregnancy. There are several contraceptive options that the community can choose from, namely; Injectable, Pills, Implants, IUDs, and Condoms. There is also emergency contraception that can prevent pregnancy if taken no more than 72 hours after having sex.*

*Although there are many contraceptives that people can choose from, there are still those who are reluctant to access these contraceptives because they are afraid of the side effects or the costs they have to pay. As a result, many mothers experience pregnancy again when their babies are not yet 1 year old.*



# TESTIMONIALS

## PKBI CENTRAL JAVA CHAPTER POSITIVE EFFECTS OF INCREASING THE CAPACITY OF PARTNER MIDWIVES

*In addition to these things, midwives in Semarang City also found cases of teenagers who got pregnant out of wedlock. Most of these teenagers came to the midwife's practice when they were more than 4 months pregnant, where their stomachs were already big and they could not hide it. Usually, teenagers who experience this condition are afraid to tell their parents and are reluctant to return to school because they are embarrassed and panic about the responses from their friends.*

*IPPA Central Java Chapter through the RESPOND Project is aware of the complexity of the problems faced by midwives in their daily practices. A total of 24 Independent Midwife Partners were given capacity building training in the form of gender and sexuality-based counseling and counseling approaches for teenagers. In addition, midwives who received cases of teenagers began to understand the flow of referral services that they should access.*

*IPPA Central Java Chapter also provides contraceptives periodically every month for 1 year for free. Through this program, in one year, 6,772 clients received benefits in the form of contraceptive services from 24 independent midwife partners. The midwife said that her clients were very enthusiastic about the free contraceptives from IPPA, as stated by Midwife Endang; "Since getting access to free contraceptives from IPPA, I have made the cost of the contraceptives free. Clients only need to pay for the service fee. Clients are also happy because the cost is affordable. In fact, now they only ask for contraceptives from IPPA". The same thing was also said by Midwife Imbarwati "Our clients are very happy with the free family planning distributed by PKBI, it is free, almost all contraceptives are available. Complete. Clients can now access affordable and quality contraceptives".*

*In addition to distributing contraceptives, IPPA provides capacity building training to partner midwives in the form of; Psychological Aid, knowledge of Sexually Transmitted Infections, and Comprehensive Reproductive Health Services for Adolescents. Before participating in the training, the partner midwives said that there were many cases outside of reproductive health that they could not handle. For example, cases of teenage pregnancy. Where in addition to physical conditions that must be considered, their psychological condition must also be monitored. Not to mention if their pregnancy is accompanied by STIs that endanger the mother and fetus. The capacity building training and values provided by IPPA Central Java Chapter made the midwives more aware of the first aid that must be done when encountering cases of teenage pregnancy.*

# TESTIMONIALS

## PKBI CENTRAL JAVA CHAPTER POSITIVE EFFECTS OF INCREASING THE CAPACITY OF PARTNER MIDWIVES

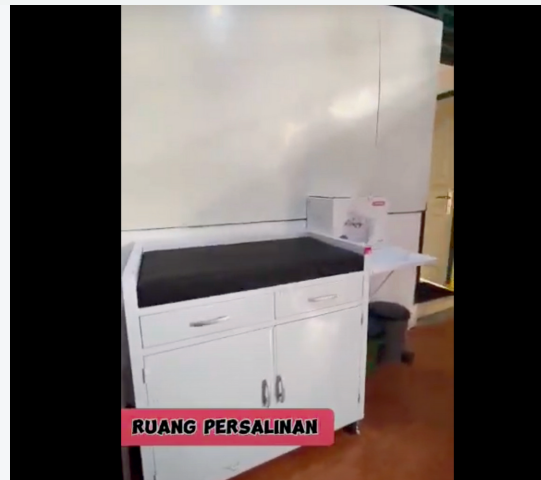
*"I feel very helped when I find cases of teenage pregnancy, I am no longer confused. If there is a suspected STI, I immediately accompany them to the health center to be examined. If the child needs a safe house, I immediately contact IPPA Central Java Chapter to look for suggestion," said Mrs. Henifatun, one of the partner midwives from Ngaliyan sub-district.*

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*"I feel very helped when I find cases of teenage pregnancy, I am no longer confused. If there is a suspected STI, I immediately accompany them to the health center to be examined. If the child needs a safe house, I immediately contact IPPA Central Java Chapter to look for suggestion".*

# BEST PRACTICE RESPOND

## IPPA CHAPTER BENGKULU CLINIC



## IPPA CHAPTER WEST SUMATRA CLINIC

## IPPA CHAPTER NORTH SULAWESI







