



One Stop Service: Integrated Services for VAW Survivors and Women Living with HIV (WLHIV)

Indonesia, DKI Jakarta and North Sumatra

Final Evaluation Report

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working for health
and development

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List of Abbreviations

ARV	Antiretroviral Therapy
BPP	Biro Pemberdayaan Perempuan (Women Empowerment Bureau)
CATAHU	Annual Report of National Commission on VAW
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CSO	Civil Society Organization
FPL	Forum of VAW Service Providers
GF	Global Fund
GBV	Gender Based Violence
IPPI	Indonesian Positive Women's Network
LKB	Layanan Komprehensif Berkesinambungan (Continuum of Care)
Komnas Perempuan	National Commission on Violence against Women
KPAN /NAC	National AIDS Commission
KPAP	Provincial AIDS Commission
MARP	Most at Risk Populations
MSC	Most Significant Change
M&E	Monitoring and Evaluation
MoWE	Ministry of Women Empowerment and Child Protection
MoH	Ministry of Health
MoU	Memorandum of Understanding
NGO	Non Government Organization
P2TP2A	Integrated Service Center for the Empowerment of Women and Children
PE	Peer Educator
PEP	Post Exposure Prophylaxis
PKNI	Persaudaraan Korban Napza Indonesia (National Network of Drug User Groups)
PMTS	Penularan melalui Transmisi Seksual (Sexual transmission)
Puskesmas	Community Health Center
RiH	Result in Health
SOP	Standard Operational Procedure
SPM	Minimum Standard of Services
UNTF	UN Trust Fund to End Violence against Women
VAW	Violence against Women
VCT	Voluntary Counseling and Testing
WLHIV	Women Living with HIV

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Description of the project

This report is about the final evaluation of “One Stop Service: Integrated Services for VAW Survivors and Women Living with HIV” project, implemented by Indonesian Positive Women’s Network (IPPI) and ResultinHealth (RiH), between 2013 until 2015. The total fund of USD 230,358 was committed to the project, in which USD 206,358 was donated by UNTF and USD 24,000 was donated by grantees through various positions to support the project. This project is a pilot project and took place in 2 provinces, namely DKI Jakarta and North Sumatra.

The overarching goal of the project was that women and girls in DKI Jakarta and North Sumatra who are living with HIV/AIDS (WLHIV) and experience gender-based violence (GBV) have greater awareness of their rights and better health status. The project sought to achieve three outcomes: Provision of integrated service through improvement of currently existing separated services on VAW and HIV/AIDS in two provinces, increased use of M&E and research data to improve the quality of care of integrated services, and reduced discrimination and stigma against women and girls in two provinces who are living with HIV and experience VAW.

The project engaged different types of beneficiaries. The primary beneficiary was women and girls living with HIV/AIDS and experience VAW. The secondary beneficiaries were the AIDS Commission at national and provincial level, VCT clinics, P2TP2A (Integrated Services of the Empowerment of Women and Children), counselors (VCT, addiction, P2TP2A), peer educators, NGOs/CSOs active in the issue of HIV and GBV, mass media and community.

Purpose and scope of the evaluation

The purpose of this final evaluation were to analyze the achievements of the project at the outcome and output level, to examine how the capacity building, advocacy approaches and management practices contributed to the achievement of project results, and also to capture relevant lessons learnt. The evaluation covers the period from the beginning of the project in December 2013 until the time of the evaluation, December 2015.

The evaluation was expected to provide information on the following:

1. Evaluation of the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact, with a strong focus on assessing the results at the outcome and project goals,
2. Generate key lessons and identify promising practices for learning,
3. Identify (indication of) potential impact of the project on beneficiaries and sustainability of results, including the contribution to capacity building to the partners,
4. Assess the possibility of scaling up the project to other part of Indonesia and its condition,
5. Identify contributing factors for identified impacts.

Evaluation Process and Methodology

The mandatory evaluation questions from the evaluation ToR covered aspects such as relevance, effectiveness, efficiency, impact, sustainability and knowledge generation. Two additional sub issues were added, namely, project design and project management. This evaluation has made use of lessons learnt to describe what should or should not be done; and was also guided by contribution analysis, a theory based approach to evaluation aimed at making credible causal claim about interventions and their results. The evaluation utilized qualitative techniques to collect and analyze the data (descriptive, content, thematic coding). To ensure validity of data, the evaluator applied triangulation through: i) comparing data generated from different sources and data collection methods to identify themes and/or variations), ii) conduct key stakeholders consultation to comments on the design, analysis, findings and lessons learnt of this evaluation.

Two inception meetings were held via Skype in November and December 2015 to select stakeholders, discussed the ToR (objectives, questions, sampling criteria) and field visit schedules. The consultant conducted data collection on 2nd and 3th week of December 2015, through observations, interviews, focus group discussions, and telephone consultations. Due to limited budget, the site visit was only conducted in Jakarta. Respondents included stakeholder engaged in the project and primary beneficiaries (WLHIV experienced VAW). The total numbers of respondents are 45 in which 9 individuals are from the reference group. The final version of this report was developed based on inputs from the reference group, UNTF, IPPI and RiH.

Evaluation Findings

1. Effectiveness and impact

Overall, the project results and the process of advocating for integrated services remain at an incipient stage. Positive changes are identified, but there needs to be a sustained commitment over the coming years in order to sustain and consolidate the progress achieved to date. Details of the findings were : a) the evaluation data found that there were no integrated services at its full extend yet in place both in Jakarta and North Sumatra; b) the concept of integrated service was rather unclear and has not systematically operationalized; c) the project made considerable contributions to strengthening the individual capacities of the targeted beneficiaries (6 P2TP2A counselor, 104 VCT counselor and 68 PE); d) the new knowledge of VAW and commitments of peer educators and VCT counselors to follow up cases of VAW amongst WLHIV have brought to some changes in WLHIV; e) on the use of M&E and research data to improve the quality of care of integrated service, there was limited evidence found that partner organization reviewed and revised their internal system (SoP, M&E reporting, counseling procedure) accordingly; f) on reduction of discrimination and stigma against WLHIV and experience VAW in DKI Jakarta and North Sumatera, there was no data available on whether the positive changes in reduced stigma and discrimination perceived by MRAPs have been mainly contributed by the project; g) on multi stakeholder coordination for policies/procedures change, the project have formed, maintained and expanded networks and partnerships to increase coordination. However due to the limited advocacy skills, the project has experienced some degree of resistance from some key stakeholders.

2. Project Design and Strategy

This project defined ambitious, rather unrealistic, objectives namely producing evidence-based model for the integrated services to address the intersection of VAW and HIV/AIDS in DKI Jakarta and North Sumatra.

3. Relevance

The project is relevant and responsive to the needs of WLHIV who were also experiencing VAW. The project is also relevant in improving existing knowledge and address capacity gaps in both VAW and HIV services.

4. Efficiency

The project delivery rate was 86,87%, and the project was considered to use its limited budget on wide range of activities and outputs across the range of capacity development and coordination appropriately.

5. Project Management

In July 2014, IPPI underwent internal governance and project management changes. The new project management has faced high staff turnover and limitation in term of human resource capacity to carry out the project, substantive knowledge about the complexity of the linkage between HIV and VAW as well as integrated HIV/VAW services, advocacy and networking skills and project management. Language barriers (English proficiency for IPPI staff) were also observed.

Following the IPPI governance change, the relationship between IPPI and RiH has also somewhat changed. The division of tasks, communications and responsibilities between the two organizations were quite challenging. The confusion on role and responsibilities between IPPI and RiH were addressed with the support of UN Women Indonesia with the contract amendment in January 2015. The nature of IPPI-RiH relationship has changed, from co-partner to become RiH as a sub-contractor of IPPI. RiH did not manage the whole M&E component anymore, only some activities of M&E (MSC training, operational research, lessons learnt documentation, final evaluation).

6. Sustainability

The project helped create some conditions likely to support the sustainability of results. However, progresses are unlikely to be sustained without further support from local/national actors and donors. The sustainability of the achieved results is threatened by contextual factors, such as the continued lack of buy-in and support from decision makers in relevant government agencies (due to their lack of awareness and stigma attached to HIV/AIDS). Sustained practical supports were also needed for peer educators/counselors and WLHIV.

7. Impact

Two years' time frame is a short time frame, which does not allow measurement of the extend to which the project has contributed to making impacts. While available data indicated that in both Jakarta and Medan project efforts have made some progress, considerably more time and efforts

are needed in both places to influence practice and willingness of key actors to address the need for integrated HIV/VAW services.

8. Contributing Factors

Supportive factors and challenges in project implementation and progress towards planned results were identified. The supporting factors included: a) dedication, interest and the strategic role of IPPI as the only community based organization that concerns with HIV and VAW issues in Indonesia, b) the project has addressed one of pressing needs of WLHIV experiencing VAW, and c) the project was able to bringing together actors from HIV and VAW service providers at the same table, allowing sharing and learning processes to occur. Challenges included: a) limited organizational capacity of IPPI, b) stigma attached to HIV/AIDS amongst decision makers and actors working in the area of VAW services, c) the availability of integrated HIV/VAW services was not an important agenda, due to limited understanding and buy in from the key stakeholders, and d) increased burdens for counselors and peer educators to follow up on the cases of VAW amongst WLHIV.

9. Conclusions

Overall, in terms of activities and outputs the project has reached almost all of its target. However, the achievements at output level have not led to the achievement of outcomes.

The integrated service for HIV and VAW does not exist yet in its full extent, but there are indications that the project has contributed to initiating them. The project has reached out to key national and provincial stakeholders such as Ministry of Health and Ministry of Women Empowerment and Child Protection, National AIDS Commission, Provincial and District AIDS Commissions, Violence Against Women Commission, and FPL or VAW related service providers. This network is important to support the policy on integrated services, development its guideline and implementation of the integrated services on the ground. The project has gained suitable level of support from the AIDS commissions at national and provincial level.

Several positive changes for the HIV and VAW sectors in Indonesia contributed by the project are worthy to be noted: the inclusion of VAW and gender equality in the National Action Plan 2015-2019 of National AIDS Commission, the inclusion of data on WLHIV experiencing discrimination and VAW in CATAHU (Annual Report) of Komnas Perempuan, several MoUs to improve services to the WLHIV and VAW survivor was signed or in the process of being signed, and the willingness of the MOWE to adopt the guideline of integrated service.

The project was able to enhanced knowledge, awareness and skills of front line staff dealing with HIV/VAW; and initiates the generation of evidence of documentation of cases of VAW amongst WLHIV. The linkage of HIV and WAV is still new issue for both HIV and VAW. And IPPI's strong presence at the community and extensive network with other organizations can be used to promote this linkage.

The project is relevant and responsive to the needs of WLHIV who were also experiencing VAW. The project has also been relevant in improving existing knowledge and address capacity gaps of service providers in both VAW and HIV services and in some extent, changes the practices of some

peer educators and VCT counsellors in providing services to their clients. The project has also made used (client) data for the purpose of advocacy for better care of WLHIV experiencing VAW.

The project suffers from the limited human resource available and failed to secure input for key stakeholders which are one of preconditions for the successful achievements. However, the project was considered to use its limited budget on wide range of activities and outputs across the range of capacity development appropriately.

Consulted stakeholders noted that initiative in providing integrated service for HIV and VAW should be continued, until it leads to the production of a model of integrated services that can be replicated and scale up in Indonesia. To be able to do so, more efforts are needed to secure the continuation of this initiative.

10. Lessons learnt

The evaluation highlights the following lessons have been learned through the experience of the project:

1. The lack of overall advocacy strategy and communication skills of the project management meant that opportunities to build on specific targets were not fully exploited. The best of the project objectives was worthless if it was not supported by sound capacities of the project management, well design advocacy strategy and capacity development for the partners.
2. Continued engagement with national and local stakeholders facilitates buy in and results achievement. The continued relationship allowed for building trust and buy in, as well as a better understanding of the priorities, needs and challenges faced by the stakeholders.
3. Significant time was required for institutional changes (e.g. revision of SoP and internal M&E system) and behavior change. It requires time and cannot be achieved in short time especially when they touch on deeply held beliefs, attitudes and behaviors.
4. Integration HIV and violence at policy level needs evidence based data. When this project started, the project faced resistance from both HIV and VAW actors. Evidence in term of documentation of cases of violence become very important in the integration of HIV and VAW. By using the documented cases of violence against WLHIV and referral systems that have been developed, service providers for HIV and VAW can experience and work on real cases, both in terms of provision of health services, legal aid, or psychological help.
5. Using IPPi's strength at community level through provision of buddies and counselors can be one of the effective strategies to increase awareness on the linkage of HIV and VAW among primary beneficiaries (WLHIV).
6. At the start of the project it would be useful to revisit the theory of change to ensure that it is realistic and workable. There is a need for flexibility in the program design and implementation to ensure that interventions are responsive to the stakeholder situations and the needs of the front liner at VAW or HIV services and WLHIV experienced VAW.

11. Recommendations

The following recommendations are made to the UN Women in light of the findings of the evaluation.

- 1. Effectiveness and efficiency:** if the UN Women will fund a similar pilot project in Indonesia, it is

recommended to utilize the evaluation findings for the new project plan. The strategy and design should be supported with well approaches on partnership selection, realistic project time frame and institutional capacity building to support the project plan.

2. **Sustainability and knowledge generation:** to continue UN Women support for the development of integrated services of HIV/VAW in Indonesia. The UN Women should build on the experience in managing the IPPI-RiH project by sharing relevant experiences and insights gained through the implementation of the project to inform the anticipated program managed by Ministry of Health (the development of modules on integrated HIV and VAW services for community health centers) and to follow up on the willingness of Ministry of Women Empowerment and Child Protection to adopt the guideline for integrated HIV/VAW services developed by the project.

Recommendations made to IPPI and RIH are following:

1. **Effectiveness:** IPPI should consider strengthening its institutional capacity to improve the overall capacity of IPPI. It is needed to have a review on organizational salary level and job descriptions to avoid high staff turn over.
2. **Efficiency:** if IPPI will continue to support WLHIV experienced VAW to better access HIV and VAW services, it is necessary to review whether IPPI will remain working at policy change level or at service provider level, where IPPI can use the entry point of HIV/AIDS services. The latter is much more realistic and manageable, considering the strengths of IPPI to work with WLHIV and HIV based NGOs at grass root level.
3. **Sustainability:** it is crucial to create sense of ownership of key stakeholders (government related agencies, NGOs, health services) to buy into the idea of integrated services of HIV/VAW for WLHIV who experience VAW. Without further support many of the initial results achieved by the project are not likely to contribute to the realization of the above initiative. The sense of ownership will foster commitments amongst key stakeholders, that it is a shared problem necessary to be addressed.

Laporan ini adalah evaluasi akhir proyek “One Stop Service: Integrated Services for VAW Survivors and Women Living with HIV” yang dijalankan oleh IPPI (Ikatan Perempuan Positif Indonesia) dan RiH (ResultsInHealth) antara tahun 2013-2015. Dana untuk proyek ini adalah USD 230,358, dimana USD 206,358 berasal dari *grant* yang diberikan oleh UNTF dan USD 24,000 disumbangkan oleh lembaga penerima bantuan. Proyek berjangka waktu dua tahun ini dilaksanakan di dua provinsi yaitu DKI Jakarta and Sumatera Utara.

Tujuan utama dari proyek ini adalah meningkatnya kesadaran akan hak dan keseluruhan kesehatan perempuan dan remaja yang hidup dengan HIV (PDHA) yang menjadi korban KtP (Kekerasan terhadap Perempuan) di wilayah DKI Jakarta dan Sumatera Utara. Tujuan utama tersebut dicapai melalui tercapainya tiga keluaran utama dari proyek ini yaitu: tersedianya layanan terpadu melalui perbaikan atas layanan KtP dan HIV/AIDS yang selama ini terpisah di dua provinsi, meningkatnya kualitas perawatan pada layanan terpadu dengan melakukan peningkatan pemantauan, evaluasi, pembelajaran dan penelitian, dan berkurangnya stigma dan diskriminasi terhadap PDHA yang mengalami KtP di dua provinsi sasaran.

Penerima manfaat utama dari proyek ini adalah perempuan yang hidup dengan HIV/AIDS atau PDHA yang mengalami KtP DI DKI Jakarta dan Sumatra Utara. Selain perempuan dengan HIV/AIDS, proyek ini juga menyasar pihak lain yaitu Komisi AIDS nasional dan daerah, P2TP2A, klinik VCT, konselor (VCT, kecanduan, P2TP2A), pendidik sebaya, LSM, media massa dan komunitas sebagai penerima manfaat kedua.

Tujuan dan Cakupan Evaluasi

Tujuan dari evaluasi akhir proyek ini adalah menganalisa capaian proyek ditingkat *outcome* dan *output* dan untuk melihat peran penguatan kapasitas dan advokasi dan manajemen proyek terhadap capaian dan hasil dari proyek ini. Evaluasi juga mengidentifikasi pembelajaran yang dianggap relevan. Cakupan dari evaluasi ini adalah dari awal proyek berjalan hingga selesai yaitu sejak Desember 2013 sampai Desember 2015.

Evaluasi diharapkan untuk menjawab pertanyaan sebagai berikut (pertanyaan evaluasi bisa dilihat secara detail di poin 6 mengenai pertanyaan evaluasi):

1. Mengevaluasi proyek dari sisi efektivitas, relevansi, efisiensi, keberlangsungan dan dampak.
2. Menemukan pembelajaran dan contoh praktek baik,
3. Mengidentifikasi potensi dampak dari proyek ini terhadap penerima manfaat dan keberlangsungan dari hasil, termasuk sumbangan dari penguatan kapasitas terhadap mitra dari proyek,
4. Melihat kemungkinan perluasan proyek di wilayah lain di Indonesia
5. Mengidentifikasi faktor-faktor yang berkontribusi terhadap nomor 1 dan 2 diatas.

Proses and Metodologi Evaluasi

Pertanyaan wajib evaluasi yang tercakup di dalam ToR meliputi relevansi, efektivitas, efisiensi, dampak, keberlangsungan dan perluasan pengetahuan/pembelajaran. Dalam perjalanan pengembangan ToR, baik IPPI maupun RiH sebagai pihak yang menginisiasi evaluasi ini merasa perlu

juga untuk menyetujui adanya dua isu tambahan untuk melengkapi evaluasi ini. Dua isu tambahan ini adalah desain proyek dan manajemen proyek. Dalam evaluasi ini juga digunakan pembelajaran atau *lesson learnt* untuk menguraikan apa yang seharusnya dilakukan/tidak dilakukan. Selain itu digunakan juga analisis kontribusi, sebuah pendekatan teoritis untuk melihat hubungan sebab akibat antara intervensi dan hasil dari sebuah evaluasi. Untuk mengumpulkan dan menganalisis data dipakai teknik qualitative (isi, deskripsi, tematik). Untuk memastikan validitas hasil proyek, dilakukan triangulasi melalui: 1) membandingkan data yang berasal dari berbagai sumber dan metode pengumpulan data untuk melihat tema/variasi, 2) melakukan konsultasi dengan para pihak untuk memberi masukan terhadap desain, temuan, analisis dan pembelajaran evaluasi.

Di awal evaluasi, dilakukan diskusi melalui Sykpe sebanyak dua kali, pada bulan November dan Desember 2015 untuk membahas ToR, daftar pertanyaan, parapihak yang hendak ditemui, jadwal dan kriteria sampling. Konsultan melakukan pengumpulan data di lapangan pada minggu ke 2 dan ke 3 Desember 2015, melalui observasi, wawancara, diskusi kelompok terbatas dan wawancara per telepon. Kunjungan lapangan hanya dilakukan di Jakarta oleh karena keterbatasan dana. Para pihak yang ditemui untuk diwawancarai ataupun terlibat dalam diskusi kelompok terbatas adalah penerima manfaat utama, kedua, pemangku kepentingan dan pihak lain yang terlibat dalam proyek. Keseluruhan konsultasi dilakukan pada 36 responden, selain itu setelah draft laporan dibuat, dilakukan juga pertemuan dengan kelompok *reference* yang terdiri dari 9 orang yang mewakili pihak-pihak yang sudah disebutkan diatas. Selain dengan kelompok *reference*, konsultasi juga dilakukan dengan UNTF, IPPI dan RiH. Laporan akhir ini ditulis setelah mendapatkan masukan-masukan tersebut.

Temuan Evaluasi

Berikut adalah temuan evaluasi:

1. Efektivitas

Secara umum proyek dan keseluruhan proses advokasi untuk mewujudkan layanan terintegrasi masih berada dalam tahap awal. Evaluasi ini menemukan banyak hasil-hasil positif namun diperlukan komitmen jangka panjang untuk kesinambungan dan keberhasilan capaian sampai saat ini. Temuan secara lengkap adalah sebagai berikut: a) layanan terintegrasi belum secara utuh ditemukan di Jakarta dan Sumatera Utara; b) konsep tentang layanan terpadu belum ditemukan secara jelas dan belum dioperasionalkan, c) proyek cukup berhasil menguatkan kapasitas individu penerima manfaat (6 konselor P2TP2A, 104 konselor VCT, 68 PE); d) dengan bertambahnya pengetahuan baru tentang KtP dan komitmen dari konselor dan PE untuk mendampingi kasus kekerasan dari PDHA telah membawa perubahan pada sebagian dari perempuan dengan HIV; e) terkait penggunaan M&E dan data riset untuk peningkatan kualitas layanan dari layanan terpadu, ditemukan sangat sedikit bukti bahwa mitra telah merevisi sistem internalnya (SoP, M&E, pelaporan, prosedur konseling) sesuai dengan pelatihan yang telah diterima; f) terkait pengurangan diskriminasi dan stigma terhadap PDHA yang mengalami KtP, tidak terdapat data apakah perubahan positif dari populasi berisiko mengenai berkurangnya stigma dan diskriminasi hanya disebabkan oleh proyek ini; g) terkait koordinasi, proyek telah membentuk, menjaga dan memperluas jaringan dan kerjasama untuk meningkatkan koordinasi. Namun, karena terbatasnya ketrampilan advokasi, proyek juga mendapatkan resistensi dari sebagian kecil para pihak.

2. Desain dan Strategi Proyek

Disain dari proyek ini terutama tujuan akhir dari proyek ini ambisius dan kurang realistis, yaitu menghasilkan model layanan terpadu HIV/AIDS dan KtP (yang didukung dengan bukti terpercaya) di dua propinsi hanya dalam waktu dua tahun yang dijalankan oleh organisasi akar rumput/komunitas.

3. Relevan

Proyek ini relevan dan responsif menjawab kebutuhan PDHA yang mengalami kekerasan. Proyek ini juga relevan dalam mengisi kekosongan pengetahuan dan kapasitas tentang layanan terpadu dari kedua penyedia layanan (HIV dan KtP).

4. Efisiensi

Pada akhir proyek angka penyerapan dana yang digunakan adalah sebesar 86,87%, proyek ini dinilai baik dalam menggunakan anggaran yang terbatas untuk membiayai berbagai aktivitas dan keluaran untuk penguatan kapasitas dan koordinasi.

5. Manajemen Proyek

Pada Juli 2014, IPPI berganti kepengurusan dan staf proyek. Penyelenggara proyek baru menghadapi tantangaa terkait dengan tingginya keluar masuk staf dan keterbatasan sumber daya staf. Staf yang ada mengalami kendala dalam melaksanakan proyek terkait pemahaman mendasar mengenai layanan terpadu dan kompleksitas isu HIV/KtP, advokasi dan koordinasi serta bagaimana mengelola proyek. Ketrampilan menggunakan bahasa Inggris juga menjadi hambatan.

Hubungan antara IPPI dan RiH setelah perubahan kepengurusan diatas turut berubah, muncul persoalan komunikasi, pembagian peran kerja dan tanggungjawab. Guna mengatasi persoalan ketidakjelasan peran dan tanggungjawab antara kedua pihak, dilakukan pertemuan dengan difasilitasi oleh UN Women sebagai pihak yang mewakili UNTF di Indonesia, pertemuan tersebut menghasilkan amendemen kontrak kerja yang baru. Sejak saat itu peran RiH bukan lagi sebagai pengelola proyek bersama dengan IPPI namun sebagai sub kontraktor yang mengerjakan sebagian aktivitas M&E (pelatihan MSC, riset operasional, dokumentasi pembelajaran dan evaluasi final).

6. Keberlanjutan

Proyek membantu menciptakan kondisi yang mendukung keberlanjutan hasil dari proyek. Namun, hasil yang telah dicapai tidak akan lestari tanpa dukungan pihak nasional/lokal dan donor. Keberlanjutan terancam oleh hal-hal kontekstual seperti: dukungan dari pengambil keputusan oleh karena rendahnya kesadaran dan kuatnya stigma atas HIV/AIDS. Selain itu diperlukan juga dukung yang berkelanjutan untuk PE, konselor dan PDHA.

7. Dampak

Waktu pelaksanaan proyek (2 tahun) dinilai terlalu singkat untuk mengetahui sejauh mana proyek telah berkontribusi terhadap dampak. Data evaluasi menunjukkan adanya kemajuan-kemajuan yang terjadi di kedua provinsi namun dibutuhkan lebih banyak waktu dan usaha untuk mempengaruhi parapihak yang terlibat untuk mewujudkan layanan terpadu.

8. Faktor-faktor yang Berpengaruh

Faktor-faktor yang mempengaruhi implementasi proyek dalam mencapai target dan tujuannya adalah: faktor pendukung: a) dedikasi, semangat dan peran strategis IPPI sebagai satu-satunya organisasi komunitas yang peduli atas isu HIV dan KtP di Indonesia, b) proyek menjawab salah satu kebutuhan penting PDHA yang mengalami kekerasan, c) proyek berhasil membawa aktor HIV dan KtP duduk bersama untuk berdiskusi dan saling belajar tentang isu HIV/KtP. Faktor penghambat: a) terbatasnya kapasitas organisasi IPPI, b) stigma atas HIV/AIDS dikalangan pengambil keputusan dan aktor yang bekerja di layanan KtP, c) layanan terpadu HIV/KtP bukan merupakan agenda penting oleh karena terbatasnya pemahaman dan rasa kepemilikan dari parapihak, d) penambahan beban kerja bagi konselor dan PE jika mereka harus mendampingi kasus KtP.

Kesimpulan

Secara keseluruhan, dalam hal kegiatan dan hasil, proyek telah mencapai hampir semua target. Namun, pencapaian di tingkat output ini belum dapat dikatakan berhasil di tingkat pencapaian hasil akhir.

Layanan terintegrasi untuk HIV dan KtP hingga proyek berakhir belum dapat dikatakan telah terjadi secara penuh, akan tetapi ada indikasi bahwa proyek telah memberikan kontribusi yang berarti sebagai landasan awal terbentuknya layanan terpadu. Selain itu telah pula dijangkau parapihak atau dalam hal ini pemangku kepentingan baik ditingkat nasional maupun provinsi seperti Kementerian Kesehatan dan Kementerian Pemberdayaan Perempuan dan Perlindungan Anak, Komisi AIDS Nasional, Komisi Penanggulangan AIDS ditingkat provinsi dan Kabupaten, Komnas Perempuan, dan Forum Penyedia Layanan. Pihak-pihak yang disebutkan diatas berperan sangat penting untuk mendukung kebijakan layanan terpadu, pengembangan pedoman dan pelaksanaan pelayanan terpadu di tingkat masyarakat.

Beberapa perubahan positif yang telah ditengarai berhasil disumbangkan oleh proyek ini antara lain: masuknya KtP dan kesetaraan gender dalam Rencana Aksi Nasional 2015-2019 dari Komisi AIDS Nasional, masuknya data PDHA yang mengalami diskriminasi dan KtP di CATAHU (Laporan Tahunan) dari Komnas Perempuan, beberapa MoU untuk meningkatkan pelayanan kepada PDHA dan korban KtP telah ditandatangani atau dalam proses untuk ditandatangani, dan kesediaan KPPA untuk mengadopsi pedoman pelayanan terpadu.

Melalui proyek ini juga terlihat bahwa pengetahuan dari konselor, PE atau pendidik sebaya and pihak-pihak yang bekerja digaris depan pelayanan HIV maupun kekerasan terhadap perempuan meningkat. Ini berdampak pada kesadaran dan keterampilan mereka saat memberikan pelayanan kepada PDHA, dan telah dimulainya inisiatif untuk mendokumentasikan kasus-kasus kekerasan yang dialami oleh PDHA sebagai bagian dari advokasi untuk meningkatkan pelayanan kepada PDHA dengan lebih baik. Keterkaitan HIV dan KtP masih merupakan hal baru baik untuk mereka yang bekerja di bidang HIV maupun KtP. Kehadiran IPPI sebagai salah satu lembaga yang mengusung dua topik ini di masyarakat dan juga mulai dikenalnya mereka di berbagai jaringan baik pada penyedia layanan HIV maupun Kekerasan terhadap Perempuan dapat digunakan untuk mempromosikan keterkaitan ini.

Proyek ini relevan dan responsif terhadap kebutuhan PDHA yang juga mengalami KtP. Proyek ini juga relevan dalam hal peningkatan pengetahuan dan kapasitas penyedia layanan dan sampai batas tertentu membantu dalam mengatasi kesenjangan penyedia layanan baik pelayanan di KtP maupun HIV. Perubahan pemberian layanan dari pendidik sebaya dan konselor VCT dalam memberikan layanan kepada klien mereka ini diakui juga oleh para penerima manfaat utama dari proyek ini yang menyatakan bahwa mereka mulai berani untuk terbuka membicarakan masalah kekerasan yang

mereka alami, merasa tidak sendiri dalam mencoba mengakses layanan kekerasan dan lebih percaya diri dalam mengatasi masalah yang dihadapinya.

Dalam perjalanannya, proyek ini mengalami situasi yang berpotensi pada gagalnya pencapaian tujuan yaitu keterbatasan sumber daya manusia dan ketidakmampuan untuk mendapatkan dukungan secara penuh dari para pemangku kepentingan kunci yang merupakan salah satu prasyarat untuk pencapaian sukses. Namun, evaluasi menemukan bahwa proyek ini cukup berhasil menggunakan anggaran yang terbatas pada berbagai kegiatan dan output di berbagai pengembangan kapasitas yang dianggap tepat.

Pembelajaran

Evaluasi ini menyoroti beberapa pembelajaran utama sepanjang pelaksanaan proyek:

1. Kurangnya ketrampilan advokasi dan komunikasi bisa menyebabkan hilangnya kesempatan proyek mencapai target. Tujuan dari proyek bisa menjadi sulit tercapai jika tidak dibarengi dengan kapasitas pengelolaan, desain advokasi yang baik serta penguatan kapasitas yang memadai bagi mitra.
2. Hubungan yang dibangun terus menerus dengan parapihak menghasilkan keterlibatan mereka. Hubungan seperti ini menghasilkan rasa saling percaya dan dukungan. Selain itu proyek menjadi paham atas prioritas, kebutuhan dan hambatan yang dialami oleh parapihak.
3. Perubahan institusi dan perubahan perilaku membutuhkan waktu yang memadai. Perubahan tersebut tidak dapat dicapai dalam waktu singkat terutama menyangkut isu yang berakar pada keyakinan, sikap dan perilaku.
4. Integrasi HIV dan KtP pada ranah kebijakan memerlukan bukti dan data. Pada saat dimulai proyek menerima hambatan dari aktor dari kedua belah pihak. Dokumentasi atas kasus-kasus nyata sangat penting guna keperluan layanan terpadu. Dokumentasi kasus dan rujukan yang sudah dijalankan membuat para penyedia layanan bisa mendiskusikan kasus nyata untuk mencari solusi dari sisi layanan kesehatan, hukum dan psikologis.
5. Menggunakan kekuatan IPPI di komunitas/akar rumput melalui buddies and konselor merupakan salah satu strategi yang efektif untuk meningkatkan kesadaran tentang hubungan HIV dan KtP pada perempuan dengan HIV.
6. Landasan teori proyek perlu ditinjau ulang di awal proyek, apakah realistis dan bisa dijalankan. Fleksibilitas dalam desain dan implemantasi program diperlukan untuk memastikan bahwa proyek ini responsif terhadap situasi konselor/PE dan PDHA yang mengalami KtP.

Rekomendasi

Berikut adalah rekomendasi untuk UN Women berdasarkan hasil evaluasi:

1. **Efektivitas dan efisiensi:** Jika UN Women akan mendanai proyek serupa di Indonesia, direkomendasikan untuk memakai hasil evaluasi untuk perencanaan proyek. Desain dan strategi proyek harus didukung oleh seleksi atas mitra, jangka waktu yang realistis dan penguatan kapasitas organisasi mitra.
2. **K keberlangsungan dan pembelajaran:** UN Women melanjutkan dukungan atas pembentukan layanan terpadu. UN Women diharapkan menggunakan pembelajaran proyek ini untuk memberi masukan bagi rencana Kementerian Kesehatan yang akan membuat modul integrasi KtP dan HIV serta bagi Kementerian Pemberdayaan Perempuan yang sepakat untuk mengadopsi panduan layanan terpadu HIV/KtP yang dikembangkan oleh proyek.

Rekomendasi untuk IPPI dan RIH adalah sebagai berikut:

1. **Efektivitas:** IPPI perlu mempertimbangkan untuk melakukan penguatan keseluruhan kapasitas organisasinya, juga melihat ulang standard gaji dan deskripsi kerja staff untuk menghindari tingginya angka keluar masuk.
2. **Efisiensi:** Jika IPPI akan melanjutkan bekerja untuk mewujudkan layanan terpadu HIV/KtP, maka harus mempertimbangkan apakah akan bekerja di ranah perubahan kebijakan atau di ranah penyedia layanan. Pilihan kedua lebih realistis, sesuai dengan kekuatan IPPI bekerja dengan LSM/penyedia layanan dan PDHA di tingkat akar rumput. Pintu masuk yang bisa digunakan adalah layanan HIV/AIDS.
3. **Keberlanjutan:** penting untuk menciptakan rasa kepemilikan parapihak (LSM, penyedia layanan, pemerintah terkait) bahwa kebutuhan akan layanan terpadu adalah masalah bersama. Tanpa dukungan parapihak, capaian-capaian yang sudah dihasilkan oleh proyek tak akan lestari.

1. Context of the Project

The UN Trust Fund to End Violence against Women (UN Trust Fund)¹ is established by UN General Assembly resolution 50/166 in 1996 and administered by UN Women on behalf of the UN system. It contributes directly to the advancement of the goals of the UN Secretary-General's UNiTE to End Violence against Women campaign on the ground. The fund is a leading global grant-making mechanism exclusively dedicated to addressing violence against women and girls in all its forms.

The UN Trust Fund works with non-governmental organizations, governments and UN country teams to:

1. Prevent violence against women and girls by empowering groups especially at risk of violence,
2. Expand the access of women and girl survivors of violence to services including legal assistance, psychosocial counseling, health care, and building the capacity of service providers to respond effectively to the needs of women and girls affected by violence;
3. Strengthen the implementation of laws, policies and action plans on violence against women and girls through data collection and analysis, building capacities of service providers and strengthening institutions to become more effective, transparent and accountable in addressing violence against women.

In Indonesia in the year 2013 Indonesian Positive Women's Network (IPPI) and ResultsinHealth (RiH) have been awarded a grant by the UN Trust Fund for their joint project "*One Stop Service: Integrated services for VAW survivors and Women Living with HIV (WLHIV)*". The project was developed as a response to CEDAW recommendation for improvement of integrated services for HIV (Human Immunodeficiency Virus) and VAW (Violence Against Women), and based on findings of the IPPI research in 2013. IPPI research found that VAW as an influencing factor of the AIDS epidemic is not considered as a main factor of concern but as a separate issue. As a consequence, the response and services are separated and working in silos. This represents a major gap in addressing women's issues, including VAW.

This 2 year pilot project meant to improve the lives of women and girls who are living with HIV and/or experiencing VAW in DKI Jakarta and North Sumatera by increasing the awareness of their rights and giving them better health overall. This will happen through the integration of services for VAW and HIV/AIDS, an increased quality of care and reducing discrimination against women and girls who are living with HIV and/or experience VAW. This model in integrating responses and services to deal with the intersection of HIV/AIDS and VAW issues is the first of its kind, not only in Indonesia but also in the Asia Pacific region².

With particular focus on WLHIV and/or VAW survivors, the project addresses the lack of existence of integrated services for WLHIV who were survivors of VAW. The project works in the above mentioned issues by providing technical assistance to relevant partners in the government and civil society, particularly working at three inter-related levels: 1) on policy level with the purpose of

¹ <http://www.unwomen.org/en/trust-funds/un-trust-fund-to-end-violence-against-women>

² <http://resultsinhealth.org/news/36-awarded-by-untf-for-one-stop-service-project>

reviewing HIV/AIDS and VAW services related guidelines; 2) on service delivery level through capacity building level to enhance the capacity of service providers to strengthen the policies implementation; 3) on community level to reduce stigma and discrimination against WLHIV and to increase awareness about issues of VAW and HIV/AIDS.

2. Description of the Project

This project run by IPPI and RiH, and was commissioned through the funding scheme awarded by the UNTF. IPPI and RiH work took places in local context where the linkage of twin pandemic was not considered as a main factor of concern but as a separate issue. From the government's and AIDS related NGO's perspective, VAW was seen a separate issue and disassociated to AIDS problems. In the AIDS prevention program policy, for example in National Action Plan Strategy (SRAN), women, girls and children received minor attention, hence a major gap occurs in addressing women issues including VAW³.

IPPI initiated the 'Survey VAW with HIV' in 8 provinces in Indonesia 2012), providing evidence-based information and recommendations related to HIV-positive women experiencing violence⁴. The findings of the survey are the foundation for this project, together with IPPI's involvement in developing the report on 'Monitoring the Inclusion of VAW at the National Level of the AIDS Response and the Implementation of the UNAIDS Agenda for Women and Girls' coordinated by IAC (Indonesia AIDS Coalition) - Women Won't Wait, 2011.

A total fund of USD 230,358 was committed to the project for the two years (December 2013-December 2015). USD 206,358 was donated by UNTF and USD 24,000 was donated by grantees for various positions to support the project.

The vision of the project was to contribute to the UN Trust Fund's strategy for 2010 to 2015 – building on past successes and capitalizing on the unprecedented surge of social and political mobilization for ending violence against women, as well as contributing to the realization of National Action Plan Strategy on HIV/AIDS 2010-2014, implementation of Law no 7 - 1984 Elimination VAW (CEDAW Ratification), and optimum implementation of the Standard Minimum Services (SPM) - Ministry Decree no 1 - 2010 (Ministry of Women Empowerment and Child Protection).

2.1. Main Objective of the Project

The project objectives aimed at: firstly, establish a solid working relationship and network amongst relevant providers in the field of VAW and HIV/AIDS. Secondly, the project ensures that necessary actions are being taken by relevant organizations in order to improve the provision of integrated service on VAW and HIV/AIDS in DKI Jakarta and North Sumatera. Thirdly, behavioral, as well as attitudinal changes regarding VAW and HIV/AIDS, among health care providers, primary beneficiaries and policy makers to reduce discrimination against WLHIV and survivors of VAW. Fourthly, changes in practices at health provider level, at community level and at system level.

³ Final RFF submitted to UNTF, 2012

⁴ The Network undertook a survey, engaging 110 WLHIV to identify and document the types of violence they have experienced. The survey findings showed that 29% of women experienced sexual violence, 25% of respondents experienced physical violence, 29% experienced economic discrimination, and 14% had undergone forced or coerced sterilization.

The envisaged changes among social actors within this project which were necessary to address the twin epidemics are as specified below:

- At the health provider level: provision of integrated services on VAW and HIV/AIDS at P2TP2A and VCT clinic, through capacity building;
- At the community level: reduction of discrimination against WLHIV and survivors of VAW which would contribute to the reduction of VAW practices through awareness raising, including where to seek help and joint campaigns of women-related organizations on the relation between VAW and HIV/AIDS,
- At the system level: availability of regular monitoring using integrated data management system on the progress of VAW prevention efforts as an integral part of HIV/AIDS prevention program in Indonesia.

2.2.Importance, scope and scale

This project responded to the CEDAW recommendations and observations for Indonesia by improving integrated services for VAW and HIV/AIDS. The integration of VAW and HIV/AIDS, including the strengthening of referral systems and harmonizing efforts of governmental and non-governmental networks is complex. To address this complexity, this project aimed at establishing multi-sectorial collaboration and involvement. At the province level, P2TP2A and VCT clinics would fully involve in the project implementation, while at the national level, the project would closely collaborate with the NAC as well as Ministry of Health and Ministry of Women Empowerment and Child Protection.

The locations of the project were DKI Jakarta and North Sumatra, the two places were selected for the pilot project area as they were considered to have the highest population of WLHIV and both cities have similar services for VAW and HIV/AIDS.

2.3.Strategy and Theory of Change of the Project

The goal of this project was to contribute to greater awareness on rights and better health status for WLHIV and experience GBV, who live in DKI Jakarta and North Sumatera. In reaching its goal, multi strategies are employed. The five strategies included development service delivery, capacity building, knowledge transfer, promotion of community awareness, and advocacy. In addition, the project also aimed at developing lessons learnt for future programming, to have a meaningful involvement of VAW survivor and WLHIV; to do piloting and scaling up before rolling out a best practice (model).

To realize the provision of an integrated service through improvement of existing separated services on VAW and HIV/AIDS in DKI Jakarta and North Sumatera (Outcome 1), the project proposed to apply capacity building for VCT, P2TP2A, addiction counselors and peer educators. Furthermore, the provision of integrated service delivery would be improved through the development of appropriate guideline on provision of integrated services for VAW and HIV/AIDS.

In order to achieve Outcome 2 - increased quality of care of integrated services through the use of information collected within this project, our strategy is focused on knowledge management

and transfer, through accountable evidence-based project development, monitoring, evaluation and learning system and comprehensive research.

Within this outcome, the project would start with provision of training for the CSO/NGO staff in designing and using the results of operational research. The project planned to provide knowledge transfer by setting up a data collection system using the follow up of the CEDAW committee concluding observations for Indonesia. The data will be collected at P2TP2A and VCT clinics to be submitted to CATAHU which is managed by Komnas Perempuan. To ensure the sustainability for the database, the data on the relationship of VAW and HIV/AIDS integrated in the CATAHU system would be promoted to other relevant organizations and government institutions in Indonesia. In addition, a digital knowledge sharing platform would be developed and publication on this initiative will be disseminated through various media.

To reduce discrimination against women and girls in DKI Jakarta and North Sumatera who are living with HIV/AIDS and experience VAW (Outcome 3), awareness raising targeted at the general public and engagement with relevant institutions will be conducted by applying two strategies. The first strategy was the promotion of community awareness on VAW and HIV/AIDS through outreach, multimedia campaigns, and IEC (information, education and communication) production and dissemination.

The second strategy includes advocacy focusing on the importance of institutionalizing the integrated service provision on VAW and HIV/AIDS in the two project locations. Advocacy strategy comprises of coordination meetings, workshops, hearing, and lobbying meetings with relevant government institutions (police and justice department at provincial and national level; including parliamentarians).

In summary, the project has three outcomes and eight outputs:

Table 1: Project Goal with Outcomes and Outputs

Project Goal	Women and girls in DKI Jakarta and North Sumatera who are living with HIV/AIDS (WLHIV) and experience gender-based violence (GBV) have greater awareness of their rights and better health overall
Outcome	Output
1. Provision of integrated service through improvement of currently existing separated services on VAW and HIV/AIDS in DKI Jakarta and North Sumatera	1.1.P2TP2A counselors, VCT and addiction counselors and Peer educators have increased knowledge and skills on the provision of integrated service for VAW and HIV/AIDS
	1.2.The skills of health care providers (government and non-government) and peer educators in providing integrated services for VAW and HIV/AIDS and in referring to relevant institutions when necessary, are increased
	1.3.Establishment or improvement of existing guidelines on provision of integrated services for VAW and HIV/AIDS in Indonesia

2.Increased use of M&E and research data to improve the quality of care of integrated services	2.1.Utilisation of operational research results within the field of integrated service provision for VAW and HIV/aids to improve the quality of care of integrated services
	2.2.Improved availability of data management system for monitoring and evaluation activities of integrated service provision for VAW and HIV
	2.3.Lessons learned about provision of integrated services for VAW and HIV/AIDS shared through multiple media
3. Reduced discrimination and stigma against women and girls in DKI Jakarta and North Sumatera who are living with HIV and experience VAW	3.1.Increased awareness in the community on VAW and HIV/AIDS and the existence of integrated services for VAW and HIV/AIDS 3.2. A collaboration between relevant institutions to sustain the initiative of integrated services for VAW and HIV/aids in Indonesia has been set up

2.4.Key assumptions

This project foresaw limitations, constraints and risks at two levels: operational and methodological.

Extreme situations such as natural disasters and political unrest are disastrous for the project and would make it challenging to implement the project. In addition, this type of project requires strong commitment from all the stakeholders involved including the willingness to invest either in financial term or in-kind. Willingness of health providers and peer educators to collaborate in this sensitive issue should also be taken into account. Similarly on the risk of not getting enough support from the government in the implementation, adoption and institutionalization of this initiative.

In managing these risks, all agreements would be formalized, documented and socialized to all parties for the purpose of accountability. To ensure smooth coordination, communication with and between all parties involved was crucial and will be done through appointment of a coordinator for each institution.

2.5.Intended Beneficiaries and Stakeholders

The primary beneficiaries were women and girls living with HIV/AIDS and experience VAW, living in DKI Jakarta and North Sumatera.

The secondary beneficiaries were service providers affiliated to a total of 33 institutions in two provinces. The secondary beneficiaries were targeted as their important roles to change regulations and to provide services at community level. They were: P2TP2As at province level (2 clinics); b) VCT Clinics at province and district level (9 clinics: 5 clinics in DKI Jakarta and 4 clinics in North Sumatera); c) Province AIDS Commission (2 institutions); d) CSO/NGO (20 institutions); e) addiction counselors; e) the counselors of P2TP2A); f) NAC and Province AIDS Commission; g) peer educators recruited from IPPI and possibly other HIV related support for VAW and HIV/AIDS groups existing in both provinces; h) organizations active in the issue of VAW and

GBV; i) Mass Media (TV, radio, and printed media) at national and province level; j) Community (including women groups, religious and community leaders).

2.6. Budget and expenditure of the project

As explained in the project implementation report (2016), in the 1st Semester, an overspending was observed. Most overspending occurred at the beginning of the project implementation. To properly start off the project implementation, RiH's staff visited Jakarta and Medan in January and February in 2014. During this visit several trainings and workshops were planned to kick off the project. However as project staff from IPPI and RiH were planning to attend the M&E workshop in Bangkok (which at the end did not take place due to safety reason), the kick off meeting was postponed but not without costs. In addition, due to severe flooding in Jakarta, the trainings and workshops that were planned also need to be re-scheduled. These cancelations led to an increase in accommodation and travel cost for RiH staffs.

In Semester 2, the total expenses at the first year of project implementation approximately about 71,29%. This was due to the fact that one of activities of the first year (activity 2.1.1) was carried out until the following year. In addition, the budget allocated for all the activities were not fully spent, as the actual costs are less than budgeted:

Table 2: Project Budget and Expenditure

		Year 1			Year 2				
Agency	Budget Category	Total budget (USD)	Total Expenditure (USD)	Total budget (USD)	Total Expenditure (USD)	Project Budget (USD)	Project Total Expenditure (USD)	Delivery Rate (%)	
IPPI	Project Activities	47,515.00	31,569.71	59,872.29	34,249.11	91,442.00	65,818.82	71.98 %	
	M&E/Audit/Management	23,400.00	19,606.48	27,193.52	29,425.31	46,800.00	49,031.79	104.77 %	
	Sub-total IPPI	70,915.00	51,176.19	87,065.81	63,674.43	138,242.00	114,850.62	83.08 %	
RiH	Project Activities	20,306.00	12,983.68	18,132.32	15,692.83	31,116.00	28,676.52	92.16 %	
	M&E/Audit/Management	19,000.00	14,079.96	22,920.04	21,665.25	37,000.00	35,745.21	96.61 %	
	Sub-total RiH	39,306.00	27,063.64	41,052.36	37,358.08	68,116.00	64,421.72	94.58 %	
Total		110,221.00	78,239.83	128,118.17	101,032.51	206,358.00	179,272.34	86.87 %	

In semester 3, the spending rate is about 25,29% of total budget. This is due to the fact that we have not completed activities from Q1 and Q2 of this year, and these activities planned to be completed in Q3 and Q4.

In semester 4, activities that were partly implemented are activity 1.2.3 - health services meeting coordination: the coordination in Medan (North Sumatra) was supposed to be conducted four times per year, but in the 2nd year it was only 2 times happened due to delay in budget transfer.

2.7.Important Project Management Change

The collaboration between IPPI and RiH, since the development of joint proposal in 2013, was designed to support each other on equal basis. IPPI as an organization has the knowledge on HIV movement at grass-root level and RiH has the project management skills.

The original design also prescribed that IPPI takes the leadership of the whole project content, activities and daily management (given the expertise they have); with RiH supporting the M&E and research part of the project. This design also prescribes that RiH involvement would be intensive at the beginning of project implementation, and becomes less as the implementation proceed. This was designed to accommodate the available budget for this project and allow capacity building in term of project management for IPPI staffs. Unfortunately, during the project implementation, the division of tasks, communications and responsibilities between the two organizations were not fully clear and turns to be quite challenging.

In July 2014, IPPI underwent internal governance and project management changes. Due to those changes, a new IPPI was formed and started to work on this project. In doing so, the following issues were experienced: as the project documents were written in English, it presents a major language barriers for the IPPI staff; the new staff were not involved in the development of the project proposal prevented a full understanding of the project logical framework and project management; there was no internal transfer of knowledge from the previous project management to the new one. In addition, less intensive communication between RiH and IPPI due to language barriers and time differences (as it requires IPPI staff to work for longer hours) posed extra challenges in this collaboration,

To address these issues, IPPI staffs consulted previous project team⁵, RiH (as it was seen as the only resource person left since the onset of the project), National Aids Commission, UN Women Indonesia and National Commission on VAW. The purpose was to have complete understanding on the project proposal. UN Women provided support to translate the project documents from English to Bahasa Indonesia. Internally, IPPI (project staff and IPPI's national coordinator) conducted regular monthly meeting with agenda amongst others to comprehend the project proposal. By then, IPPI staffs started to having a better control of the project implementation process.

⁵ All of the first project team members of IPPI do not reside anymore in Jakarta, transfer of knowledge was held through telephone communications which was ineffective.

Early in the implementation phase, RiH observed that a full Bahasa Indonesia proficiency was needed in the collaboration with IPPI. In late 2014, RiH appoints an Indonesian project manager (a part from already Bahasa Indonesia native speaker staff who involved in the development of the project proposal) for this project to facilitate the ease of communication. In addition, it was also observed that the task division between RiH and IPPI (stated in the two parties contract) were not spelled out in a concrete way, leaving room for interpretation which cause some confusion with the newly installed staff at IPPI. The confusion on role and responsibilities between IPPI and RiH were addressed with the support of UN Women Indonesia with the contract amendment in January 2015. The nature of IPPI-RiH relationship has changed, from co-partner to become sub-contractor of IPPI. RiH did not manage the whole M&E component anymore, only some activities of M&E (MSC training, operational research, lessons learnt documentation, final evaluation). As part of the contract amendment between IPPI and RiH, it was also observed that the model of distance mentoring from RiH to IPPI does not fully work according to the design. Therefore, IPPI and RiH agreed that RiH appoints Indonesian based consultants for development of guideline, collection of MSC stories and development of report on lessons learnt, and University of Atmajaya for conducting the research on violence among WLHIV. Despite these efforts, delays of production of deliverables, particularly the ones that need to be produced by RiH for this project were unavoidable.

3. Purpose of the Evaluation

The purpose of the evaluation is to assess what results have been achieved, and what has been learned through this two years implementation. The main purpose of the evaluation was to analyze the achievement of project results at the outcome and output level, and to examine how the capacity building and advocacy approaches and management practices contributed to the achievement of results within the project. The analysis also captures lessons learned which will support development for further programming in the area of VAW and WLHIV.

The added value of this evaluation is the sharing of its lessons learnt. As stated in the ToR, the documentation of lessons learnt will be shared with and used by all stakeholders involved in this project to strengthen the services to VAW survivors and women living with HIV. In the project proposal it is stated that IPPI will further socialize the documentation of lessons learnt through a national workshop in collaboration with NAC and relevant government bodies focused on VAW issues.

4. Evaluation Objectives and Scope

The overall objectives of the evaluation were:

1. To evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact, with a strong focus on assessing the results at the outcome and project goals,
2. To generate key lessons and identify promising practices for learning,
3. To identify (indication of) potential impact of the project on beneficiaries and sustainability of results, including the contribution to capacity building to the partners,
4. To assess the possibility of scaling up the project to other part of Indonesia and its condition,
5. To identify contributing factors for identified impacts (objective 1 and 3)⁶.

4.1.Key Challenges

Due to its limited budget, the scope of the external evaluation is focused into qualitative data collection only, as opposed to collecting both quantitative and qualitative data. However, to obtain a more complete picture, an end line survey targeted to general population, and a documentation of project implementation are also conducted. RiH carried out the end line survey (through self-administered internet-based survey) and documentation of project implementation process. RiH has also prepared the documentation on the lesson learnt of the project (the document is currently being prepared for publication as a book). The site visit was done in Jakarta only and key respondents in North Sumatra were reached out through telephone interviews.

Changes was also made in the evaluation objective. In the ToR, one of the objectives of evaluation was to assess the value of return of investment of the project. After a careful discussion with the relevant parties, due to time and budget limitation, this objective was replaced with identification of contributing factors for impacts of the project.

⁶ The original question as per ToR also include assessment on the value of return of investment of this project. It was agreed that this question is not feasible to be answered in the evaluation.

5. Evaluator

The selection process for the external evaluator started in mid of October 2015. IPPI and RiH invited selected individuals and companies who are deemed capable in conducting the external evaluation. The candidates were asked to send a curriculum vitae and Expression of Interest (EoI) covering: a unit price, a list of relevant work in the area, knowledge about the project, potential conflict of Interests, an action plan on how to perform the evaluation and example of the evaluation report or link to website for the report. The ToR can be found in appendix I.

In total, RiH received 5 CVs and EoI from 4 individual and 1 company. After a careful selection process and consultation with IPPI, In November 2015, RiH and IPPI contracted Sinta Dewi to conduct the external evaluation of this project. Sinta Dewi has more than 15 years' experience linked to assessment, design and evaluation of gender based violence and HIV/AIDS related projects in a few countries and sound knowledge of Indonesia's gender and human rights programs, including GBV and HIV/AIDS. The evaluator is responsible for conducting the evaluation as defined in the ToR and producing the deliverable accordingly.

6. Evaluation Questions

The evaluation looked at the following key elements:

1. **Effectiveness and impact**, assessed the project's performance to produce results in two areas (Jakarta and North Sumatra). The evaluation has sought to assess any intended or unintended effects of the project and the influence of context on the achievement of results.
2. **Relevance**, assessed the planning, design and implementation of the project in line with WLHIV needs and the importance of integrated of services in the view of key service providers working on HIV and VAW.
3. **Efficiency**, assessed whether IPPI has instituted project management to provide support to the project work. The suitability of IPPI operational and financial management procedures and the extent to which they helped or hindered the achievement of results will also be examined.
4. **Sustainability and knowledge generation**, examined sustainability of outcomes and explored the project's lessons learnt in order to promote scaling-up and replication of successful program.

The mandatory evaluation questions from the evaluation ToR are listed and explained, as well as those that were added during the evaluation as discussed in the inception phase (see table 3). Two additional sub issues to be addressed by the evaluation were: project design and project management. The study would answer the following overarching questions:

Table 3: Evaluation Criteria and Questions

Evaluation Criteria	Evaluation Questions
Effectiveness and impact	<ol style="list-style-type: none">1. To what extent were the intended project goal, outcomes and outputs achieved and how?2. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?3. To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.4. What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?5. What factors were crucial for the achievement or failure of the project?6. How have they been addressed or overcome? What could have been done differently?7. To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why.8. In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and sustained?

Evaluation Criteria	Evaluation Questions
	9. What are the unintended consequences (positive and negative) resulting from the project?
Sub issue addressed	Was the design and strategy of the project appropriate to achieve the goal and outcomes?
Relevance	<ol style="list-style-type: none"> 1. To what extent were the project strategy and activities implemented relevant in responding to the needs of women survivors of VAW and Women living with HIV? 2. To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls survivors of VAW and living with HIV?
Efficiency	<ol style="list-style-type: none"> 1. How efficiently and timely has this project been implemented and managed in accordance with the Project Document? 2. How efficient were management and coordination for the project? 3. What are points of improvement?
Sub issues addressed	<ol style="list-style-type: none"> 1. In what ways has the relationship between IPPI and RiH enhanced the work of all parties to implement efficiently the project? 2. Were sound management policies and procedures, including human resources, budgeting, and reporting systems and practices, put in place and followed?
Sustainability, knowledge Generation and possibility for scaling up	<ol style="list-style-type: none"> 1. How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends? 2. What are the most important things that should be continued if further funding becomes available? 3. What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls? 4. Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?

7. Evaluation Methodology

The evaluation was designed as project level assessment, reflecting on overarching factors/issues affecting project implementation. It was conducted in accordance with the United Nations Evaluation Group's (UNEG) Norms and Standards for Evaluation in the United Nations System and abided by UNEG Ethical Code of Conduct. Another reference point was the World Health Organization Guideline "Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women" (2003). The evaluator was committed to respecting its obligations as regards guarantee the safety of respondents, apply protocols to ensure anonymity and confidentiality of respondents, store securely the collected information and ensuring meaningful participation of project and evaluation stakeholders.

This evaluation has made use of **lessons learnt** to describe what should or should not be done, or describing the outcome of different processes. Lessons learnt were developed out of the evaluation process as project staffs reflects on their experiences in undertaking the project and the evaluator shares her views on the project's processes and results.

The evaluation methodology was also guided by **contribution analysis** a theory based approach to evaluation aimed at making credible causal claim about interventions and their results.⁷ Contribution analysis assess whether the program is based on a plausible theory of change, whether it was implemented as intended, whether the anticipated chain of results occurred and the extent to which other factors influenced the program's achievements.

The evaluation utilized qualitative data and analysis. In view of the available evaluation time and resources, the consultant collected qualitative data to obtain information on variables not obtained by quantitative surveys. Based on inception phase findings, two modifications in the evaluation questions were made, namely on project management and the design of the project.

Stakeholder participation was fostered through individual, telephone and small group interviews, a focus group, and a written interview.

The evaluation was structured into three phases:

1. Preparation and Inception (1st week of December 2015). This phase was focused on developing a preliminary understanding of the project based on project document review and twice Skype discussions with IPPI and RiH, elaborating the evaluation methodology, data collection tools, beneficiaries and stakeholders to be consulted, time table and evaluation questions. This phase culminated in the development of the evaluation inception report, which was approved by IPPI and RiH. During this phase, it was also agreed that interview and FGD questions were consulted only to IPPI and RiH and not involving other potential users of the evaluation results due to time constraints and the difficulty in organizing a meeting in December when all organizations concentrated on finishing up their own activities.

⁷ http://betterevaluation.org/plan/approach/contribution_analysis

2. Data collection (2nd and 3th week of December 2015). During this second phase, the evaluator collected data through interviews, focus group discussions, telephone consultations with project management and staff, beneficiaries (primary and secondary) and selected stakeholders, UN Women and UNAIDS. The site visit was done only in Jakarta, due to limited budget, data collection in North Sumatra was conducted through telephone interviews. The above followed by in-depth document review in first week of January 2016.
3. Data analysis and reporting (2nd-4th week of January 2016). During this final phase the evaluator analyze and synthesized data following the questions and evaluation matrix outlined in the Appendix II and Appendix III. A draft and the final version of this evaluation report were developed, based on inputs from the reference group consultation, UNTF, IPPI and RiH.

Below is the summary of the evaluation methodology:

Table 4: Summary of Evaluation Methodology

Sub Section	
Evaluation design	<ul style="list-style-type: none"> ▪ The evaluation was designed as project level assessment, reflecting on overarching factors/issues affecting project implementation. ▪ The evaluation utilized qualitative data and analysis. ▪ This evaluation made use of lessons learnt to describe on what should or should not be done and guided by contribution analysis a theory based approach to evaluation aimed at making credible causal claim about interventions and their results.
Data sources	<ul style="list-style-type: none"> ▪ Document analysis (project proposal, project reports, activity reports, meeting reports, products of the project, relevant policies, available guidelines/SoP/case reporting form, training reports, implementation report, donor programs related to HIV/AIDS in Indonesia, secondary documents on issues of HIV and VAW in Indonesia). ▪ Quantitative data: baseline and end line surveys results of the project. ▪ Both spoken and written data gathered through interviews and group discussions.
Data collection methods and analysis	<ul style="list-style-type: none"> ▪ Data collection methods: desk review, observation, individual interviews and focus group discussions. For the respondents in North Sumatra, data was gathered via telephone interviews. Interviews and FGDs were guided by interview/FGD protocols. The protocols have been consulted to RiH and IPPI. ▪ Data analysis: qualitative (descriptive, content, thematic coding) techniques. To ensure validity of data: the evaluator used triangulation: i) comparing data generated from different data sources and mix method to identify themes and/or variations), ii) use key stakeholder consultation to comments on design, analysis, findings and lessons learnt.
Description of sampling	<p>The final list of stakeholders consulted was prepared in consultation with IPPI and RiH. The respondents were selected based on: involvement in the project activities, participants of IPPI's training, policy/decision makers on the issues of integrated HIV/VAW services who know the project, NGOs who signed MoU with IPPI, WLHIV experienced VAW. Respondents included:</p> <ul style="list-style-type: none"> ▪ Project management: IPPI's and RiH's project staff, also previous IPPI's project staff ▪ UN in Indonesia: UN Women, UNAIDS ▪ VCT Counsellors from NGOs, and hospitals ▪ Peer Educators: NGOs and IPPI's members ▪ National Commissions: National and Provincial AIDS Commission, National Commission on VAW

	<ul style="list-style-type: none"> ▪ NGO/P2TP2A working on VAW ▪ Government Officers: Representatives of Women Empowerment and Child Protection Agencies at national/provincial/district level, Ministry of Health/Health Office, Ministry of Women Empowerment ▪ Consultants involved in this project who are based in Jakarta ▪ WLHIV experienced VAW
Limitation of the evaluation methodology used	<p>Due to budget and time limitation, the following limitations were observed:</p> <ul style="list-style-type: none"> • The interviews with stakeholder, WLHIV, PE, VCT and VAW service providers counsellor in North Sumatera was done through phone interview. • The evaluation did not collect quantitative data and make use of the available quantitative data, which is rather limited; • Modification on evaluation objective, such as on the return of investment, as this was considered as not feasible; • The timing of the evaluation is in December, which is also a very busy period for many stakeholders of this project. This implies that the availability of many stakeholders are limited and or resulted in delays in obtaining the data and or inputs

7.1.Data sources and methods of data collection

The evaluation used three main sources of (primary and secondary) data: i) people (spoken and written data); ii) documents, soft files, publications, online publications and relevant literature; and iii) observations during the field visit to Jakarta (Detailed of the data sources can be seen in Table 4 above). All interviews and focus group discussions followed protocols as outlined in the ToR and were prepared in consultation with IPPI and RiH. The final list of stakeholders consulted and criteria for the selection of the stakeholders were also discussed with IPPI and RiH.

In total, 45 individuals in which 9 individuals are from the reference group were consulted as part of the evaluation. An exemplary interview protocol is included as Appendix III. A list of stakeholders consulted during the evaluation is included as Appendix IV.

The data is analyzed qualitatively, through descriptive, content, and thematic coding techniques. To ensure validity of data, and as part of the analysis process data from different sources and methods of data collection were triangulated through: i) comparison of data generated from different sources and methods to identify themes and/or variations), ii) use key stakeholder consultation to comments on design, analysis, findings and lessons learnt.

7.2.Limitations

The evaluation was undertaken within recognition of various important contextual factors:

1. A few key stakeholders to be consulted such as Ministry of Women Empowerment and Child Protection, P2TP2A counselors, Legal Aid NGOs and a few key stakeholders in North Sumatra were not available for consultations during or after the site visit. This is due to the timing of the evaluation, but it may also reflect the “buy-in” of the partner organizations of this project. IPPI’s coordinator, who is the main resource person of this evaluation, was hospitalized during the time of evaluation. Despite her effort to be available for an interview, the consultation with her was postponed, until she recovered.

2. Another limitation was constituted by the fact that following IPPI's transitional governance structure in 2014, the project staffs are all new and were not involved since the beginning of the project. This somewhat limit the quality of the data obtained and the analysis process.
3. A few important documents such as the final research report, and a complete lessons learnt documentation were not available, until the time of the evaluation. This influence the level of triangulation in the analysis.
4. Due to various reasons, some interviews were conducted after working hours or after the field visit period. In addition, translations of the three set of interview protocols into Bahasa Indonesia to facilitate IPPI's understanding on the evaluation questions were needed. This has put an extra strain on the evaluation process.

8. Findings and Analysis

The issues identified at the beginning of this and subsequent sections (in boxes) are drawn from the evaluation questions.

8.1. Effectiveness and impact

Evaluation Criteria	Effectiveness and Impact
Evaluation Question	<ol style="list-style-type: none">1. To what extent were the intended project goal, outcomes and outputs achieved and how?2. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
<p>Response to the evaluation Questions:</p> <p>Finding 1: the evaluation data found that there were no integrated services at its full extend yet, in both Jakarta and North Sumatra. The project has made significant contributions to bring together all components at service level working for HIV and VAW responses, especially the front line workers of those services, namely peer educators/buddies and counsellors. This effort has been appreciated by all key stakeholders in Jakarta and North Sumatra. However, a fully integrated service of VAW and HIV were not yet in place. In September-November 2015, PPM Atmajaya who assisted in conducting the operational research of this project indicated that both HIV and VAW services are still working in silo.</p> <p>To date IPPI has recorded 83 cases of WLHIV experienced violence, in which 11 of them were referred to VAW services in Jakarta and North Sumatra (LBH APIK, PULIH, police, PESADA and others). None of the eight partners of this project (health services and NGOs working on HIV) ⁸ have had internal recording system on VAW cases. Three NGOs⁹ which provided legal aid and psychological counselling for VAW victims have recorded 11 cases of WLHIV experienced VAW.</p> <p>Referrals and reports of VAW to the three above mentioned NGOs and IPPI were made mostly by peer educators (most of them were IPPI's members), VCT counsellors, and individuals who were committed to the needs of the victims. The individual initiative was shown in a health center (PKM) Kramat Jati (Jakarta), where a counsellor has provided VAW risks detection in her counselling. Through this, two extra related cases were identified. Similar finding was found in Adam Malik hospital, where a VCT counsellor personally asks VAW related experiences of WLHIV. However those initiatives were not yet captured in their respective reporting system. The two MoU(s) between IPPI Jakarta and LBH APIK Jakarta (legal aid) and Pulih (NGO provides psychological support) have strengthened the referral mechanism, supporting peer educators who accompanied victims to ease access of their services.</p> <p>Despite the above mentioned result, there was very little data of referral made from VAW based</p>	

⁸ Pirngadi Hospital, P3M, RSUP Haji Adam Malik, Caritas PSE, PKM Kramat Jati, Yayasan Hidup Positif, Yayasan Anak dan Perempuan, Red Institute.

⁹ LBH APIK Jakarta, LBH APIK Medan, PESADA.

services to HIV services. IPPI has recorded 1 case referred by the National Commission on VAW (Komnas Perempuan). Possible reasons are: firstly, VAW referral mechanism has already worked properly, as observed in Jakarta. The multi stakeholders referral mechanism coordinated by P2TP2A Jakarta involving health services, police, legal aids, prosecutors, shelters, psychological counselling services has been running effectively. When there is an indication of HIV risks, client is directly referred to hospital (not the HIV service included in this pilot project), as practiced by P2TP2A. Secondly, the project reached more HIV-based services than VAW-based service. Given the fact that IPPI is a community based organization that has strong relationships with HIV NGOs, health services (hospital, community health center) and especially with peer educators and VCT/addiction counsellors. Getting involved with VAW-based service providers and its mechanism works has been new for IPPI.

Finding 2: the concept of integrated service was rather unclear and has not systematically operationalized. The delay in the production of the integrated service guideline is partly due the nonexistence of the solid concept of integrated service. There seems to be un-clarity on the operational definition of integrated service, referral mechanism, SoP, revision of the client/case reporting form, M&E forms and procedures and indicators of integrated service which supposed to be included in the guidelines amongst parties involved in the pilot.

Following the first workshop on integrated service in 2014, the guideline which was supposed to be available since the 1st semester -to help either the project team or partners to operationalize the concept of integrated services- was only available in August 2015¹⁰. In addition, this evaluation noted different thoughts and technical definitions of integrated services :

- Issues of HIV and VAW are integrated into services, implying that if a counsellor identifies cases of HIV or VAW, she/he can act accordingly.
- It is about the SoP and each organization should adjust its own SoP. It is not necessary to have a new formal mechanism as the existing mechanism of VAW and HIV coordination, respectively has worked. For example a community health service can directly refer a client to P2TP2A. What it needed is to revitalize the coordination.
- *“No necessary to have a MoU between P2TP2A and IPPI, because P2TP2A accepts all victims of VAW regardless their health status”.*
- Ministry of Health has a program for the provision of comprehensive services for victims of violence that provide also HIV services at community health center. There is a segregation between reproductive health and HIV services and integrated services for women empowerment and children (P2TP2A) –in working on VAW services, due to their different mandates. In this case, we have to look at technical guideline and SoP of both services.
- *“The development of any guideline should have involved, from the onset, line ministries such*

¹⁰ The guideline was developed based on a workshop on integrated service conducted by IPPI and UN Women in 2014. Followed with collecting all the existing separated guidelines documents on VAW and HIV/AIDS in Indonesia (18 documents) to identify the presence of diagnostic indicators that indicate if a woman being assisted for one of the areas of concern (VAW or WLHIV) also needs to be helped for the other. However, the guideline was suffered from insufficient methodology and budget constraint. For example: the final draft of the guideline was produced based on desk review only and without wide consultation with key stakeholders. Later on IPPI has consulted the draft in the two follow up workshops in Jakarta and North Sumatra. Ministry of Women Empowerment and Child Protection has committed to adopt the guideline, however necessary refinements must be done accordingly. Until the evaluation was carried out, the guideline has remained unfinished and unused.

as Ministry of Women Empowerment, Ministry of Health, Directorate Reproductive Health, Directorate General HIV/AIDS and others”.

Below are the referral mechanisms, from two different entries when a client accesses HIV services and when a client accesses VAW services as proposed in the guideline.

Figure 1: Referral system from HIV services to VAW services

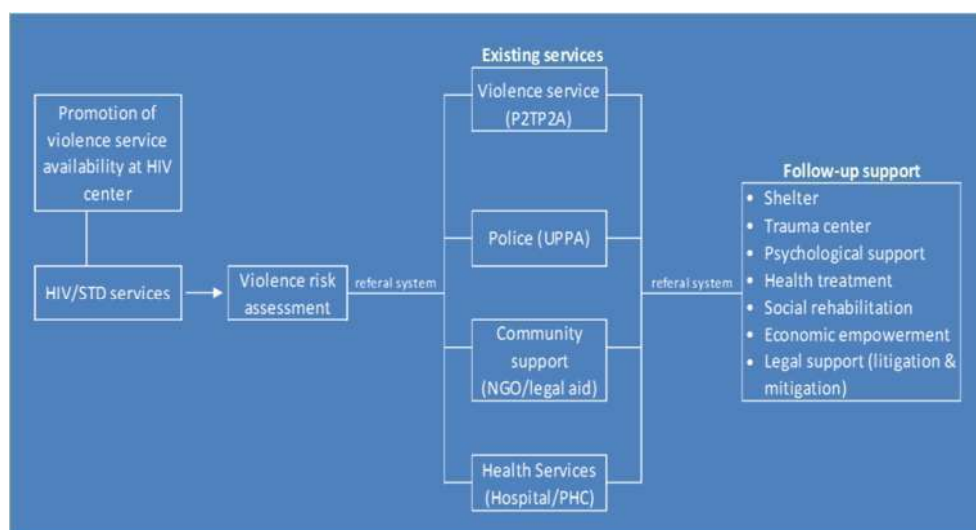
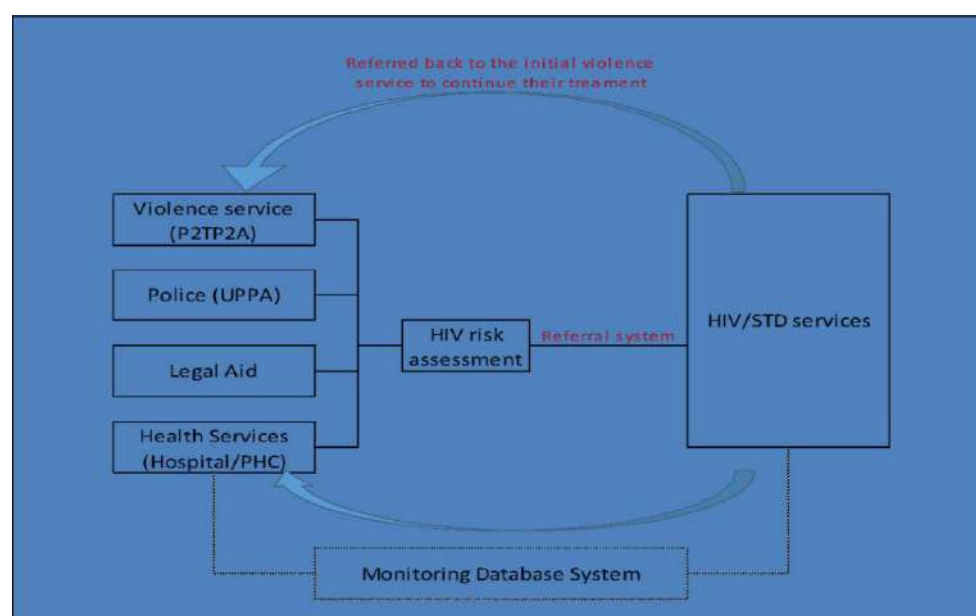


Figure 2: Referral system flows from both sides of HIV and VAW services



The guideline has identified that within the health sector, led by Ministry of Health (MoHA), there are regulations on sustainable integrated services (LKB) for victims of VAW and children such as Health Minister Decision no.1226/2009 that regulates the provision of services of victims of violence in hospital and health services that includes HIV and reproductive health services. Regulation of MoHA

1507 on Counselling Guidance regulates a provision of ARV for rape victims who are at risk of HIV transmission. In national gender based violence programs led by Ministry of Women Empowerment, (MoWE) there is Minister of MoWE Regulation of Minimum Standard of Service (SPM) for victims of violence who are assisted by P2TP2A. The SPM regulates access of victim of rape to PEP (Post Exposure Prophylaxis) to prevent HIV infection. The project has missed the opportunity to study further the implementation of the above mentioned regulations and Minimum Standard of Service on the ground to make visible contribution to (better) implement existing policy obligations related to integrated HIV/VAW services.

Finding 3: the project made considerable contributions to strengthening the individual capacities of the targeted beneficiaries(4 P2TP2A counsellors, 58 VCT counsellor and 68 PE). Through a training provided in the year 1, this project was able to increase knowledge about HIV and VAW and the linkage of the two of 4 P2TP2A counsellors, 85 VCT counsellors and 68 peer educators¹¹. In year 2, after the follow up training on skills improvement and on how to deal with VAW, in Jakarta, 3 counsellors of P2TP2A have applied the detection of risk behaviour related to HIV in their counselling practices. Some of the trained VCT counsellors have noted that in the follow up counselling, clients were able to share their experiences of violence. Twenty of the trained peer educators¹² (mainly are members of IPPI who work for other NGOs) have supported WLHIV who are victims of violence and accompanied those in need to access for VAW services. Others have expressed the need of having more time to provide information on issues related to VAW to their clients. The main challenge mentioned was that their NGOs do not ask them to report VAW cases.

With regards to the training provided for the beneficiaries, the pre and post training assessments noted that the participants had increased their awareness and knowledge of how to apply relevant information, indicating that the targeted participants assessed the training modules as relevant. The trainers have reflected that the design of the training should be revised particularly on its methodology. For instance, separation of counsellors HIV and VAW during the knowledge sessions, the clarity of the meaning of integrated services, working mechanism, SoP, indicators of integrated services and M&E. Also the timing needs to be revised, the current training is perceived to be heavy; therefore it needs to be organized in several phases. From the evaluation of the current training in both provinces, there were more information on HIV, resulted that the HIV counsellors reported to have less information on VAW. The project proposal mentioned about a try-out of the training module before it is rolled out, however, no budget is allocated for such activity. Training was one of the primary means of building capacity, and reported to lack follow up needed to support and better understand the extend of institutionalization of the training results.

In general, concerns about HIV/VAW have not been institutionalized in targeted partners organizations. However, the evaluation noted some positive development with regards to partners institutional capacities, some of organization partners have gradually taken issue of VAW experienced by WLHIV seriously. For example: In Jakarta, LBH APIK has released an annual report describing stigma and discrimination faced by WLHIV when they have accessed SDPs. Yayasan Hidup

¹¹ Results of a posttest after the training: participants could explain in client friendly language about the linkage of HIV/VAW, how to prevent VAW and how to deal with VAW experiences.

¹² A survey amongst 33 PE in Jakarta conducted by IPPI has shown that 10 (33,33%) of them were active in discussing and encouraging WLHIV to share their VAW related experiences in support group meeting and accompanied survivors to access necessary service providers. In North Sumatra, 6 out of 35 peer educators have assisted survivors of violence through support group and referral.

Positif has committed to tackle VAW issue seriously, added it as part of PE work. In North Sumatra, LBH APIK Medan, Haji Adam Malik hospital, Pringadi hospital, were ready to use the integrated VAW/HIV form and made adjustment in their respective counselling procedures. The capacity building activities provided by the project are about raising awareness and enhancing individual knowledge, and networking and leveraging referrals than focusing only on systematic capacity development.

Finding 4: on the use of M&E and research data to improve the quality of care of integrated service, there was little evidence found that any organization partners have reviewed and revised their internal system (SoP, M&E reporting, counselling procedure, etc) accordingly. The project has made used client data for the purpose of advocacy for better care of WLHIV with VAW experience. This was done in two ways. Firstly, submission of IPPI's report to National Commission on Violence against Women (Komnas Perempuan) in which the report has been included in Komnas Perempuan's annual report (CATAHU) since 2014. In this report, it was mentioned that forced sterilization towards WLHIV was one forms of 15 violence identified in Indonesia. The report was also submitted to CEDAW committee. In preparing this report, one day workshop was conducted. The workshop attended by peer educators, counsellors, and the other organizations to introduce system and mechanism in reporting VAW to Komnas Perempuan. This workshop was also attended by other national network such as OPSI (sex worker network), PKNI (drug user network), Fokus Muda (Youth community network).

Secondly, collecting data directly from counsellors and peer educators or receiving client reports via online reporting system. RiH assisted IPPI to develop a digital platform in order to assist peer educators or WLHIV to report their cases easily (www.IPPI.or.id). However majority of the VAW cases were not reported online by peer educators, due to the fact that online reporting mechanism is not a culture yet for Indonesian. The project has also developed a client reporting form and M&E format for trained counsellors and peer educator (revised from a complicated CEDAW based reporting form, too long version of counselling form to a short version of counselling form). The client reporting form was also installed in the web based reporting platform. IPPI has also revised the first client reporting form developed by RiH based on some existing forms. The revised version was shorter and a few inapplicable questions to victim of VAW who may be at risk of HIV, such as: 'what is your HIV status?', were deleted

By the end of the project, it was understood that the use of separated client/case reporting form has added burdens for counsellors/PEs, as most of the questions asked in the IPPI's form have been already addressed by the form that was usually used by counsellors/PEs. What should be done was added a few probing questions about risks of HIV/VAW of the client and/or her/his spouse into the existing form used by each organization. The collection of data on cases by peer educator and counsellors and submitted to IPPI during quarterly coordination meeting did not seem to work. Therefore, in 2015 IPPI has made adjustments, the M&E officer and field staff visited respective organizations to collect data. Such long process could have been avoided if the integrated service guideline is made available earlier, to guide technical aspects of the project.

To assist IPPI and key project partners with research skills for the purpose of increasing the quality of M&E, the project organized training on operational research and most significant change (MSC)

techniques. Despite the new skills acquired, there was no information available whether participants apart from IPPI's member have applied the research skills in their own organizations as can be seen in the table 5 below:

Table 5: Outputs of outcome 2

Outputs of outcome 2	<p>2.1.Utilisation of operational research results within the field of integrated service provision for VAW and HIV/aids to improve the quality of care of integrated services</p> <p>2.2.Improved availability of data management system for monitoring and evaluation activities of integrated service provision for VAW and HIV</p>
Indicators	<ul style="list-style-type: none"> ■ % of trained CSO/NGO programme staff that can design small scale quantitative and qualitative research ■ Percentage of trained CSO/NGO program staff that can use the results of operational research ■ Percentage of health care providers, peer educators and CSO/NGOs program staff who have the capacity to collect qualitative data using MSC methodology
	<p>There were 6 people (the target were 100 participants from 4 NGOs and universities), who have been trained by Atmajaya University to design small scale qualitative and quantitative research. They were involved in IPPI's research on integrated services. They were able to do interview, collected secondary data from various sources and used them accordingly. In National Meeting of AIDS 5th in Makassar (October 2015), IPPI presented the findings of the research. The findings were planned to be published in academia.edu website. However, the availability of the final repoyu was delayed, due to non-performance of Atmajaya University. Despite the new skills acquired, there was no data available whether other participants apart from IPPI's member have applied the research skills in their own organizations. The IPPI's member who have been trained was appointed as M&E Officer of this project and has shown good performance.</p> <p>Most significant change (MSC) methodology training was provided by RiH. All trained staff (34 people of involved organizations - NGOs, health providers, PE) have shown good understanding of the MSC. As part of the final monitoring, the 11 MSC stories were collected, in which 10 of them were selected in group discussion to select stories that capturing the most significance change for the WLHIV victim of violence and the service providers. The evaluation did not find data whether MSC technique has improved the quality of M&E system of involved organizations. Despite the training, the people who were trained were in some way no longer involved with this project and therefore they were not involved in collecting MSC story nor to assess the use of the MSC training in their respective organizations.</p>

In the 2nd year IPPI and RiH revised the M&E tools, to have segregation on data on beneficiaries from the involved institutions. In the first year, data from institutions were not distinguished between PT2TP2A and NGOS (primary beneficiaries) and other institutions such as hospitals and police. In this period the data was disaggregated by type of institution. Although the context is still the same, but this segregation can help to determine a more appropriate approach to integrate HIV

and VAW services.

There is one pressing ethical issue that still need to be resolved. So far IPPI has recorded 83 cases of WLHIV with VAW experience. Of the 83 cases, 11 cases have been followed up by peer educators/counsellors who are based in the partner organizations. However, up to now, it is still not clear who should do the monitoring and providing further assistance to the victims when they are in needs, and who will be a person in charge within IPPI to follow up the reports after the completion of this project, given the fact that IPPI is not a service provider organization.

Finding 5: on reduction of discrimination and stigma against women and girls living with HIV and experience VAW in DKI Jakarta and North Sumatera, there was no data available on whether the positive changes in reduction of stigma and discrimination perceived by MRAPs have been mainly contributed by the project. The project was designed for a period of 2 years. Reduction of stigma and discrimination need behaviour changes which in any case require a longer time frame than the life of this project and a specific BCC/ICE strategy to address them.

IPPI has reached 83 WLHIV and women who were affected by HIV/AIDS (30 WLHIV in Jakarta, 26 WLHIV in Medan and 27 WLHIV came from different regions in Indonesia such as Yogyakarta (4), Banten (8), West Java (8), Riau (1), West Nusa Tenggara (6). It has also reached 1.574 MARPs who have received IEC materials and education sessions.¹³ Thirty four of them have reported knowing about the availability of services for HIV and VAW due to IPPI's IEC materials.

RiH and IPPI conducted an end line survey on 264 people, women and men from Jakarta (40.9%), Medan-North Sumatra (4,2%), other cities (54,9%). From all of respondents, about 64 % of them have been exposed to IPPI's IEC materials through radio, television, education sessions and printed materials. With regards to respondents' perception about the quality of health services, 66,67% said that the quality of service (health staff and the service) has improved, compared to 41,03% in baseline survey. On sexual rights, 66% of respondents do not agree that a husband should show his power in front of his wife within the domestic sphere, compared to 49,17% in baseline survey. The end line survey shows that amongst 164 women respondents, 69,1% respondents understand the risks of HIV and VAW, and the main reasons for stigma and discrimination against WLHIV are: lack of information and patriarchal culture. As much as 69,1% of women respondents aware of the linkage between HIV and VAW and 65% of the respondents acknowledge the importance of HIV/VAW integrated services, though some of respondents explained that the services are not to be in one place.

On whether respondents were discriminated or stigmatized in health services, IPPI has conducted a small scale client satisfaction survey with 15 WLHIV, amongst 15 only 2 respondent reported stigma due to their HIV status.

¹³ The project both in Jakarta and North Sumatra conducted public education through the use of media (printing and electronic) for publication. IPPI has disseminated information regularly through radio programme, run a blog competition with theme 'sexual violence, know about it', distributed 5000 newsletters and circulated them to 33 provinces in Indonesia during 16 days campaign for International Women Day Anti VAW and Human Rights Day. The project used an event such as World Aids Day to promote the initiative on the importance of an integrating HIV/VAW services in accommodate the needs of WLHIV.

Also IPPI was invited as a speaker on TV programme in some of private TV stations. In every opportunity, IPPI addresses why women become more vulnerable to get violence, furthermore for women living with HIV.

Quantitative and or Qualitative evidence:

- Research report “Integrated Services for HIV/AIDS and Violence Against Women: Inventory of experience from VAW survivors and perceptions of quality of service provision in DKI Jakarta and North Sumatera”
- Referral report of VAW to the three above mentioned NGOs and IPPI
- Example of MoUs
- Report workshop on integrated service (2014)
- Report on training for counsellors
- Guideline for Provision of integrated service on HIV and VAW
- Report from IPPI for CATAHU
- Examples of Clients reporting form
- Examples of M&E form
- Report on Training of MSC
- Report on training of operational research
- Examples of IEC materials
- Report Baseline Survey
- Report End line survey
- Report on small scale clients ‘satisfaction survey

Conclusion:

Overall, in terms of appraisal of activities and outputs the project has reached more than 90% of its target. However, the achievements at output level have not led to the achievement of outcomes as can be seen in further in this section. It is clear that the project and the entire process of advocating for integrated services remain at an incipient stage. Positive changes are documented, but there needs to be a sustained commitment over the coming years in order to sustain and consolidate the progress achieved to date.

Regarding the concept of integrated services, the evaluation noted that there is unclear definition of the integrated service among stakeholder and beneficiaries. The guideline should be able to assist the project team or partners to operationalize the concept of integrated services within this pilot project unfortunately came very late.

Evaluation data indicate that in both provinces the project has contributed to raising the awareness of targeted individuals¹⁴ with regards to knowledge of the linkage of VAW and HIV, the impacts of VAW towards WLHIV, breaking the cycle of violence and silence as a victim of VAW amongst WLHIV, the availability of services and enhanced ‘victim center approach’ counselling skills of the beneficiaries. This has led to changes of practices of some peer educators and VCT counsellors.

In Jakarta, individual counsellors in four NGOs (LBH APIK, Yayasan Hidup Positif, Yayasan Kusuma Buana, IPPI DKI Jakarta) have made use of IPPI’s integrated form for documenting WLHIV experienced VAW. However no revised counselling procedure was institutionally made. In North Sumatera, four institutions (LBH APIK Medan, and Haji Adam Malik hospital, Pringadi hospital, IPPI North Sumatra) planned to use the integrated form. Caritas PSE has its own integrated form which encompasses questions related to physical and sexual violence experienced by drug users, this form

¹⁴ The target number of participants was 300 individuals.

has been used by all addiction counsellors named ASI (Addiction Severity Index). At the time of the evaluation, no data was available, on whether and how SDPs have utilized this integrated form to review their quality of care. The purpose of data collection is: 1) to help the clients and for their follow-up; 2) for evidence to be used to file cases to police and to prosecute cases in the court; 3) for purposes of advocacy and prevention work, and 4) for program planning purposes.

The project made positive development with regards to increase knowledge about HIV and VAW and the linkage of the HIV and VAW to the targeted beneficiaries. It also noted that some of organization partners have gradually taken issue of VAW experienced by WLHIV seriously.

Evaluation Criteria	Effectiveness and Impact
Evaluation Question	To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes.
<p>Response to the evaluation Questions:</p> <p>Finding 6: the new knowledge of VAW and commitments of peer educators and VCT counselors to follow up cases of VAW amongst WLHIV have brought to some changes in WLHIV. Data deriving from document review, observations, and stakeholder consultations provide evidence of project output achievements. There are several examples of project contributions to enhance the awareness, knowledge, and skills of individuals, which gradually resulted in the respective actors to encourage their organizations to pay attentions to the importance of integrated services of VAW/HIV.</p> <p>IPPI has recorded 83 cases of WLHIV experienced violence, and 11 of them were referred to VAW services (in Jakarta and North Sumatra from LBH APIK, Pulih, PESADA, and the police) assisted by peer educators or VCT counselors.</p> <p>Formerly, violence is considered normal and acceptable behavior. Through peer supports and counseling sessions, a few WLHIV now stand up for their rights, by reporting their cases to police. Some did not file their cases to police due to lack of trust to justice system, worried about additional cost may attached to the reporting process or about disclosing their HIV status. Based on a FGD targeted 15 WLHIV who have accessed HIV services in Jakarta done by IPPI, it was found that most of WLHIV did not file their cases of VAW to the police due to costly <i>visum et repertum</i> and bias of the law enforcement personnel towards WLHIV.</p> <p>As shown in illustration 3 below, WLHIV in Jakarta who experienced VAW have described three institutions that are important for them: hospital and community health center for ARV treatment, psychological counseling services and legal aid to assist their VAW cases. For them the project has succeed in helping them to reach out to the VAW related services. From 15 WLHIV respondents, more than 75% of respondents were aware about their sexual right, reproductive rights and reproductive care. They were also aware about their confidentiality rights and rights not to be discriminated.</p>	

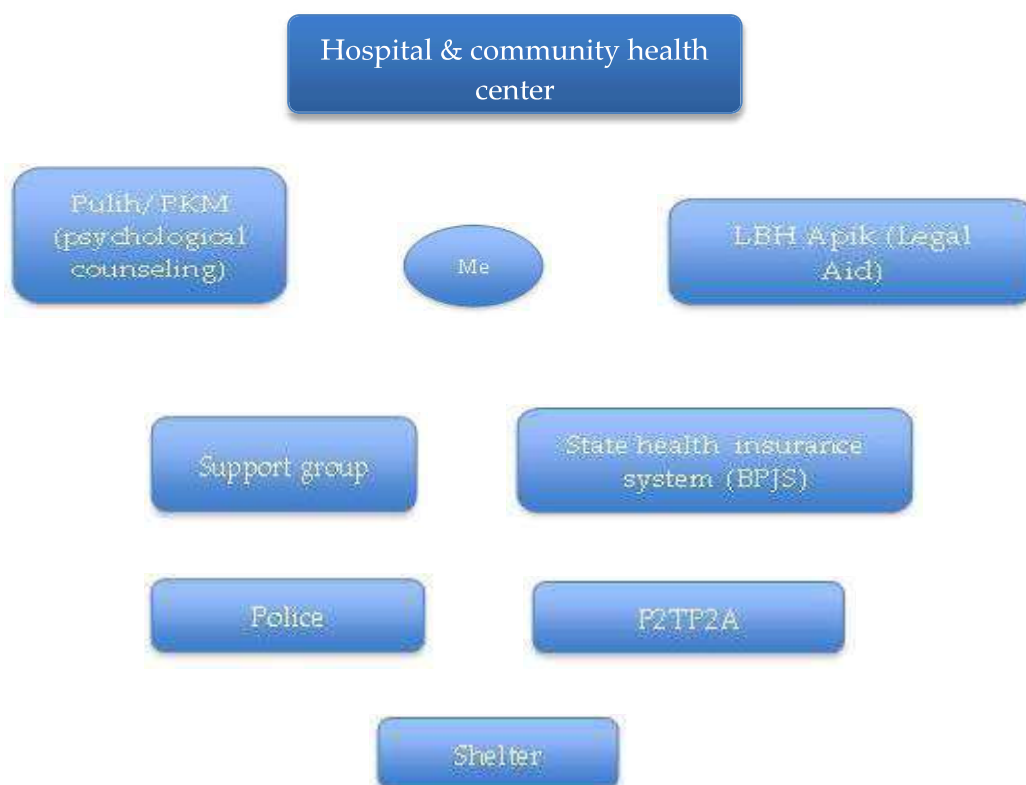
There are WLHIV who decided not to get assistance from VAW services. Nevertheless their enhanced awareness about rights has increased their negotiation power with their husbands, as noted by WLHIV

“if her husband is going to beat her, she replies, beat me! I will make a visum (et repertum)”.

Another WLHIV told that many husbands were more aware about the rights of their wives

“Husbands say that IPPI’s members are getting tougher, many of them now are hesitate to dictate their wives”.

Figure 3: Important institutions for WLHIV



Using the MSC technique, this project has collected 10 stories of changes in the lives of WLHIV. The changes included knowledge on types of violence, availability of health and legal services for survivors of violence and their procedures, WLHIV can disclose about the violence they experience to the counselors as the counselors are more sensitive and capable of probing questions during the counseling process, and survivors of violence feel that they are not alone (knowing that people from IPPI and other organizations will be there for them to help):

“the most significant change of myself is that I am stronger and more fearless to face threats which my husband has imposed on me, moreover I was accompanied (by peer educator) when I filed my case to the police” (R, Jakarta)

Quantitative and or Qualitative evidence

- Research report “Integrated Services for HIV/AIDS and Violence Against Women: Inventory of

experience from VAW survivors and perceptions of quality of service provision in DKI Jakarta and North Sumatera”

- IPPI Report on FGD with WLHIV in Jakarta
- IPPI report on FGD with PE and counselors
- MSC report
- Report on client satisfaction survey

Conclusion

This project has brought the following changes, which are perceived to be significant by the WLHIV: improved knowledge and awareness on violence and its legal issues, changes in attitude, in which beneficiaries have more courage in addressing the violence they experienced, break the cycle of violence and silence as a victim of VAW.

Evaluation Criteria	Effectiveness and Impact
Evaluation Question	<ul style="list-style-type: none"> • What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? • What factors were crucial for the achievement or failure of the project? • How have they been addressed or overcome? What could have been done differently?

Response to the evaluation Questions

The table below outlines the key factors that either supported or posed challenges to project implementation and progress towards planned results. The information are obtained from document review and stakeholder consultations during the site visit.

Table: 6 Key factor for project implementation

Factor	Nature of influence of project's ability to make progress towards its results
Supporting factors	
Dedication, interest and the strategic role of IPPI	<ul style="list-style-type: none"> ▪ IPPI is now formally a part of VAW Service Providers Forum and a member of Gender and Human Rights Working Group under coordination of National AIDS Commission). ▪ IPPI is the only community-based organization (CSO) that are concerns with both HIV and VAW in Indonesia. ▪ IPPI has a strong grass-root membership ▪ IPPI buddies have close relationship (“trust”) with IPPI members or non IPPI members; which creates a supportive environment on peer education relationship. ▪ IPPI members are present/working in almost (all) local CSO, creating a network of inter-organization relationship.
The project has addressed one of pressing needs of WLHIV	<ul style="list-style-type: none"> ▪ The project was able to enhance knowledge, awareness and skills of front line staffs to deal with HIV/VAW. Trained peer educators and counsellors are able to apply violence-sensitive

		<p>counselling and providing violence referral system on HIV and violence against women.</p> <ul style="list-style-type: none"> IPPI Buddies and counsellors are able to do peer education and guidance for women living with HIV who are victim of VAW. 	
Bringing together VAW and HIV service providers at the same table		To some extent the project was able to make both HIV and VAW services staffs that worked in silos in 2014 to meet up, breaking up stigma and has started working on referral system especially from PE/HIV counsellors who assisted WLHIV victims of VAW to access legal aid and psychological supports. The coordination was backed up with MoU between IPPI and individual NGO such as LBH APIK Jakarta and Pulih Jakarta or a multi stakeholders' MoU involving 6 institutions like in Medan.	
Hindering Factors			
Organizational capacity of IPPI		<ul style="list-style-type: none"> Limited number of personnel created high working load for certain staff. Limited staffs who have sufficient knowledge on program management, advocacy strategy, stakeholder approach and skills. Limited resource of IPPI member who are interested to join in the project activities (as staff) Limited active English language proficiency High staff turnover 	
Stigma attached to HIV/AIDS		HIV-related stigma continues to affect the progress of the project to achieve its results. In North Sumatra for example the decision makers at Women Empowerment Office and P2TP2A were reluctant to address issues of victims of VAW who are HIV positive due to stigma attached to WLHIV. In Pulih Jakarta, a NGO working on psychological support for victims of VAW, none of its counsellors applied for exchange learning program to IPPI for the same reason.	
Low priority in agenda setting		Although the notion of integrated HIV/AIDS services is not new anymore, many of the stakeholders still have a very limited understanding and buy in of the concept. Nationally, HIV/AIDS program aimed at key population of which an epidemic has taken place, making it difficult to influence the program policy in general. For the project this means that in many cases efforts need to first focus on facilitating the gap on epidemic (bridging process from key population to women of general population) before being able to tackle the 'how' of addressing them.	
Increased workload for counsellors/peer educators		Many of VCT counsellors are already overload with their work target. Adding assessment questions about VAW in their counselling means adding more works. The institutionalization of integrated HIV/VAW services in each organization should acknowledge this situation.	
<p>In response to the above hindering factors, IPPI has addressed (or planned to address) these issues through:</p> <ol style="list-style-type: none"> Even though during the course of the project IPPI did not have a specific internal capacity building program, in order to strengthen IPPI's internal capacities in the nearer future, IPPI has planned to conduct some trainings on advocacy, sexual health/reproductive health (SRH), 			

<p>program management and leadership for staff and its members. Some of the trainings such as SRH, M&E have been conducted in the past, however with high staff turnover, the new knowledge and capacities evaporated.</p> <ol style="list-style-type: none"> 2. On the efforts to reduce stigma and discrimination against WLHIV amongst decision makers and general public, in January 2016 IPPI has led discussions to prepare a Stigma Index, focusing on stigma against WLHIV. The Index provides a tool that measures and detects changing trends in relation to stigma and discrimination experienced by WLHIV. It aims to address stigma relating to HIV while also advocating on the key barriers and issues perpetuating stigma – a key obstacle to HIV (and integrated services of HIV/VAW) treatment, prevention, care and support. IPPI has conducted workshops and tried out the stigma index tool. The tool will be integrated into Indonesian Stigma Index project led by National AIDS Commission and Ministry of Health. 3. In proposing the integrated services of HIV/VAW as an important agenda, IPPI will monitor the implementation of National Action Plan of National AIDS Commission especially in the area of HIV/VAW services. 4. To reduce the additional burdens of counselor and peer educators, IPPI has changed its strategy from passively waiting for submissions of cases of WLHIV experienced VAW from the partners to actively approached the front lines of service providers in order to ask for such kind of cases and to provide hands-on assistance regarding a case report. In the future IPPI will focus its program in partnership with HIV/AIDS related health service providers, and IPPI will play a role in the provision of assistance to WLHIV who experiences VAW.
<p>Quantitative and or Qualitative evidence</p> <ul style="list-style-type: none"> • Project Implementation report • FGD with IPPI staffs • FGD with counselors
<p>Conclusion</p> <p>Main internal factor observed during the project implementation and its progress towards planned result was the limited organizational capacity of IPPI. The limitation is found in the area of, limited number of staffs, limited capacity of staffs who have sufficient knowledge on program management, lack of proper advocacy strategy, in-sufficient stakeholder approach, and limited number of IPPI member who are interested to join as staff. IPPI plan to conduct more trainings in the above mentioned area for its staff and members. Some external factor found hampering the project progress were the stigma attached to HIV/AIDS, the fact that HIV/AIDS and VAW are not perceived as important agenda in the national policies making, difficulties in gaining substantial support from stakeholders and the already high workload of counselors/PE.</p> <p>Despite the hindering factor mentioned above, the project is able to achieve its intended outcome. This is due to the strategic role of IPPI as the only CSO that concerns with both HIV and VAW in Indonesia, and the presence/involvement of IPPI's member in almost all local CSO (this makes inter-organization relationship easier). This project has also facilitated that staffs working in HIV and VAW services are able to meet up, silo's way of working and its stigma is addressed and referral system to address one of pressing needs of WLHIV is discussed and developed.</p>

Evaluation Criteria	Effectiveness and Impact
Evaluation Question	<ul style="list-style-type: none"> • To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why. • In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and sustained?
<p>Response to the evaluation Questions:</p> <p>Finding 7: on multi stakeholder coordination for policies/procedures change, the project have formed, maintained and expanded networks and partnerships to increase coordination of efforts. However due to limited advocacy skills of the project staff, this efforts received some resistance from a few key stakeholders. The coordination and the advocacy activities for this project was done by IPPI and supported by UN Women, National Aids Commission (NAC), Women Empowerment Bureau North Sumatra, District AIDS Commission in Jakarta and Medan. Despite the lack of skills and experience in coordination and advocacy, the project managed to achieve some of its planned activities. For example, the project managed to have discussions with the NAC on the issues of integrated service for HIV/VAW service, involving the existing working group on gender and human right task force; and in North Sumatera the project managed to do the same with the Women Empowerment Bureau. The active involvement of IPPI in advocating gender issues in the NAC's working group has resulted in IPPI being involved, in draft arrangement of National Strategic Plan (NSP) of NAC and to give a recommendation of improvement HIV programme to be more gender sensitivity and in line with the needs of WLHIV. This will be included in the NSP's objectives 5 (to create an enabling environment) to ensure HIV/AIDS policies that are uphold human rights, the different needs of women, men and transgender and to ensure their participation, access, control and gaining benefits from the policies.</p> <p>Interviewed stakeholders mentioned the positive multi stakeholder coordination involving both HIV and VAW services in North Sumatera. This coordination agreed to prepare (a multi stakeholder) MoU, involving 6 different service providers. In addition, with assistance of National Commission on VAW, IPPI has recently joined the Forum of VAW Service Providers (FPL), a national forum consists of around 70 organizations, which was strategic to be engaged to promote IPPI's concerns of WLHIV who experienced VAW.</p> <p>The project has also reached out to key national stakeholders such as Ministry of Health and Ministry of Women Empowerment and Child Protection to support the policy analysis of the integrated services guideline and the implementation of integrated services on the ground. However, their involvements came rather late when the project was almost concluded. This could be avoided if the project has had employed methodological assessments (stakeholders analysis, IPPI's organizational capacity analysis, study on the conceptual framework of integrated services, adjustment of the project proposal based on the studies, etc) at the start of the project. For example:</p> <p>In Jakarta, due to limited communication and lobbying skills, the project has received some resistance from P2TP2A's management. The vice Head of P2TP2A DKI persisted that HIV issue should be led by Provincial AIDS Commission not P2TP2A, as they work based on tasks and functions</p>	

mandated by local regulations¹⁵, which is to focus on the provision of services for victims of violence. Despite this resistance, P2TP2A DKI Jakarta has attended VAW victims with HIV/AIDS. And this year they will revise its SoP to include necessary adjustments to detect risks of HIV. The evaluation found that the resistance may have come from miscommunications between IPPI and P2TP2A. IPPI met P2TP2A's counselors in the training and coordination meetings, and has never met the vice head of P2TP2A. Without any introductory meeting and discussion, the vice was asked to sign an MoU, led to confusing situation. After some clarifications, P2TP2A acknowledges the importance of including detections of HIV risks in their counseling procedure and referral mechanism for WLHIV, and no MoU is needed.

At North Sumatra the unwillingness came from the head of Women's Children and Family Empowerment Bureau (who oversees P2TP2A) and the head of P2TP2A who think that HIV and violence are not related. To overcome this situation the project approached the head of Gender Mainstreaming section Women's Children and Family Empowerment Bureaus (BPP) to bridge this issue with them. Many of consulted stakeholders suggested that IPPI should have increased its capacities in presenting arguments, communicating concerns and to get buy-in from stakeholders (advocacy skills). In general, the consulted stakeholders mentioned that IPPI did not manage to raise the issues of WLHIV experienced VAW as a common problem of involved parties. IPPI presented these issues as merely a 'project' which partners were offered to be involved in its training/workshop, and offered no pace for building any ownership. The advocacy should further be supported by easy access to information on these issues. IPPI's website is available but has no deeper information and analysis about the linkage of HIV/VAW and on how to claim the rights of WLHIV. These information can easily be extracted from IPPI's research results and the integrated service guideline.

In order to sustain the initiative of integrated services for VAW and HIV/AIDS, the project has prepared MoU between IPPI and an individual organization/service working on VAW. So far two NGOs in Jakarta, Pulih (psychological support) and LBH APIK (legal aid) agreed to sign the MoU. One of the important paragraphs in the MoU is that the involved party will attend clients who are referred by peer educators, without stigma and discrimination.

In North Sumatera, a multi stakeholder MoU amongst HIV and VAW services was initiated with the same purpose.

Quantitative and or Qualitative evidence

- MoUs
- Research report "Integrated Services for HIV/AIDS and Violence Against Women: Inventory of experience from VAW survivors and perceptions of quality of service provision in DKI Jakarta and North Sumatera"
- Guideline on integrated service for HIV and VAW

Conclusion:

With regard to the legal and policy changes, the project to some degree is able to increase awareness

¹⁵ Governor Decree 64/2004 and Governor Decree 55/2005.

of stakeholder on the linkage of HIV and VAW and nurture the support from key national stakeholders such as Ministry of Health and Ministry of Women Empowerment and Child Protection to support the policy of the integrated services, its guideline and the implementation of integrated services on the ground.

IPPI also able to use existing working group (gender and human right task force) within NAC to discuss about integrated HIV/VAW services. One of major contribution of IPPI in draft arrangement of National Strategic Plan (NSP)-National AIDS Commission is to give a recommendation of improvement HIV programme to become more gender sensitive and address the needs of WLHIV.

In North Sumatra, IPPI able to revive the coordination meeting led by Women Empowerment Bureau in North Sumatera to advocate and nurture commitment of stakeholder to the need of integrated service for WLHIV in the form of MoU between the involved organizations.

The involvement of IPPI as the only CSO working with WLHIV in the VAW Service Providers Forum is strategic in advocating the issue of WLHIV who experienced VAW. With its 70 member from all over Indonesia, the forum can provide resources in term of services needed for WLHIV who experienced VAW. However IPPI should increase its capacities in term of lobbying, communicating and advocacy to secure their commitment.

Although IPPI was not able to obtain P2TP2A commitment to work together under this project, the P2TP2A will revise its SoP include necessary adjustments with regards to detections of HIV risks.

Evaluation Criteria	Effectiveness and Impact
Evaluation Question	What are the unintended consequences (positive and negative) resulting from the project?
<p>Response to the evaluation Questions:</p> <p>Two years' time frame is rather short to measure the extent to which the project has contributed to making impacts. While available data indicated that in both Jakarta and Medan, the project have made some progress, considerably more time and efforts are needed in both places to influence the practice and willingness of key actors to address the need for integrated HIV/AIDS services.</p> <p>Some of the positive results observed are:</p> <ul style="list-style-type: none"> Although no guideline on integrated services in place yet, the draft guideline was shared among the stakeholder and MOWE has committed to adopt the guideline after some improvement is made. IPPI is now formally a part of VAW Service Providers Forum established by Komnas Perempuan and a member of Gender and Human Rights Working Group under coordination of National AIDS Commission. This membership should give IPPI leverage for advocating the issue of VAW and WLHIV. Mixing participants from different service providers (VAW and HIV) in one training made them 	

learn and share with each other. As reflected by a participant of the training. *“Since I met buddies of IPPI in the training, I understood more about their experiences in working to accompany victims. Meeting them personally made me realizing about the struggle of women living with HIV, that they are also experiencing violence”* (EP, Jakarta)

- Moreover one Peer Educator acknowledged that her involvement with IPPI led to change in her household; she and her husband have a more transparent relation and can share roles in the household. One of the beneficiaries has come to realize that she has committed psychological violence against her husband after she received information on violence from IPPI.

The identified unintended impact of the project mentioned by consulted stakeholders was an increased burdens for CVT counselors and peer educators to report and follow up on the cases of VAW. As many of them were already overloaded with their own work, addressing VAW issues means adding extra work. In order to reduce the burdens, IPPI has routinely reached out to counselors and peer educators, and to provide hands-on assistance in case reporting and case management.

Quantitative and or Qualitative evidence

- MSC report
- Report on FGD with VCT counselors and peer educators

Conclusion

During the implementation of this project, few consequences, both positive and negative, occurred at the different level. One major positive event is the act that MOWE is committed to adopt the guideline, even though it is not yet finished. Furthermore, IPPI become part of the VAW Forum service providers and member of human rights working group under NAC.

At the level of beneficiaries, some beneficiaries reported that her increase knowledge on the violence issues not only leading to providing better service to WLHIV but also changing their household situation.

The negative impact reported is the increased workload for counsellors/peer educators.

Evaluation Criteria	Effectiveness and Impact
Evaluation Question	Was the design and strategy of the project appropriate to achieve the goal and outcomes?
Response to the evaluation Questions	
<p>This project defined ambitious, rather unrealistic overall objectives aimed at producing evidence-based model for the integrated services to address the intersection of VAW and HIV/AIDS in DKI Jakarta and North Sumatra in two years' time. This is reflected in the project efforts to simultaneously address the operationalization of the concept on integrated HIV/AIDS services from different angles, and trying to secure involvements of different key stakeholders at national as well</p>	

as provincial levels. One key aspect of the theory of change underlying the project was the assumption that in order to facilitate the success of this project, is to use a multi-pronged approach that addresses changes in the respective policy frameworks, as well as the capacities (knowledge, skills, institutional mechanisms and the practices of decisions makers) of service providers' staff.

The project design has missed the analysis of the geographical scope of the project related to local government decentralization. For example, North Sumatra province has 33 districts, with different level of vulnerability towards VAW/HIV and different quality of programs to combat VAW. With the limited resources available, the project should have defined as to which district the pilot could be initiated. Over the course of its implementation, the project had to scale down its work area from the whole provincial level to district level of Medan. With regards to target numbers of beneficiaries, it is observed that some targets were not realistic. For example, reaching out to 20 P2TP2A counselors to be trained; given the fact that in each province/district there is only one P2TP2A existed. Similarly on the target to reach out to 3,296 WLHIV who were experiencing discrimination due to their HIV status and to increase their awareness about interlink of VAW/HIV and to empower them to access VAW services. This number is far too ambitious, as at the end the project only able to reach about 1200 WLHIV.

The project also perceived to fail in securing key inputs as one of the preconditions for successful achievements. In the proposal, the project promised to have high quality human resources from IPPI, RiH and external experts with national, regional and international experience on VAW and HIV/AIDS. However, the new project management staffs from IPPI have limited capacities in the above mentioned issues and the high staff turnover affected the program's effectiveness.

Data gaps were also exist, especially on the implementation of the concept of integrated services. Pertinent data regarding IPPI's strength and weakness, stakeholders analysis, data on the implementation of policies on integrated services commenced by MoHA and MoWE were absent.

The assumptions identified by the project proposal that this type of project requires strong commitment from all the stakeholders involved and the risk of not getting enough support from the government in the implementation, and institutionalization of this initiative were not mitigated properly with appropriate advocacy and coordination strategies. Given the limited budget and time frame for the project as well considering the strength of IPPI as a community based organization working on HIV/AIDS response, it was almost impossible to include in the project the entire chain of mechanism required for building up integrated services from both HIV and VAW sides. More focus should be placed into the already working 'support, care and treatment' mechanism of HIV/AIDS led by Ministry of Health and National AIDS Commission, in integrating VAW issues into the overall strategy and mechanism for addressing HIV/AIDS.

Quantitative and or Qualitative evidence:

- Project proposal/RRF
- Project Implementation report
- Report Baseline survey
- Report End line survey

Conclusion

The project has missed some important inputs and elements which are crucial for its achievements. The missing inputs and elements are:

- Geographical data on the most suitable location for project implementation, in relation with the project target and budget;
- The needed quality of human resource who are involved in the day to day management of this project;
- The absence of crucial preliminary analysis on risks, the capacity of IPP as an organization and a thorough situational analysis on the integration of HIV and VAW on the ground;

Relevance

Evaluation Criteria	Relevance
Evaluation Question	<ol style="list-style-type: none">1. To what extent were the project strategy and activities implemented relevant in responding to the needs of women survivors of VAW and Women living with HIV?2. To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls survivors of VAW and living with HIV?
<p>Response to the evaluation Questions</p> <p>The project is relevant and responsive to the needs of WLHIV who were also experiencing VAW. As explained by consulted WLHIV experienced VAW, the project has helped to break up their silent on violence and in making VAW services closer to them. One WLHIV in North Sumatera told that North Sumatera is a place with strong patriarchal culture and this culture is fully embedded in the society. VAW is accepted and considered normal, sustained through various means of cultural system, for example in family structure and matters: when a husband dies, a wife has no rights for a child custody, as the custody goes to the family from the husband's side. The education about VAW and women rights introduced in support group meetings has brought about awareness and courage of WLHIV to come out with their experiences and to take further actions on VAW issue seriously.</p> <p>In addition, the project contributes to enhancing the awareness, knowledge, and skills of peer educators and counselors, and gradually resulted in that the respective actors encourage WLHIV victim of VAW to break the silent of violence and to access VAW services. The MoU between IPPI and two NGOs working on legal aid and psychological support for victims has been crucial and relevant to the needs of WLHIV.</p> <p>The project is relevant in increasing the existing knowledge and addressing the capacity gaps of both VAW and HIV services providers. There was a clear demand for an integrated services initiative, as recorded in the project implementation report (2015):</p> <p><i>"Actually content which we discuss on this workshop is very good. Because the initiative of IPPI to integrate HIV and VAW services is really needed if we see from their finding issues. "Head Division of Women and Child Protection Police Department in District Area. I think it will be easier to do if there is national policy which has been integrated between these both ministries. Because we will work based</i></p>	

<p><i>on the guideline (technical guideline)" RNK S.Psi, VCT Counselor H. Adam Malik Hospital :</i></p> <p><i>" I never get information about gender based violence before, this training make me more understanding about women's right and now I know where I have to access the services that I need..."</i> (Ef – Participants of Peer educator training in North Sumatera)</p>
<p>Quantitative and or Qualitative evidence:</p> <ul style="list-style-type: none"> • Project Implementation report • Project progress report
<p>Conclusion</p> <p>The project is considered relevant for the intended project beneficiaries and respond to critical but hidden problem in Indonesian society (WLHIV experienced VAW). The project improved the much needed knowledge and awareness of the linkage of HIV and VAW to both service providers. As a result the number WLHIV willing to share their violence experience and managed to break their silence and stood up for their right is increase. The integrated service is relevant for the WLHIV victim of violence as not all positive women in Indonesia are informed and empower yet to fight for their right.</p>

Efficiency

Evaluation Criteria	Efficiency
Evaluation Question	<ol style="list-style-type: none"> 1. How efficiently and timely has this project been implemented and managed in accordance with the Project Document? 2. How efficient were management and coordination for the project? 3. What are points of improvement? 4. In what ways has the relationship between IPPI and RiH enhanced the work of all parties to implement efficiently the project? 5. Were sound management policies and procedures, including human resources, budgeting, and reporting systems and practices, put in place and followed?
<p>Response to the evaluation Questions:</p> <p>In July 2014, IPPI underwent internal governance and project management changes. The newly staff working for this project have somewhat limited capacities in project management and especially in managing a new theme such as an integrated services, limited skills in advocacy, multi stakeholder coordination and development of guideline for the policy and practical use. There was a huge gap of capacities between the new IPPI team and the first one (3 main persons). The latter who were also involved in the development of the project proposal, had the needed competency, wide network at national and international level and had vast experience in working on advocacy for policy change. There was no proper transfer of knowledge from previous team to the new team, no project concept, hand over notes or M&E data available for the new them to learn. In addition, project documents which were written in English presented a major language barriers for the new staff. With</p>	

such legacy, the new team should have caught up with project deliverables, the efforts have been focused on delivering activities, a gap between the project design and the implementation was there.

The project delivery rate was 86,87%; the project was considered to use its limited budget on wide range of activities and outputs across the range of capacity development and coordination well. It was noted that in 1st year the project was considered underspent, despite the fact that it was able to undertake almost all activities as planned, which was further explained due to IPPI's low price standard for organizing events and hiring personnel. However, this was the first time for IPPI to manage a considerably size of funding, as can be seen in the table below:

Table 7: List of funding

Events	2012-2013	2014	2015
List of other (supporting) funds for IPPI	Mama Cash Hivos Kinerja usaid GFATM	UNAIDS Robert Carr Foundation IPF USAID	UN Women Robert Carr Foundation UNFPA
Total amount of Fund Management & Administrative	FM; 200.000 USD	FM: : 130.000 USD Bank Specimen process	FM: 105.000 IPPI Acta change Bank specimen process
UNTF Project Funds	none	101.221 USD	96.137 USD

The above table shows two phenomenons. Firstly, the total amount of funding for this project is above the amount of funding managed by IPPI so far. Secondly, this situation became even more challenging as in the same period, IPPI also managed other funding (UNAIDS, UNFPA, GF, Robert Carr, and HIVOS). With the human resource situation, this has put a heavy strain for the IPPI management and staff.

As regards to coordination amongst stakeholders of HIV and VAW, the project has gained appropriate level of support from the AIDS commissions at national and provincial level. Some important coordination meetings and working group meetings in semester 4 were organized and funded by those commissions.

Project Management

The project management structure was centered on the small team in Jakarta (1 project manager, 1 project staff, 1 finance/administration staff) and one project staff in Medan (North Sumatra). The M&E staff was paid by National AIDS Commission. In implementing activities in North Sumatra the project staff was supported by IPPI's provincial coordinator and by the project management team in Jakarta. The coordinator of IPPI's secretariat acted as a person in charged for the overall projects managed by IPPI. Within the team, roles and responsibilities of individual members were clearly defined.

Unfortunately, the project suffered from high staff turnover for most of the project duration which contributed to the in-coherence and dis-continuity of the project progress. For example the program

manager has changed four times, M&E officer has changed twice. Some changes in term of project staff occurred in July 2014 and stabilize in early 2015 at IPPI. In the time of the absent of crucial position, the coordinator of IPPI took over the role as a program manager and faced a very heavy work load : the role of IPPI's representative, which meant attending events in many places in Indonesia; undertook the role of project manager for this project and acted as IPPI's official advocator at national level. M&E staff also acted as a mentor on M&E data collections for stakeholders both in Jakarta and Medan and collected data on clients directly from counselors/PEs (as the project was not able to secure partners' commitments to submit data to IPPI – which is supposed to be done in quarterly meeting amongst service providers).

This implies that individual staff members were often stretched at the limit of their capacity. Many projects 'staff left due to the high workload or because of health reasons. Some staff also left due to low level of salary. With regards to the salary, the new appointed board of IPPI has decided to lower down the salary level of both secretariat and project staff –but still in accordance with Government Decision on Regional Minimum Wage- due to unavailability of internal budget.

IPPI has also faced limitation in term of human resource capacity to carry out capacity building activities for partners, limited advocacy and networking skills and project management. Language barriers (English proficiency for IPPI staff) were also observed. However, this pressing problem has never been seriously addressed by the project. The amendment of the contract between IPPI and RiH in January 2015, has limited the roles of RiH to only supporting IPPI's capacities on M&E and research. On the project management RiH has provided assistance with regards to reporting, ToR writing and other administrative matters, and not on substantive issues.

During project implementation, UN Women Indonesia recognized that IPPI made serious efforts to continuously strengthen project planning, monitoring and reporting mechanisms. Monitoring of project activities was conducted on an ongoing basis, both in view of tracking and keeping records of the use of financial resources, as well as in relation to progress towards activities. However overall, the performance of project management was still limited, especially with regards to the timely and quality reporting.

Quantitative and or Qualitative evidence

- Project implementation report
- RRF
- Interviews with former IPPI staffs
- FGD with IPPI staffs

Conclusion

This project has suffered from the lack of needed quality in term of human resource, the high staff-turn over and the unfortunate event of internal management changed within IPPI, which also influenced the relationship between IPPI and RiH. However, despite those challenges, the project delivery rate was 86,87%, and the project was considered used its limited budget well.

Sustainability and Knowledge Generation

Evaluation Criteria	Sustainability and Knowledge generation
Evaluation Question	<ol style="list-style-type: none"> 1. How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends? 2. What are the most important things that should be continued if further funding becomes available?
<p>Response to the evaluation Questions</p> <p>Sustainability</p> <p>The project helped create some conditions likely to support the sustainability of results. However, progresses are unlikely to be sustained without further support from local/national actors and donors. The sustainability of all results is threatened by contextual factors. Key issues in this regard are the continued lack of buy-in and support from decision makers in relevant government agencies (due to their lack of awareness and stigma attached to HIV/AIDS) and sustained practical supports needed by peer educators/counselors and WLHIV.</p> <p>The project helped to develop WLHIV's increased knowledge and awareness about VAW, women rights and access to VAW services. Also, the project has facilitated partnership and networking amongst provincial and local actors from VAW and HIV/AIDS sides, and thereby enhancing the potential future coordination of efforts amongst them. It helped to increase knowledge, awareness and skills of peer educators and counselors (VCT and VAW) to deal with cases of WLHIV who were experiencing VAW.</p> <p>Consulted stakeholders noted that this initiative should be continued until it leads to the production of a model of integrated services, which is not yet in place. IPPI needs to engage more with Forum of VAW Service Providers (FPL) and important line ministries such as MoHA and MoWE. In addition, IPPI needs to develop a capacity development road map to help them to better running the initiative. A promising development is noted, that the Global Fund, which is the largest funding for HIV and AIDS in Indonesia, has started the process for funding with the New Funding Model, through National AIDS Commission (NAC), and IPPI as one member of the TWG (Technical Writing Group) HIV AIDS was also involved in writing the Concept Note Global Fund New Funding Model 2016 - 2017. IPPI's involvement is in the writing of PMTCT module, Community Systems Strengthening, PWID (People Who Inject Drugs) and Removing Legal Barrier to integrate several issues, such as violence, access to treatment, the integration of HIV and family planning, especially on SRHR and Mitigation for children with HIV and children living with HIV. In this scheme, NAC has mentioned that there is a possibility to allocate small funding to continue this project.</p>	
<p>Quantitative and or Qualitative evidence</p> <ul style="list-style-type: none"> • Interviews with stakeholders • MSC report • FGD with WLHIV 	

Conclusion

The project has facilitated the VAW and VCT counselors and peer educator that work in silo to meet and to work together through training and coordination meeting. For many beneficiaries, the project improved their way of providing service to the WLHIV by applying violence-sensitive counseling and providing violence referral system on HIV and violence against women. Few local NGO will continue use the form of integrated service and continue to do referral if needed. All consulted stakeholders agreed that this initiative should be continued.

Despite this achievement, supports are needed to continue nurture the relationship and support from relevant stakeholders. To sustain the integration of service of HIV and VAW in Indonesia.

Up to the end of the project, no commitment for funding is secured, except the commitment from NAC for a possibility for a small funding allocation for IPPI to continue this project.

Evaluation Criteria	Sustainability and Knowledge generation
Evaluation Question	<ol style="list-style-type: none">1. What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?2. Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?
<p>Response to the evaluation Questions</p> <p>Based on evaluation findings presented in the previous sections and project implementation report, the evaluation highlights the following lessons have been learned through the experience of the project:</p> <ol style="list-style-type: none">1) The lack of overall advocacy strategy and communication skills of the project management meant that opportunities to build on specific targets were not fully exploited as shown in the case of P2TP2A Jakarta. Sufficient capabilities of IPPI on managing the coordination with counterparts and promoting the new issue on the linkage of HIV and VAW are required. The best element of the project objectives was worthless if it was not supported by sound capacities of the project management, well design advocacy strategy and capacity development for the partners.2) Continued engagement with national and local stakeholders facilitates the buy-in and results achievement. Some of the involved stakeholders were involved for the duration of the project,¹⁶ some of the stakeholders have involved at the end of the project¹⁷ or in the middle of the project implementation.¹⁸ The continued relationship allowed for building trust and buy in, as well as a better understanding of the priorities, needs and challenges faced by the stakeholders. It also allowed the project to support the importance actors with necessary	

¹⁶ They were: National AIDS Commission, National Commission on VAW, Women Empowerment Bureau of North Sumatra, P2TP2A in Jakarta and Medan, etc.

¹⁷ Such as Ministry of Women Empowerment and Child Protection, Ministry of Health

¹⁸ Such as NGOs working on VAW (PULIH, LBH APIK, PESADA Medan).

interventions such as visits to partners to provide partners with hands on advice at the same time collecting data on WLHIV with VAW experience.

- 3) Significant time was required for institutional changes (e.g. revision of SoP and internal M&E system) and behavior change. These changes cannot be achieved in short time especially when they touch on deeply held beliefs, attitudes and behaviors. At this project it is found that most women whether WLHIV or women on key population are not familiar with many different types of violence. The project also learnt the important roles of peer educators, especially those who are victims of VAW themselves in building the knowledge and awareness on violence among WLHIV and continuously encourage the WLHIV to take concrete steps to address VAW.
- 4) Integration HIV and violence at policy level needs to have evidence based data. When this project started, the project received many resistances from both HIV and violence actors¹⁹, as no case of violence related HIV were ever reported by both parties, despite the fact that IPPI already presented the result research of violence against women with HIV conducted in 2013. Evidence on documentation of cases of violence become very important in the integration of HIV and VAW, and the development of referral systems, allowing service providers for HIV/VAW to have experience and workaround real cases, both in terms of health services, legal aid, or psychological help.
- 5) IPPI's strong presence at the community and extensive network with other organizations can be used to promote the linkage of HIV and VAW. This has been done by engaging the front-liners at the service provider level, mixing participant from different organizations (VAW and HIV) in one training so they could learn and share with each other. This has resulted in increase of awareness on the importance to link HIV and VAW. This was possible by using the strength of IPPI at community level through their buddies and counselors. This can be one of the effective strategies to increase awareness on the linkage of HIV and VAW.
- 6) The project was designed based on a theory of change, encompasses the strategies that are adopted by the project. In practice, those strategies may or may not be effective. That is why it is important to monitor throughout the duration of the project, whether the strategies were effective and help to get to the change the project envisaged. There is need for flexibility in the program design and implementation to ensure that interventions are responsive to the stakeholder situations and the needs of the front liner working at VAW or HIV services as well as the needs of WLHIV experienced VAW.

Quantitative and or Qualitative evidence

- RRF
- Interview with stakeholders
- Interview with WLHIV

¹⁹ Resistance emerged in various forms, such as refusing to cooperate in data collection, claim that as far as addressing HIV they never found violence cases happen to WLHIV or stated that they already know the issue.

Conclusion

Some lesson learnt that can be shared from the project are; the need to have sound capacities of the project management, well design advocacy strategy and capacity development for the partners, but also the need for flexibility in the program design and implementation to ensure that interventions are responsive to beneficiaries and stakeholders. Continuously engagements of the national and provincial stakeholders are significant as well as sufficient time to have a good impact on organizational changes. The project also learnt that documentation of the data is proved important to help increase understanding of the stakeholder on the situation facing by WLHV.

9. Conclusions

Evaluation Criteria	Conclusion
Overall	<p>In terms of review of activities and outputs the project has reached almost of its target. Some examples of project contributions were found to augmenting the awareness, knowledge, and skills of individuals involved in this project. This gradually resulted in the respective actors to encourage their organizations to pay attentions to the importance of integrated services of VAW/HIV. Unfortunately, the achievements at output level have not led to the achievement of outcomes. The project and the entire process of advocating for integrated services remain at an initial stage.</p> <p>Several positive changes are noted among other: inclusion of VAW and gender equality in the National Action Plan 2015-2019 of National AIDS Commission, several MoUs to improve services to the WLHIV and VAW survivor was signed or in the process of being signed, changes of practices of some peer educators and VCT counsellors providing services to their clients, the project has starting to made used of client data for the purpose of advocacy for better care of WLHIV experience VAW. The project also gradually has reached out key national stakeholders such as Ministry of Health and Ministry of Women Empowerment and Child Protection and FPL to support the policy analysis of the integrated services guideline and the implementation of integrated services on the ground.</p> <p>Despite the above achievements, supports are needed to continue nurture the relationship and support from relevant stakeholders and to sustain and consolidate the progress achieved to date. From management side, the need to have sound capacities of the project management, well design advocacy strategy and capacity development for the partners. There is also issue of flexibility in the program design and implementation to ensure that interventions are responsive to beneficiaries and stakeholders.</p>
Effectiveness and impact	<p>The project has made significant contributions to bring together all components at service level working for HIV and VAW response, especially the front line workers of those services, namely peer educator/buddies and counsellors, this effort has been appreciated by all key stakeholders in Jakarta and North Sumatra.</p> <p>From management side there were lack of human resource capacities, high staff turnover, and challenges in collaboration between IPPI and RiH that have affected the program's effectiveness. Nevertheless, the project made considerable contributions to strengthening the</p>

	<p>individual capacities of the targeted beneficiaries.</p> <p>IPPI has expanded its network especially in VAW related service providers circle, IPPI is known among FPL members as a specialist for WLHIV with VAW experience. IPPI is looking forward to working further with regards to adoption of integrated services initiative with FPL. Also the inclusion of concerns about VAW and gender equality in the National Action Plan 2015-2019 of National AIDS Commission and the inclusion of WLHIV experiencing discrimination and VAW in CATAHU (Annual Report) of Komnas Perempuan.</p>
Relevance	The project is relevant and responsive to the needs of WLHIV who were also experiencing VAW. The project has also been relevant in improving existing knowledge and address capacity gaps of service providers in both VAW and HIV services.
Efficiency	The project was considered used well its limited budget on wide range of activities and outputs across the range of capacity development, coordination and policy changes. The project has gained suitable level of support from the AIDS commissions at national and provincial level by organize through funding for some of coordination and working group meetings.
Sustainability and Knowledge Generation	The project was able to enhanced knowledge, awareness and skills of front line staff to deal with HIV/VAW; and initiate the generation of evidence of documentation of cases of VAW amongst WLHIV. The linkage of HIV and WAV is still new issue for both HIV and VAW. And IPPI's strong presence at the community and extensive network with other organizations can be used to promote this linkage. The above mentioned issues are crucial for continuing the efforts in realizing the provision of integrated service on HIV and VAW. Consulted stakeholders noted that this initiative should be continued until it leads to the production of a model of integrated services. However, more efforts are needed to secure the continuation of this initiative. Up to the end of the project, no commitment for funding is secured, except the commitment from NAC for a possibility for a small funding allocation for IPPI to continue this project.

10. Recommendations

The following recommendations are made to the UN Women in light of the findings of the evaluation.

Effectiveness and efficiency: If the UN Women will fund a similar pilot project in Indonesia, it is recommended to utilize the evaluation findings for the new project plan. The strategy and design of the new project should be supported with well approaches on partnership selection, realistic project time frame and institutional capacity building to support the project plan.

Sustainability and knowledge generation: UN Women is advised to continue support the development of integrated services of HIV/VAW in Indonesia. The UN Women can use and share the experience and lessons learnt of this project to inform the anticipated program managed by Ministry of Health (the development of modules on integrated HIV and VAW services for community health centers) and to follow up on the willingness of Ministry of Women Empowerment and Child Protection to adopt the guideline for integrated HIV/VAW services developed by the project.

The efforts to develop an integrated services of HIV/VAW have been made by the project are still at incipient stage. There are some indications that progress has been made as detailed in the findings section, but the road remains long and the efforts need to be sustained.

Recommendations made to IPPI are following:

Effectiveness: IPPI should consider strengthening its institutional capacity for improving the overall capacity of IPPI in project management, substantive knowledge on the subject of the linkage of VAW and HIV, training design and advocacy for policy changes. As well as a review on organizational salary level and job descriptions to avoid high staff turnover. Efforts aiming to support the capacity development for IPPI need to be tailored, and specific pre and post capacity development tools should be developed to allow IPPI to assess its own needs, strength and weakness.

Efficiency: if IPPI will continue to support WLHIV experienced VAW to better access HIV and VAW services, it is necessary to review whether IPPI will remain working at policy change level or at service provider level. The latter is much more realistic and manageable, considering the strengths of IPPI to work with WLHIV and HIV based NGOs at grass root level. IPPI could make use of its present involvement in Forum of VAW Services (FPL) to develop a model of integrated services managed by NGOs. By working at service providers level, for instance by implementing Minister of Health Decisions²⁰ on Integrated HIV/VAW Services, IPPI makes tangible contributions to the achievement of national targets on sustainable and comprehensive services for HIV and sexual transmitted diseases under overseeing of Ministry of Health.

Sustainability: it is crucial to create sense of ownership of key stakeholders (government related agencies, NGOs, health services) to buy into the idea of integrated services of HIV/VAW for WLHIV

²⁰ Health Minister Decision no.1226/2009 that regulates the provision of services of victims of violence in hospital and health services that includes HIV and reproductive health services. Regulation of Minister of MoHA 1507 on Counseling Guidance regulates a provision of ARV for rape victims who are at risk of HIV transmission.

who experience VAW. Without further support many of the initial results achieved by the project are not likely to contribute to the realization of the above initiative. The sense of ownership will foster commitments amongst key stakeholders, that it is a shared problem necessary to be addressed. IPPI would need to ensure that it is shared and committed to by relevant stakeholders such National AIDS Commission (NAC) who will manage the New Funding Model 2016-2017 funded by Global Fund (GF). The Lessons learnt book developed by RiH should be shared with GF, NAC and other stakeholders involved in the New Funding Model. Also to continuously engage with National Commission on VAW who manages the annual report on VAW in Indonesia (CATAHU) and NGOs and service providers working directly on the area of HIV and VAW (especially Forum of VAW service providers).

Key recommendations:

Evaluation Criteria	Recommendations	Relevant stakeholder	Suggested timeline (if any)
Effectiveness and impact	The next similar project need to look more on solid strategy and design of the project as well as partners and project time frame	UNTF	
	Strengthen capacity in the field of project management, substantive knowledge on the subject of the linkage of VAW and HIV, training design and advocacy for policy change	IPPI RiH	
	Review the structural organization including job description and salary level	IPPI	
Efficiency	Review the focus of work whether will be in the policy changes or service provider, taking into account the strength and weaknesses of the organization	IPPI	
	Utilizing the FPL (Forum of VAW service provider) as an entry point to work with VAW service provider, to strengthen the network and develop capacity.	IPPI	
Sustainability	Fostering the sense of ownership of the integrated service for WLHIV who experience VAW through data and stories from the field is imperative	IPPI	
	Continuously engage with National Commission on VAW who manages the annual report on VAW in Indonesia (CATAHU) and NGOs	IPPI	
	Follow up on the willingness of Ministry of Women Empowerment and Child Protection to adopt the guideline for integrated HIV/VAW services developed by the project.	UN Women and IPPI	
	Exploring different way on how it can continue to support the	UN Women	

	realization of integrated services of HIV/VAW model in Indonesia.		
Knowledge generation	Stimulate and facilitate evidence generation and dissemination on the important linkage and provision of integration service for HIV and VAW	IPPI RiH	

TERMS OF REFERENCE

Final External Evaluation (short version)

“One Stop Service: Integrated services for VAW survivors and WLHIV”

1. Background and Context

1.1 Description of the project that is being evaluated

Ikatan Perempuan Positif Indonesia was awarded funding by the United Nations Trust Fund to End Violence Against Women (UNTF) for the project “One Stop Service: Integrated services for Violence Against Women (VAW) survivors and Women Living with HIV (WLHIV)”. This project responds to CEDAW recommendation section 23-26 through improvement of integrated service for VAW and HIV/AIDS. The goal of this project is to contribute to greater awareness on rights and better health status for women and girls living with HIV/AIDS and experience gender-based violence who are living in DKI Jakarta and North Sumatera. This goal will be achieved through multi strategies including development of service delivery, capacity building, knowledge transfer, promotion of community awareness and advocacy.

The project addresses forms of sexual and gender based violence in all three settings including intimate partner violence, physical, sexual, emotional and economic violence, rape or sexual assault by non-partner and violence perpetrated by the state e.g. forced sterilization and or abortion.

The primary beneficiaries of this project are women and girls living with HIV/AIDS and experience VAW, living in DKI Jakarta and North Sumatera. The secondary beneficiaries are health providers (Counsellors attending cases of VAW and HIV/AIDS), a group of selected peer educators, program staff of CSO/NGO and institutions active in HIV/AIDS and VAW and persons from the Provincial AIDS Commission in both provinces and general public.

Expected results for the primary beneficiaries are that they will benefit from the project through the provision of integrated services for VAW and HIV/AIDS and the reduction of discrimination towards them. For the secondary beneficiaries the expected results are improved capacity building activities that increase their knowledge and skills on how to provide integrated service on VAW and HIV/AIDS; and on how to use data/information to improve the above mentioned service.

This project led by Ikatan Perempuan Positif Indonesia (IPPI) with ResultsinHealth (RiH) as subcontractor. This partnership is based on an equal basis over two (2) years starting from December 2013 to December 2015.

1.2 Strategy and theory of change (or logical framework) of the project with the brief description of project goal, outcomes, outputs and key project activities

The RRF of this project has been developed using the results chain principle, to show the link between the activities, the outputs, the outcomes and the goals.

The goal of this project is that women and girls in DKI Jakarta and Medan, North Sumatera who are living with HIV/AIDS (WLHIV) and experience gender-based violence, have greater awareness of their rights and better health overall.

The project has three outcomes and eight outputs, as follows:

Outcome 1: Provision of an integrated service through improvement of existing separated services for VAW and HIV/AIDS in DKI Jakarta and North Sumatera. Below are the output of the outcome one:

- P2TP2A counselors, VC T and addiction counselors and Peer educators have increased knowledge and skills on the provision of integrated service for VAW and HIV/AIDS
- The skills of health care providers (government and non-government) and peer educators in providing integrated services for VAW and HIV/AIDS and in referring to relevant institutions when necessary, are increased
- Establishment or improvement of existing guidelines on provision of integrated services for VAW and HIV/AIDS in Indonesia

Outcome 2: Increased use of M&E and research data to improve the quality of care of integrated services. Three outputs are identified to achieve this outcome:

- The utilization of operational research results within the field of integrated service provision for VAW and HIV/AIDS.
- The availability of data management system for monitoring and evaluation activities of integrated service provision for VAW and HIV improved.
- Lessons learned activity about the provision of integrated services for VAW and HIV/AIDS shared through multiple media.

Outcome 3: Reduced discrimination against women and girls in DKI Jakarta and North Sumatera who are living with HIV and experience VAW. To address this sensitive issue, several activities then planned to achieve the outcomes:

- Increased awareness in the community on VAW and HIV and the existence of integrated services amongst women at risk for VAW.
- Collaboration with relevant institutions to sustain the initiative of integrated services for VAW and HIV/AIDS in Indonesia.

1.3 The geographic context, such as the region, country and landscape, and the geographical coverage of this project

The project is piloted in two provinces namely; DKI Jakarta and North Sumatera. Both provinces, DKI Jakarta with a population of 10 million and North Sumatera with a population of around 13 million, are categorized as high population density provinces. Their capital cities Jakarta and Medan are amongst the three largest cities in Indonesia, facing many urban problems such as rapid growth, high unemployment, public health related problems such as HIV/AIDS and other communicable diseases, high population density, and a multicultural society. Like other big cities in Indonesia, they are prone to political instability due to a high number of demonstrations. Jakarta and Medan are selected as locations for the pilot project area as they are considered to have the highest population of WLHIV

and both cities have similar services for VAW and HIV/AIDS. These characteristics enable the implementation of the project without developing a new service. The replication and/or scaling up will start within the two cities Jakarta and Medan, and include other districts in the provinces, which are covered by P2TP2A and VCT Clinics at the province level.

1.4 Total resources allocated for the intervention

The fund of USD 230,358 was committed to the project. USD 206,358 was donated by UNTF and USD 24,000 was donated by grantees for various positions to support the project.

1.5 Key partners involved in the project, including the implementing partners and other key stakeholders

IPPI and ResultsinHealth are implementing the project in collaboration with provincial and national governments. The project has so far been able to ensure collaboration of several institutions, governmental and non-governmental organization as well as social actors in DKI Jakarta and North Sumatera, namely:

1. The counsellors of P2TP2A (P2TP2A is managed by the government)
2. The VCT Counsellors (VCT Clinics are managed by the government)
3. NAC and Province AIDS Commission
4. Peer educators (buddies) recruited from IPPI and other HIV related support for VAW and HIV/AIDS groups in two provinces
5. Organizations active in the issue of VAW and GBV such as KOMNAS Perempuan (National Commission on the elimination of VAW) and Aliansi laki-laki baru (New Men's alliance)
6. Mass Media (TV, radio, and printed media) at national and province level
7. Community (such as women groups)

2. Purpose of the evaluation

Upon the finalization of every project, the UN Trust Fund to End Violence against Women (UNTF) requires the grantee to conduct a final external evaluation. Therefore IPPI and RIH have prepared a TOR for the final external evaluation which will be for the purpose of documenting the whole process and sharing lessons learned and good practices from the 24 months project.

The documentation will then be shared with and used by all stakeholders involved in this project in leading and strengthening the services to VAW survivors and women living with HIV. The findings will also be valuable for the NAC and other related central government ministries for scaling up of the integrated services for VAW and WLHIV in other provinces in Indonesia. And to provide evidence for funding proposals to support activities related to the reduction of the discrimination against women and girls in Indonesia.

3 Evaluation objectives and scope

3.1 Scope of Evaluation

The focus and scope of the evaluation shall be determined based on the five evaluation criteria and key evaluation questions. The evaluation should cover the entire project duration; and cover both DKI Jakarta and North Sumatra. The target groups to be covered including primary beneficiaries are women and girls living with HIV/AIDS (3296) and women survivors of violence (206), living in DKI Jakarta and North Sumatera. While the secondary beneficiaries will include health providers

(Counsellors attending cases of VAW and HIV/AIDS), a group of selected peer educators, program staff of CSO/NGO and institutions active in HIV/AIDS and VAW and persons from the Provincial AIDS Commission in both provinces.

3.2 Objectives of Evaluation

What are the main objectives that this evaluation must achieve?

The overall objectives of the evaluation are to:

- a. To evaluate the entire project in terms of effectiveness, relevance, efficiency, sustainability and impact, with a strong focus on assessing the results at the outcome and project goals;
- b. To generate key lessons and identify promising practices for learning;
- c. To identify (signs of) potential impact of the project on beneficiaries and sustainability of results, including the contribution to capacity building to the partners
- d. To assess the possibility of scaling up the project to other part of Indonesia and its condition
- e. To assess the value of return of investment of this project (If possible and feasible).

4. Evaluation Questions

The final evaluation will measure the relevance, efficiency, effectiveness, sustainability and impact on strategy used in this project. Evaluation questions must be agreed upon among partners and key stakeholders and accepted or refined in consultation with the evaluation team.

The key questions that need to be answered by this evaluation include the following divided into five categories of analysis. The five overall evaluation criteria – relevance, effectiveness, efficiency, sustainability and impact - will be applied for this evaluation.

Evaluation Criteria	Mandatory Evaluation Questions
Effectiveness	<ol style="list-style-type: none"> 1) To what extent were the intended project goal, outcomes and outputs achieved and how? 2) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? 3) To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes. 4) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? 5) To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why. 6) In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and sustained?
Relevance	<ol style="list-style-type: none"> 1) To what extent were the project strategy and activities implemented relevant in responding to the needs of women

	<p>survivors of VAW and Women living with HIV?</p> <p>2) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls survivors of VAW and living with HIV?</p>
Efficiency	<p>1) How efficiently and timely has this project been implemented and managed in accordance with the Project Document?</p> <p>2) How efficient were management and coordination for the project?</p> <p>3) What are points of improvement?</p>
Sustainability	<p>1) How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?</p> <p>2) What are the most important things that should be continued if further funding becomes available?</p>
Impact	<p>1) What are the unintended consequences (positive and negative) resulting from the project?</p>
Knowledge Generation	<p>1) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?</p> <p>2) Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?</p>

5 Evaluation Methodology

To address the evaluation criteria and answer the key questions, the evaluation should adopt methodologies that combine both quantitative (if possible and feasible) and qualitative research techniques. The external evaluator is expected to propose his/her methodology for the evaluation which should include but not limited to:

1. Evaluation design: a step by step plan of work that specifies the methods which will be used to collect all the information needed to address evaluation criteria and answer the evaluation questions.
2. Data sources should include primary data and secondary data obtain both from beneficiaries as well as staff from implementing agency
3. Data collection method: including quantitative survey (can be optional), in-depth interview, focus group discussions and use of M&E data available
4. Analysis of data: plan for data analysis and software to be used
5. Sampling method: plan for sampling method and selection of informants
6. Field visit: DKI Jakarta and North Sumatra (if feasible)

The implementing agency (IPPI) staff will assist the external evaluator in organizing group discussions and interviews where needed, provide contact details and arranging and facilitating meetings with relevant stakeholders and beneficiaries of the project.

6. Key deliverables of evaluators and timeframe

	Deliverables	Description of Expected Deliverables	Timeline of each deliverable (date/month/year)
1	Evaluation inception report (language of report: English)	<p>The inception report provides the grantee organization and the evaluators with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset.</p> <p>An inception report must be prepared by the evaluators before going into the technical mission and full data collection stage. It must detail the evaluators' understanding of what is being evaluated and why, showing how each evaluation question will be answered by way of: proposed methods, proposed sources of data and data collection/analysis procedures.</p> <p>The inception report must include a proposed schedule of tasks, activities and deliverables, designating a team member with the lead responsibility for each task or product.</p> <p>The structure must be in line with the suggested structure of the annex of TOR.</p>	Second week of December 2015
2	Draft evaluation report (language of report: English)	<p>Evaluators must submit draft report for review and comments by all parties involved. The report needs to meet the minimum requirements specified in the annex of TOR.</p> <p>The grantee (IPPI) and key stakeholders in the evaluation must review the draft evaluation report to ensure that the evaluation meets the required quality criteria.</p>	Second week of January 2016
3	Final evaluation report (language of report: English) including a stand-alone executive summary highlighting the key results and impacts along with the	<p>Relevant comments from key stakeholders must be well integrated in the final version, and the final report must meet the minimum requirements specified in the annex of TOR.</p> <p>The final report must be disseminated widely to the relevant stakeholders and the general</p>	20 January 2016

finding and recommendations both in English and Bahasa	public.	
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7. Management Arrangement of the evaluation

Name of the group	Role and responsibilities	Actual name of staff responsible
Evaluation Team	External evaluators/consultants to conduct an external evaluation based on the contractual agreement and the Terms of Reference, and under the day-to-day supervision of the Evaluation Task Manager.	External evaluator(s)
Evaluation Task Manager	<p>IPPI acting coordinator together with RIH project officer will manage the entire evaluation process under the guidance of the senior management, to:</p> <ul style="list-style-type: none"> • lead the development and finalization of the evaluation TOR in consultation with key stakeholders and the senior management; • manage the recruitment of the external evaluators; • lead the collection of the key documents and data to be share with the evaluators at the beginning of the inception stage; • liaise and coordinate with the evaluation team, the reference group, the commissioning organization and the advisory group throughout the process to ensure effective communication and collaboration; • provide administrative and substantive technical support to the evaluation team and work closely with the evaluation team throughout the evaluation; • lead the dissemination of the report and follow-up activities after finalization of the report 	Ms Christine Mester (IPPI) and Ms Nur Hidayati (Results in Health)
Commissioning Organization	Senior management of the organization who commissions the evaluation (grantee) – responsible for: 1) allocating adequate human and financial resources for the evaluation; 2) guiding the evaluation manager; 3) preparing	Senior Management of IPPI

	responses to the recommendations generated by the evaluation.	
Reference Group	Primary and secondary beneficiaries, partners and stakeholders of the project who provide necessary information to the evaluation team and to reviews the draft report for quality assurance	<p>Primary beneficiaries including WLHIV experience GBV and Women Living with HIV In Jakarta and Medan</p> <p>Secondary beneficiaries, a. P2TP2As at province level (2 clinics) b. VCT Clinics at province and district level (9 clinics: 5 clinics in DKI Jakarta and 4 clinics in North Sumatera) c. Province AIDS Commission (2 institutions) d. CSO/NGO (20 intuitions such as LBH, Yayasan Pulih)</p>
Advisory Group	Must include a focal point from the UN Women Regional Office and the UN Trust Fund Portfolio Manager to review and comment on the draft TOR and the draft report for quality assurance and provide technical support if needed.	<p>UNTF Asia and the Pacific Portfolio Manager</p> <p>Iriantoni Almuna National Programme Officer at UN Women-Jakarta</p>

8. Timeline of the entire evaluation process

The consultant (s) is expected to take 22 working days and she/he will start from 1 December 2015

Stage of Evaluation	Key Task	Responsible	Number of working days required	Timeframe (dd/mm/yyyy - dd/mm/yyyy)
Preparation stage	Prepare and finalize the TOR with key stakeholders	Commissioning organization and evaluation task manager	25 working days	November to December 2015
	Compiling key documents and existing data			
	Recruitment of evaluator(s)			
Inception stage	Briefings of evaluators to orient the evaluators	evaluation task manager	1 day	First week of December 2015
	Desk review of key documents	Evaluation Team	2 days	
	Finalizing the	Evaluation Team	1 day	

	evaluation design and methods			
	Preparing an inception report	Evaluation Team	2 days	
	Review Inception Report and provide feedback	Evaluation Task Manager, Reference Group and Advisory Group	2 days	
	Submitting final version of inception report	Evaluation Team	2 days	
Data collection and analysis stage	Desk research	Evaluation Team	10 days	Second weeks of December until first week of January 2016
	In-country technical mission for data collection (visits to the field, interviews, questionnaires, etc.)	Evaluation Team		
Synthesis and reporting stage	Analysis and interpretation of findings	Evaluation Team	7 days	First week until third weeks of January 2016
	Preparing a draft report	Evaluation Team		
	Review of the draft report with key stakeholders for quality assurance	Evaluation Task Manager, Reference Group, Commissioning Organization Senior Management, and Advisory Group	2 days	Third weeks of January 2016
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manager	days	
	Incorporating comments and revising	Evaluation Team		31 January 2016

	the evaluation report		2 days	
	Submission of the final report	Evaluation Team		
	Final review and approval of report	Evaluation Task Manager, Reference Group, Commissioning Organization Senior Management, and Advisory Group	2 days	
Dissemination and follow-up	Publishing and distributing the final report	commissioning organization led by evaluation manager (evaluator does not need to involve)	2 days	First week of February 2016
	Prepare management responses to the key recommendations of the report	Senior Management of commissioning organization	2 days	
	Organize learning events (to discuss key findings and recommendations, use the finding for planning of following year, etc)	Commissioning organization	0,5 day	

11. Budget

The total budget for this final evaluation is USD 6.500 (includes consultant fees, accommodation, per diem, travel costs and taxes) for up to 22 days of work. The evaluation was planned to be conducted by one evaluator but teams of individuals are also invited to respond.

The payment schedule will be based on the deliverables:

- 30% upon submission of the work plan and timeline
- 30% upon submission of the first draft report
- 40% upon submission of the final report

12. Annexes

1) Key stakeholders and partners to be consulted

- A list of key stakeholders and other individuals who should be consulted, together with an indication of their affiliation and relevance for the evaluation and their contact information.

1. NAC and Province AIDS Commission:
NAC national secretary : Dr. Kemal Siregar
DKI Jakarta Provincial AIDS commission secretary: Dra. Hj. Rohana Manggala, M.Si,
North Sumatra Provincial AIDS commission secretary: Drs H Shakira Zandi MS
2. The counselors of P2TP2A (both in DKI Jakarta and North Sumatra)
2. The VCT Counselors (will be randomly choose)
3. Several peer educators (buddies) recruited from IPPI and other HIV related support for VAW and HIV/AIDS groups in two provinces (will be randomly choose)
5. Organizations active in the issue of VAW and GBV such as KOMNAS Perempuan (National Commission on the elimination of VAW) , LBH APIK both in Jakarta and Medan, Yayasan Pulih

2) Documents to be consulted Inputs required by Grantee

Data sources and documents may include (but not limited to):

1. Relevant national strategy documents such as National Action Plan 2014 and 2015
2. Strategic and other planning documents (e.g. project documents)
3. Monitoring plans, indicators and summary of monitoring data
4. Baseline and other research report related to the project such as MSC report and participatory research report
5. Progress and annual reports of the project
6. Reports from previous evaluations of the project and/or the organization, to be discussed
7. Websites developed in accordance with the project and also other website such as Komnas Perempuan Website including the CATAHU

3) Required structure for the inception report [see the suggested structure below under Section 4.3 of this document] See the UNTF guidelines for final project Evaluation

4) Required structure for the evaluation report

Annex 4. Outline final Evaluation Report

1. Title and cover page

- Name of the project
- Locations of the evaluation conducted (country, region)
- Period of the project covered by the evaluation (month/year – month/year)
- Date of the final evaluation report (month/year)
- Name and organization of the evaluators
- Name of the organization(s) that commissioned the evaluation
- Logo of the grantee and of the UN Trust Fund

2. Table of Content

3. List of acronyms and abbreviations

4. Executive summary

A standalone synopsis of the substantive elements of the evaluation report that provides a reader with a clear understanding of what was found and recommended and what has been learnt from the evaluation. It includes]:

- Brief description of the context and the project being evaluated;
- Purpose and objectives of evaluation;

- Intended audience;
- Short description of methodology, including rationale for choice of methodology, data sources used, data collection & analysis methods used, and major limitations;
- Most important findings with concrete evidence and conclusions; and
- Key recommendations.

5. Context of the project

- Description of critical social, economic, political, geographic and demographic factors within which the project operated.
- An explanation of how social, political, demographic and/or institutional context contributes to the utility and accuracy of the evaluation.

6. Description of the project

The project being evaluated needs to be clearly described. Project information includes:

- Project duration, project start date and end date
- Project goal with key outcome and outputs
- Main objectives of the project
- Importance, scope and scale of the project,
- Strategy and theory of change (or results chain) of the project with the brief description of project goal, outcomes, outputs and key project activities
- Key assumptions of the project
- Intended beneficiaries (primary and secondary)as well as stakeholders and partners
- Budget and expenditure of the project

7. Purpose of the evaluation

- Why the evaluation is being done
- How the results of the evaluation will be used
- What decisions will be taken after the evaluation is completed
- The context of the evaluation is described to provide an understanding of the setting in which the evaluation took place

8. Evaluation objectives and scope

- A clear explanation of the objectives and scope of the evaluation.
- Key challenges and limits of the evaluation are acknowledged and described.

9. Evaluation Team

- Brief description of evaluation team
- Brief description of each member's roles and responsibilities in the evaluation
- Brief description of work plan of evaluation team with the specific timeline and deliverables

10. Evaluation Questions

- The original evaluation questions from the evaluation TOR are listed and explained, as well as those that were added during the evaluation.
- A brief explanation of the evaluation criteria used (e.g. relevance, efficiency, effectiveness, sustainability and impact) is provided.

10. Evaluation Methodology

Sub section	Input by the evaluator(s)
Description of evaluation design	
Data sources	
Description of data collection methods and analysis (including level of precision required for quantitative methods, value scales or coding used for qualitative analysis; level of participation of stakeholders through evaluation process, etc.)	
Description of sampling <ul style="list-style-type: none"> • Area and population to be represented • Rationale for selection • Mechanics of selection limitations to sample • Reference indicators and benchmarks/baseline, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.) 	
Description of ethical considerations in the evaluation <ul style="list-style-type: none"> • Actions taken to ensure the safety of respondents and research team • Referral to local services or sources of support • Confidentiality and anonymity protocols Protocols for research on children, if required 	
Limitations of the evaluation methodology used	

12. Findings and Analysis per Evaluation Question

[The template below must be used per evaluation question in order to provide direct answer to the question, key findings and analysis, and quantitative and qualitative evidence per evaluation question. Evaluators may add additional paragraphs/sub-sections in narrative format to describe overall findings and analysis if they wish.]

Evaluation Criteria	Effectiveness
Evaluation Question 1	To what extent were the intended project goal,

	outcomes and outputs achieved and how?
Response to the evaluation question with analysis of key findings by the evaluation team	
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	
Conclusion	
Other	

Evaluation Criteria	Effectiveness
Evaluation Question 2	<ul style="list-style-type: none"> To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached?
Response to the evaluation question with analysis of key findings by the evaluation team	
Quantitative and/or qualitative evidence gathered by the evaluation team to support the response and analysis above	
Conclusion	
Other	*For this specific question on beneficiaries, please complete the Beneficiary Data Sheet in Annex 4C.

**Please repeat the same template per evaluation question

Instruction for Findings and Analysis

- Findings cover all of the evaluation objectives and the key evaluation questions agreed in the evaluation TOR and during the inception stage (inception report).
- Outputs, outcomes and goal of the project are evaluated to the extent possible (or an appropriate rationale given as to why not).
- Outcomes and goal include any unintended effects, whether beneficial or harmful.
- The report makes a logical distinction in the findings, showing the progression from implementation of the activities to the results (outputs, outcomes and project goal) with an appropriate measurement and analysis of the results chain, or a rationale as to why an analysis of results was not provided.
- Findings regarding inputs for the completion of activities or process achievements are distinguished clearly from the results of the projects (i.e. outputs, outcomes and project goal).
- Results attributed to the success/failure of the project are related back to the contributions of different stakeholders.
- Reasons for accomplishments and difficulties of the project, especially constraining and enabling factors, are identified and analyzed to the extent possible.

- Based on the findings, the evaluation report includes an analysis of the underlying causes, constraints, strengths on which to build on, and opportunities.
- An understanding of which external factors contributed to the success or failure of the project helps determine how such factors will affect the future initiatives, or whether it could be replicated elsewhere.

For evaluation questions related to lessons learned and promising practices

- Lessons and promising practices that contributes to general knowledge in the context of Ending Violence against Women, including innovative and catalytic methodologies/approaches.
- The analysis presents how lessons and promising practices can be applied to different contexts and/or different actors, and takes into account evidential limitations such as generalizing from single point observations.
- They are well supported by the findings and conclusions of the evaluation and are not a repetition of common knowledge.

13. Conclusions

[The template below must be used to provide conclusions organized per evaluation criteria, in addition to those for overall. Evaluators may add additional paragraphs/sub-sections in narrative format if they wish.]

Evaluation criteria	Conclusion
Overall	
Effectiveness	
Relevance	
Efficiency	
Sustainability	
Impact	
Knowledge Generation	
Others (if any)	

Instruction

- The logic behind the conclusions and the correlation to actual findings are clear.
- Simple conclusions that are already well known are avoided.
- Substantiated by findings consistent with the methodology and the data collected.
- Represent insights into identification and/or solutions of important problems or issues.
- Focus on issues of significance to the project being evaluated, determined by the evaluation objectives and the key evaluation questions.

14. Key recommendations

[The template below must be used to provide recommendations per evaluation criteria. Evaluators may add additional paragraphs/sub-sections in narrative format if they wish.]

Evaluation Criteria	Recommendations	Relevant Stakeholders (Recommendation made to whom)	Suggested timeline (if relevant)
Overall			
Effectiveness			
Relevance			
Efficiency			
Sustainability			
Impact			
Knowledge Generation			
Others (if any)			

Instruction

- Realistic and action-oriented, with clear responsibilities and timeframe for implementation if possible.
- Firmly based on analysis and conclusions.
- Relevant to the purpose and the objectives of the evaluation.
- Formulated in a clear and concise manner.

15. Annexes (mandatory)

The following annexes must be submitted to the UN Trust Fund with the final report.

1. Final Version of Terms of Reference (TOR) of the evaluation
2. Evaluation Matrix [see Annex 4A for the template] please provide indicators, data source and data collection methods per evaluation question.
3. Final version of Results Monitoring Plan [see Annex 4B for the template] please provide actual baseline data and endline data per indicator of project goal, outcome and output
4. Beneficiary Data Sheet [see Annex 4C for the template] please provide the total number of beneficiaries reached at the project goal and outcome levels.

5. Additional methodology-related documentation, such as data collection instruments including questionnaires, interview guide(s), observation protocols, etc.
6. Lists of persons and institutions interviewed or consulted and sites visited
7. [As appropriate, specification of the names of individuals interviewed should be limited to ensure confidentiality in the report but rather providing the names of institutions or organizations that they represent.]
8. List of supporting documents reviewed

Appendix 2: Evaluation Matrix

Evaluation Criteria	Evaluation Questions	Indicators	Data Sources and Data Collection Methods
Effectiveness	<ol style="list-style-type: none"> 1. To what extent were the intended project goal, outcomes and outputs achieved and how? 2. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? 3. To what extent has this project generated positive changes in the lives of targeted (and untargeted) women and girls in relation to the specific forms of violence addressed by this project? Why? What are the key changes in the lives of those women and/or girls? Please describe those changes. 4. What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? 5. To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why. 6. In case the project was successful in setting up new policies and/or laws, is the legal or policy change likely to be institutionalized and 	<ol style="list-style-type: none"> 1. Evidence of progress towards output and outcome level indicators as per logframe. 2. Evidence of project contribution towards anticipated results 3. Stakeholder views on key achievements and missed opportunities. 4. Contextual changes and related opportunities or challenges for the project 5. Project staff and stakeholder views on factors supporting or hindering the project's success. 6. Extent to which project beneficiaries are satisfied with the project implementation, including in policy advocacy processes. 	<p>Data sources: statistic of baseline and endline survey results, oral and written data from stakeholder consultations, venn diagram, documents such as Project Proposal, Annual Work Plan, Annual Reports, Progress report, Coordination reports, activities report (Annual Meeting Reports , training report, support group reports, workshop follow up report)</p> <p>Research reports, client reporting form, Guideline, Integrated HIV/VAW Services, MSC report</p> <p>Project Implementation Report, IPPI's website, Pre and Post Training Analysis, M&E Report, MoU IPPI with partners, NAC Strategic Action Plan, National Commission on VAW Annual report, Regulations on HIV/VAW</p> <p>Data collection methods: desk review, stakeholder consultations, observations</p>

Sub issue addressed	Project design and strategy	sustained?	
	Was the design and strategy of the project appropriate to achieve the goal and outcomes?	<ol style="list-style-type: none"> 1. Extent to which project goals, outcomes, and outputs were clearly articulated. 2. Extent to which the originally defined objectives of the intervention were realistic (achievable) 3. Stakeholder perceptions of strengths and weaknesses in project planning and design. 	<p>Data sources: oral data gathered from stakeholder consultation, documents : project proposal, project progress reports, project annual reports, M&E logs, contribution analysis</p> <p>Data collection methods: desk review, stakeholder consultations, contribution analysis of the project logical framework</p>
Relevance	<ol style="list-style-type: none"> 1. To what extent were the project strategy and activities implemented relevant in responding to the needs of women survivors of VAW and Women living with HIV? 2. To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls survivors of VAW and living with HIV? 	Stakeholder perceptions of the relevance of the project to the needs of WLHIV with VAW experiences	<p>Data sources: oral data collected from stakeholder consultations, statistics (number of beneficiaries recorded), documents such as MSC monitoring report, implementation report, project progress reports, project annual reports, support group reports.</p> <p>Data collection methods: desk review, stakeholder consultations, observations</p>
Efficiency	<ol style="list-style-type: none"> 1. How efficiently and timely has this project been implemented and managed in accordance with the Project Document? 2. How efficient were management and coordination for the project? 	<ol style="list-style-type: none"> 1. Extent to which project outputs were achieved within planned budgets. 2. Types of measures put in place by IPPI to ensure the strategic and 	Data sources: oral data gathered from stakeholder consultations, documents such as progress and annual reports, budget and expenditure reports, coordination meeting reports, training

	3. What are points of improvement?	efficient use of resources.	reports, workshop reports, implementation report, etc. Data collection methods: desk review, stakeholder consultations
Sub issues addressed Project management	<p>1. In what ways has the relationship between IPPI and RIH enhanced the work of all parties to implement efficiently the project?</p> <p>2. Were sound management policies and procedures, including human resources, budgeting, and reporting systems and practices, put in place and followed?</p>	<p>1. Extent to which IPPI's organisational structure, managerial support and coordination mechanisms have effectively supported the delivery of the project.</p> <p>2. Project staff views on the comparative efficiency of different (combinations of) strategies/activities used in the project.</p>	<p>Data sources: observation data, oral and written data collected from stakeholder consultations, documents: project implementation, contract amendment, progress reports, annual reports, project work plans.</p> <p>Data collection methods: desk review, stakeholder consultations, observation</p>
Sustainability	<p>1. How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?</p> <p>2. What are the most important things that should be continued if further funding becomes available?</p>	<p>1. Extent to which partner institutions/individuals demonstrate ownership of the project objectives and results.</p> <p>2. Extent to which partner institutions/individuals demonstrate commitment, and technical capacity to maintain/implement the benefits of the project.</p> <p>3. Extent to which project results are</p>	<p>Data sources: oral data gathered from stakeholder consultations, statistics, documents:</p> <p>MSC monitoring report, project implementation report, project progress reports, project annual reports, support group reports, training reports, annual meeting reports, workshop reports</p> <p>Data collection methods: desk review,</p>

		institutionalized.	stakeholder consultations
Impact	What are the unintended consequences (positive and negative) resulting from the project?	Evidence of unintended effects at individual/organizational level.	<p>Data sources: oral data from stakeholder consultations, documents such as MSC monitoring report, implementation report, project progress reports, project annual reports, various activities reports</p> <p>Data collection methods: desk review, stakeholder consultations</p>
Knowledge Generation and possibility for scaling up	<p>1. What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?</p> <p>2. Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions?</p>	Extent to which lessons learned identified can be utilized to inform the design of the similar project in the future.	<p>Data sources: oral and written data from stakeholder consultations, observations, documents such as Project Proposal, Annual Work Plan, Annual Reports, Progress report, Coordination reports, Activities report (Annual Meeting Reports , training report, support group reports, workshop follow up report)</p> <p>Project Implementation Report,</p> <p>Data collections methods: desk review, stakeholder consultations, observations</p>
Contributing factors	<p>1. What factors were crucial for the achievement or failure of the project?</p> <p>2. How have they been addressed or overcome? What could have been done differently?</p>	<p>1. Project staff and stakeholder views on factors supporting or hindering the project's success.</p> <p>2. Extent to which project beneficiaries</p>	<p>Data sources: oral and written data from stakeholder consultations, observations, documents such as Annual Reports, Progress report,</p>

		<p>are satisfied with the project implementation, including in policy advocacy processes.</p> <p>3. Stakeholder perceptions of IPPI's comparative advantage as regards the project and its objectives.</p>	<p>Coordination reports, Activities report (Annual Meeting Reports , training report, support group reports, workshop follow up report)</p> <p>Project Implementation Report</p> <p>Data collections methods: desk review, stakeholder consultations, observations</p>
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Interview Guide
PROJECT EVALUATION: INTERVIEW GUIDE 1
IPPI/RiH/Partner Organizations/National Commissions

Respondent(s) _____
Position _____
Location _____
Contact Details _____
Interview held _____
(place, date)

General

1. How have you been involved in the project?
2. How well do you think the project (objectives, activities, strategy) has responded to the needs and priorities of your institution, and clients more generally? What examples come to mind?
(mandatory question relevance)

Results and Sustainability

3. What are the unintended consequences (positive and negative) resulting from the project
(mandatory question impact) (quality integrated services, changes the lives of clients, better policies, etc)
4. How are the achieved results, especially the positive changes generated by the project in the lives of women and girls at the project goal level, going to be sustained after this project ends?
(mandatory question sustainability)
5. What are the most important things that should be continued if further funding becomes available? (mandatory Q sustainability)
6. Have **your organization and partner capacities** been developed sufficiently to take over and sustain the planned benefits?
7. Did **recipients of training** make the contributions expected of them?

Effectiveness and Appropriateness of Design

8. To what extent were the intended project goal, outcomes and outputs achieved and how?
(mandatory Q-effectiveness)

9. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? (effectiveness)
10. Was the **design** and strategy of the project **appropriate** to achieve the goal and outcomes? Which strategies worked and which did not and why?
10. How efficiently and timely has this project been implemented and managed in accordance with the Project Document? (mandatory Q-efficiency)
11. What internal and external factors and actors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? (mandatory Q- effectiveness)

Management

13. Were the project **management** appropriate for the outcome being achieved?
14. How efficient were management and coordination for the project? In what ways has the **relationship** between **IPPI** and **RiH** enhanced the work of all parties to implement efficiently the project?
15. What are points of improvement? (mandatory Q-efficiency)
16. Were sound **management policies and procedures**, including human resources, budgeting, and reporting systems and practices, put in place and followed?
17. To what extent have **partnerships** between the project and key partners **strengthened** the advocacy for the improvement of ME system and integrated services?

Effectiveness and Resource Utilization

20. Were the **variances** between planned and actual expenditures justified?
21. What were the **implications** of any significant **variances** in relation to the achievement of results within the project time frame? Are there any alternatives for achieving the same results with less inputs/funds?

Knowledge generation

22. What have been the **key challenges, risks and threats** facing the project?
23. **How** has the **project dealt with** these and with what degree of success?
24. What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls? (mandatory Q – knowledge generation?)

25.Are there any promising practices? If yes, what are they and how can these promising practices be replicated in other projects and/or in other countries that have similar interventions? (mandatory questions – knowledge generation)

Contributing factors

26.What have been the **main external factors** influencing the project to this point?

27.How have they been addressed or overcome? What could have been done differently? What factors were crucial for the achievement or failure of the project?