2017

Final External Project Evaluation Report

EXPANDING GAINS TO DECREASE AND PREVENT VIOLENCE AGAINST WOMEN IN THE CONTEXT OF HIV PROJECT

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2 List of Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CVC	Caribbean Vulnerable Communities Coalition
CISOCA	Centre for Investigation of Sexual Offences and Child Abuse
CSO	Civil Society Organizations
DPP	Department of Public Prosecutions
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
JFLAG	Jamaica Forum for Lesbians, All-Sexuals and Gays
JASL	Jamaica AIDS Support for Life
JN+	Jamaica Network of Seropositive
JCW	Jamaica Community of Positive Women
LBT	Lesbians, Bisexuals and Transgenders
M&E	Monitoring and Evaluation
NERHA	North Eastern Regional Health Authority
SW	Sex Workers
UN	United Nations
UNTF	United Nations Trust Fund
WLHIV	Women Living with HIV
VAW	Violence Against Women

3 EXECUTIVE SUMMARY

Context and Description of the Project

The Expanding Gains to Decrease and Prevent Violence against Women in the Context of HIV Project is a three-year project that was designed and implemented by the Jamaica AIDS Support for Life (JASL) in response to the perpetuation of gender-based violence and its impact on health outcomes and the spread of HIV and other STIs among women and girls. It is against this background as well as building on the gains of the UN WOMEN Project (December 2009 to December 2012) that this project was coined and implemented by JASL in collaboration with several partners over a three-year period (Dec 1, 2013 to Nov 2016).

Under the project, several forms of violence were addressed, including: stigma and discrimination, neglect, intimate partner, physical, sexual, financial violence, among others. In this regard, it addressed the following 4 major objectives:

1. Improve strategic information on VAW and HIV service provision
2. Increase access to sexual reproductive health and GBV services for women and girls affected and infected by HIV
3. Empower women and girls living with and affected by HIV to claim their rights
4. Train law enforcement services, the judiciary and CSO service providers to adequately respond to the needs of vulnerable populations of women and girls and to support advocacy efforts for the protection and fulfillment of human rights of women and girls

In seeking to achieve the aforementioned objectives, the project targeted 1090 primary beneficiaries from communities such as: women and girls living with HIV, female sex workers, lesbians, bisexual women and transgender persons, and women and girls living with disabilities. Additionally, 115 secondary beneficiaries were also targeted (inclusive of CSOs, government officials, legal officers and uninformed personnel). Implementation of project activities was done at the individual, community and institutional level through capacity building initiatives.

Purpose and Objectives of the Evaluation

This evaluation assesses the relevance, performance, management arrangements, effects and success of the project and documents the processes, achievements, lessons learnt and propose recommendations to key stakeholders that might be used to improve the design and implementation of other related projects. The scope entails Endline data collection and analysis where data is analyzed per indicator, outcomes and outputs.

Description of the Overall Evaluation Design

Summative evaluation was conducted utilizing a mixed methods approach *via* primary and secondary research techniques using survey, in-depth interviewing, data validation and consultation sessions and document review in order to unearth information that was used to report on the final outputs of exercise. The key informants that were used to support primary data collection efforts included primary and secondary beneficiaries, civil society organizations (CSOs) and JASL employees. The data collection process primarily relied on post-testing since baseline data was already established for the project. Key informants were selected *via* a mixture of strata, quota and purposive sampling due to the absence of pure databases which would have led to the drawing of random samples within the respective populations.

Data Sources, Analysis and Study Limitations

The data sources that were consulted during the implementation of the evaluation includes, but not limited to: live interview sessions conducted with primary and secondary beneficiaries, project documents and reports, project records, media articles and reports and beneficiary data. The quantitative data gathered from these sources were processed and analyzed using IBM Statistics by using tables, charts, cross tabulation and frequency distributions. The qualitative data was coded and analyzed thematically.

The evaluation methodology was limited by the absence of adequate baseline data for some indicators and in this regard, the Endline assessment had no data, in some instances, with which comparison could be made. In an effort to buffer the impact of this limitation on the overall outcome of the evaluation, the Evaluator incorporated some questions on the Endline Survey to assess beneficiaries' perceived position prior to the implementation of the project. Due to the myriad of challenges that affected the implementation process within the project, particularly the timeline, it may be difficult to report on the intended outcomes of the project, where outcomes refer directly to impact.

Major Findings

The project achieved its targets at the goal, outcomes and output levels in a significant way. This is demonstrated in the exceeding of project targets and the substantive improvements in health reported by women, their behaviour and lifestyle changes as it relates to VAW within the context of HIV. This is also supported by the great level of awareness that has been created on the issue of VAW within the HIV context and the many inroads gained at the institutional and national levels in this regard. Overall, the project was, for the most part effective because it obtained its main

deliverables *via* the integration of solid best practices, its institutional capacity and the existing relationship it has with the diverse community of women. There were instances in which the project was adversely affected by internal and external factors that limited the full extent of the project's impact. Notwithstanding this, JASL has already began work that is geared towards building on the gains of this project in a very massive way. These are slated to bring about sustainable positive changes in the lives of women and girls and ultimately result in policy and programmes that are geared towards stemming violence against women and girls.

The most important findings that emerged from this evaluation include:

Effectiveness

- The survey concretized that women and girls experienced better health and empowerment depicted by their increased knowledge on VAW within the context of HIV and being given a voice that they are able to clearly articulate through advocacy efforts. In addition to this, the project created several openings within the policy and legislative framework in that it persuaded many critical stakeholders to begin a conversation around the issue of VAW; in recognition of its importance. Some of these stakeholders have made commitments where the execution will require extensive follow through of JASL and its partners. In light of this, sustainability planning and execution will be critical in order to continue capitalizing on the gains for the current project.
- The reach of this project was great where over 8,000 direct beneficiaries were engaged within the target population resulting in targets being greatly exceeded (by over 400% in some instances). In addition to this, another 328,550 indirect beneficiaries were reached via media campaigns launched on Facebook plus 232 reached *via* online petitions. Despite this overwhelming reach among direct and indirect beneficiaries, there were no mechanisms in place to measure and document the reach of the project to indirect beneficiaries who were reached through channels such as partner websites, media campaigns (specifically TV, Radio, Outdoor Advertising and Print) and the staging of mass gatherings such as silent protests. Had there been a structure in place to track and record this reach, the results would have been more widespread.
- The positive changes brought about in the lives of targeted women *via* this project have resulted in the shifting of power dynamics as evidenced by activities being initiated by women and their increased knowledge about violence and its various manifestations. Within the context of HIV, women will report more acts of violence, leave abusive relationships and empower other women with similar experiences to do the same, thereby lessening the probability of the spreading of HIV and other STIs. As it relates to untargeted

women, the results might have been similar but there was no tracking of indirect beneficiaries who might have been impacted by the project. The approach of monitoring and tracking beneficiaries was done in silo, making it impossible to assess impact as it relates to untargeted beneficiaries.

- For the most part, JASL was able to implement best practices *via* the utilization of a bottom-up approach by engaging beneficiaries as peer mobilizers to reach other members of the community and leveraging partnerships with Civil Society and Government to meet project deliverables in an effective way. Despite this, the delays experienced with the achievement of targets by the scheduled dates were affected by both internal and external factors that can be linked to the non-existence of an automated project management system.
- There is an M&E system in place at JASL that partly contributed to the success of the project. Notwithstanding this, there are many gaps, that, if closed will enhance the effectiveness in implementing projects. Currently there are no automated project management systems existing at JASL and this results in reliance on MS Excel and manual storage and retrieval of project files.
- Advocacy work was done by JASL and its partners and this paved the way to open conversations and commitments at the national level. In so doing, it has created an opening within the policy frontier that will enable the organization to continue building on its work. JASL has already started this through the employment of an officer whose portfolio is advocacy as well as the crafting of the joint advocacy plan with seven (7) CSOs. The extent of JASL's success in creating a greater impact on the policy environment will be determined by the level of follow-up work that is executed.
- JASL utilized several strategies that can be classified as best practices and these have significantly impacted the success of the project that is evidenced by the overwhelming exceeding of the targets among primary beneficiaries. A summary of these best practices include: a. the training and engagement of primary beneficiaries as community mobilizers and facilitators in high-level advocacy meetings, implementation of an aggressive social media programme to reach thousands of indirect beneficiaries and adopting a partnership approach via the engagement of other civil society organizations. These best practices should be added to the process assets of the organization and further streamline through a solid monitoring and evaluation framework will increase its replicability to future projects.
- The organization has responded appropriately to future strategies and issues that will require significant time and financial investments for realization. Currently, there is a

major project that has been designed, for which funding is currently being sought, to build on the achievements of the UNTF. JASL understands, quite well, the issues at hand and the mechanisms that need to be put in place to guarantee success.

Relevance

- This project was both timely and relevant in responding to the needs of women as it created a holistic space and service delivery package that catered to their medical, social and psychological needs in a very profound way. In addition to this, the project empowered women by creating the atmosphere, through capacity building, that was needed to shift power relations where women were able to: 1. address high-level policy makers, influencers and shakers, 2. empower their peers to seek help through the provision of advice and sensitization to aid options and 3. identify the different forms of violence and increase their own reporting to the police or other help points.
- This project, for years to come will continuously be relevant to the needs of women due to: 1. the institutionalization of expanded SRH and VAW services at all JASL locations, 2. the open dialogue that have been created with key duty bearers and other service delivery organizations and 3. the efforts that are being made to build on the gains of the current project.
- The contributing factors that resulted in the success of this project included the implementation of best practices and the partnership network that JASL was able to leverage. There were few constraints associated with failure to perform on the side of external bodies as well as JASL's own internal capacity, structure and organizational culture.
- JASL is classified as a safe space by almost 100% of its clients and this proves its ability to create and implemented strategies that are centred on both reaching the targeted population and catering to their needs.

Efficiency

- Most project activities were delayed, in that they weren't implemented within the projected timeline over the course of 3 years. This adversely affected the efficiency of the project as it relates to the timelines. There are several internal and external factors (such as: the delayed publication of the situational analysis report that was being implemented by NFPB, the non-compliance displayed by project partners in some instances and the delays experienced with the hosting of scheduled training workshops) that contributed to

this, but this can be easily fixed by the portfolio of experts, obtaining and embedding project management software and strengthening its M&E framework.

- JASL is an experienced organization that understands how to prevent overlaps with projects by creating and implementing strategies to merge areas of similarity on projects in order to prevent duplication.
- JASL's wide partnership network served the project well and resulted in the meeting of targets. There were some over which JASL had limited control; nonetheless, challenges that could have been avoided if it had conducted institutional assessments of sub-grantees in an effort to diagnose their capacity.
- There is need for increased accountability among implementing staff to improve project outputs and outcomes. Based on reviewed documentation and staff feedback, it was observed that in some instances, staff members who may have erred in project implementation (examples: meeting project deadlines, effective recruitment of project beneficiaries, effective reporting and documentation) were in some instances not held accountable. To this end, while the organization has all the documentation in place (the relevant policies and procedures), there are concerns that employees are not allowed to be held accountable (enough) for non-performance or for the delivery of substandard work. This might be influenced by the current culture and structure of the organization.
- The project's financial management procedures and policies were very effective and this prevented cost overruns due to the robustness and consistent application of its procedures.
- The strengths of the project resulted in the realization of its targets; some of which will be documented as best practices. Its weakness; although they adversely affected efficiency and quality in some instances, can be adjusted and serves as potential opportunities to strengthen the institutional framework of the organization. The current opportunities will serve the interest of current and future beneficiaries in the months ahead as JASL is very active in attempting to build on the gains of the current project. The threats such as employees having a challenge carrying out work that is not originally part of the organization's core work are serious and needs immediate attention in order to lessen or at best nullify their effects on future initiatives and on the overall sustenance of the organization.

Sustainability

- The sustainability prospects of the project are great and this is demonstrated in the institutionalization of many of the project gains which includes but not limited to: the expanded SRH and VAW services that are currently offered through all JASL locations, the inroads made on the policy frontier, the establishment of two advocacy organizations – We-Change and Transwave and the continuation of the advocacy work *via* the joint 3-year advocacy plan.
- The sustainability prospects of the project will be enhanced if JASL strategically implements programmes that will result in the strengthening of the internal capacity of the organization, improvement in knowledge and beneficiary management and the discontinuation of unfruitful partnership arrangements.
- It is felt that JASL is not short on the implementation of capacity building programmes for its staff and organizes training workshops and annual strategic planning processes that guide service delivery and project focus and management for the periods ahead. In some instances, this has worked well and in others, it has not worked well at all. This is largely linked to the capacity level of some of the organization's staff as well as weaknesses in the oversight mechanisms that exist within the organization.

Impact

The unintended positive results have far outweighed the unintended negative results. This is demonstrated in the gigantic reach of the project and the institutionalization of several of its legacies. The unintended negative result can be easily fixed for future projects by diversifying the pool of consultants.

Knowledge Generation

- The lessons learnt from the project are:
    - The empowerment women and girls to claim their rights, providing human rights-based services in legal, social and healthcare services help women and girls experience improved health.
    - Ongoing education of both primary and secondary beneficiaries around the correlation between HIV and VAW is important to achieving improvement in the provision of services enhance women's and girls' health and well-being.
    - The prevalence and depth of the correlation between VAW and HIV have exposed the need for residential workshops with a psychologist in attendance. Both beneficiaries and facilitators need professional interventions to deal with

compassionate burn out during workshop sessions. Training workshops could prove to be more impactful by taking this approach for future workshops.

- Empowering primary beneficiaries to facilitate sensitization sessions and training workshops helped to improve their self-worth and self-esteem. They feel valued and accepted.
- Using women's personal testimonials during presentations made the service providers more empathetic to their issues and encourage greater need to address the issues discussed.
- Evidence for the project confirmed anecdotal information about the pervasiveness of violence against Women and girls living with HIV, Women and Girls Living with Disabilities, Sex Workers and Lesbians, Bisexual Women and Transgender Persons.
- The use of trained volunteers from vulnerable populations is effective in reaching their peers.
- The importance of having a registry of experts who are qualified in diverse fields need to be a feature at JASL. Having this resource will provide worthwhile options when service providers default on time and quality expectations during the service delivery process.
- Sub-grantees need to be managed with robust deliverables that are tied to the disbursement of project funds and those who are unwilling to comply should be disbanded.

These lessons are critical and will enhance the process assets of the organization. Care should be taken in the design of similar future interventions in consulting these lessons learnt from the onset in order to prevent the occurrence of unwanted consequences.

- The promising practices that emerged from the project are:
  - The training and engagement of primary beneficiaries in the capacity of Community Mobilizers. This resulted in the massive achievement and exceeding of project targets thereby deepening the impact of the project.
  - The adaption of a bottom-up approach through training and using primary beneficiaries are advocacy personnel in high-level stakeholder sensitization meetings. This yielded the double result of strengthening beneficiary capacity through empowerment and reaching the intended audience in a very profound way.
  - Utilization of social media platform (Facebook) to spread messages relating to VAW within the context of HIV that has reached over 300,000 persons living in Jamaica. This reach is massive and has contributed positively to unintended results.
  - Implementing a partnership approach in reaching the various communities of women (that is: WLHIV, WLD, LBTs and SWs). This has resulted in the strengthening of the institutional capacity of some sub-grantees.

These augers well for similar future interventions due to the fact that they are simple, profound and high-impact processes that garner massive results. These promising practices are bottom-up approaches that result in target group empowerment and leveraging existing partnerships.

Key Recommendations

1. Creation of a strategic plan geared towards building on the gains of this project. This strategic plan must identify areas that have the highest potential for sustainability and that which can be converted into programmes. After this determination has been made, the appropriate resource mobilization strategies need to be developed and implemented in order to ensure the fruition of the project's legacy.

2. Design, develop and implement an expansive impact assessment framework that will take into consideration the organization's impact on all stakeholders. This should feature a solid approach towards measuring reach among indirect beneficiaries that are targeted through traditional media campaigns.
3. Implement a robust database management system that serves the primary purpose of tracking beneficiaries. One such software that is recommended is the Neoserra Client Relationship Management System. This will provide each client with the unique identifier, thereby minimizing the likelihood of errors created in reporting due to duplications.
4. Strengthen the M&E and project management capacity of employees and the organization as a whole through the sourcing and utilization of project management software such as MS Projects that also serves as an accountability tool.
5. Design and launch a Call for Consultants that will result in the establishment of a pool of experts with diverse skills. This will provide the organization with speedy solutions that are often times needed to deal with non-performing experts.
6. Implement institutional assessments within CSOs prior to engaging them in work. This will provide perspective on capacity and capability.
7. Force CSOs to go through a competitive process of applying for grants and partnership opportunities. During this phase, have partners present (in detail) the specifics of the services to be performed.
8. Strengthen the management and accountability structure of the organization by enforcing existing procedures that govern accountability.
9. Dismantle silos by implementing a system of performance-based pay that is tied to strict project deliverables for all levels of staff.

10. Develop and roll out an extensive sustainability plan including: a description of the areas with the greatest sustainability prospects and measures that will be taken to ensure that these prospects are realized.
11. Implement a system that synchronizes knowledge outputs across the organization through the engagement of part-time staff to convert paper-based files into electronic files that are supported by both residential and cloud-based systems in order to promote high-level document security and the availability of files for future reference.

4 BACKGROUND AND CONTEXT OF THE PROJECT

Background and Context of the Project

The Project: Expanding Gains to Decrease and Prevent Violence against Women in the context of HIV and AIDS is a three-year initiative that was designed and implemented by the Jamaica AIDS Support for Life (JASL) in response to the perpetuation of gender-based violence (GBV) and its impact on health outcomes and the spread of HIV and other STIs among women and girls. It is understood that any form of violence against women (physical, psychological, emotional, financial, etc.), predisposes them to a higher risk of becoming infected with HIV and other STIs. Within the context of Jamaica, violence against women manifests in power dynamics within the home relative to relations with partners and other family members, limited or lack of access to treatment from essential and other service providers such as security (through the armed forces), healthcare (through government-sponsored and private facilities) and justice (through the court system). It is against this background as well as building on the gains of the UN WOMEN Project (December 2009 to December 2012) that this project was coined and implemented by JASL in collaboration with several partners over a three-year period (Dec 1, 2013 to Nov 2016).

Description of the Project

Under the project, several forms of violence were addressed, including: intimate partner, physical, sexual, financial violence among others and in this regard, it addressed the following four (4) major objectives:

5. Improve strategic information on VAW and HIV service provision
6. Increase access to sexual reproductive health and GBV services for women and girls affected and infected by HIV
7. Empower women and girls living with and affected by HIV to claim their rights
8. Train law enforcement services, the judiciary and CSO service providers to adequately respond to the needs of vulnerable populations of women and girls and to support advocacy efforts for the protection and fulfillment of human rights of women and girls

In seeking to achieve the aforementioned objectives, the project targeted 1090 primary beneficiaries from communities such as: women and girls living with HIV, female sex workers, lesbians, bisexual women and transgender persons, and women and girls living with disabilities. Additionally, 115 secondary beneficiaries were also targeted (inclusive of CSOs, government officials, legal officers and uninformed personnel). Implementation of project activities were done at the individual, community and institutional levels through a capacity building agenda which incorporated training and empowerment activities and the expansion of JASL's service delivery

portfolio from HIV-related service only, to augment its delivery of Gender-Based Violence Screening and Sexual Reproductive Health-related services that catered to the entire person (physical and psycho-social).

Purpose of the Evaluation

This evaluation was intended to assess the relevance, performance, management arrangements, effects and success of the project. In light of this, it looked at the potential impact of the project activities on all stakeholders involved. The evaluation also assessed and documented the processes, achievements, lessons learnt and proposed recommendations to key stakeholders that might be used to improve the design and implementation of other related projects.

Evaluation Objectives and Scope

The scope of the evaluation entails Endline data collected and analysis where data was analyzed per indicator, outcomes and outputs from the project's Results and Resources Framework (RRF). Additionally, the evaluation looked at project management, partnerships established, capacity and project approach. In an effort to achieve this, the evaluation was guided by the following objectives:

1. Evaluate the project in terms of relevance, effectiveness, efficiency, sustainability and impact with a strong focus on assessing results at the outcome and goal levels
2. Generate lessons learnt and identify best practices

5 DESCRIPTION OF THE EVALUATION TEAM

The evaluation team constituted the following personnel who executed the assignment activities as described below:

Table 1: Evaluation Team

Team Member	**Responsibilities**
Chief Evaluator	1. Evaluation design and overall management of the project 2. Technical input and preparation of all technical reports (inception report, endline report, evaluation report) 3. Facilitating consultative review of final evaluation report 4. Liaising with the JASL team on all technical matters 5. Instrument design 6. Analysing resultant data from the processes described in bullet #1 above
Field Researchers / Interviewers	1. Conducting in-depth key informant interviews 2. Administering pilot test of survey instrument 3. Conducting one-on-one survey interviews
Interviewers and Data Entry Personnel	1. Entering and processing survey data 2. Assisting with recruiting informants and coordinating data collection sessions

6 EVALUATION QUESTIONS

Refer to the following documents among the Annexes:

- ✓ Evaluation Matrix
- ✓ Endline Survey Questionnaire
- ✓ Key informant Interview Guides

7 EVALUATION DESIGN AND METHODOLOGY

Description of the Overall Evaluation Design

A summative evaluation was conducted utilizing a mixed methods approach that used the following data collection facilities in an effort to unearth information that was used to report on the final outputs of this evaluation:

1. Survey
2. In-depth Interviewing
3. Document Review
4. Data validation consultation sessions

The data collection process relied primarily on post-testing since baseline data was already established for the project. Key informants were selected *via* a mixture of strata, quota and purposive sampling due to the absence of pure databases which would have led to the drawing of random samples within the respective populations. Key informants were drawn from the following groups:

1. Primary beneficiaries (women living with HIV (WLWHIV), Lesbians, Bisexual Women and Transgender Persons (LBT), Women Living with Disabilities (WLWD), Female Sex Workers (FSWs))
    a. Those who accessed medical services and training under the project
    b. Those who accessed medical services only
    c. Those who accessed training services only
2. Project implementers on the ground (JASL Treatment Teams, Project Implementing Partners)
3. Secondary beneficiaries (Civil Society Organizations (CSOs), Government Officials, Law Enforcement Officials, Legal Officers)
4. Programme Development Manager
5. Project Coordinator

In addition to primary research that was executed during the evaluation process, desk research was conducted to review and audit all knowledge outputs from the project.

Data Sources

Refer to Annex 4A (Evaluation Matrix) and list of supporting documents reviewed.

Description of the Data Collection Methods

Triangulation was applied during the data collection process *via* the utilization of survey, document review, auditing project records, in-depth / key informant interviews and consultative sessions. Key stakeholders (primary, secondary and employees) were the source of reference for information that was used to inform the final outputs of this evaluation. A team of trained interviewers, who have been fully sensitized on the project, the purpose of the evaluation and the community of beneficiaries conducted primary data collection. Additional information about the methods of data collection and the Evaluator's approach to the overall management of the data mining process (within the context of methods of data collection and key stakeholder group in relation to the project's expected results) are presented in the table overleaf:

Table 2: Description of Data Collection Methods

Expected Results	Informant Group	Methods
Expected Results Associated with Outcome #1 1. Research results on VAW in the context of HIV contribute to the revamping of existing policies, guidelines, protocols and development of new ones 2. Expansion or improvement in the quality of programmes offered to the target group 3. CBOs providing constituent with information on policies and systems (redress and reporting)	Police	Key informant interviews
	Government Officials (decision-makers, policy implementers in health, law enforcement and the judiciary)	Key informant interviews
	Social & Health Service Providers	Key informant interviews
	Legal Officers	Key informant interviews
	CSOs	Key informant interviews
Expected Results Associated with Outcome #2 1. Increased access to SRH services by target population. 2. Expansion of services to identify and address VAW 3. Adaption of intake forms to screen for VAW 4. Target population has access to friendly services to meet their SRH needs	Project Coordinator	Key informant interviews and Endline survey
	Primary Beneficiaries	
Expected Results Associated with Outcome #3 1. Strengthened capacity of women to understand the different forms of VAW 2. Beneficiaries understand the legal and policy framework 3. Strengthened capacity in advocacy and facilitating discussions 4. Equipped to lead and make contribution to fora on VAW 5. Lead advocacy efforts	Primary beneficiaries	Observation (document audit) Endline Survey
	Civil Society Organizations	Document audit

Expected Results	Informant Group	Methods
Expected Results Associated with Outcome #4 1. Increased awareness of issues 2. Strengthened institutional response to develop protocols, programmes and policies to address VAW 3. Improved capacity of police to identify VAW 4. Improved sensitivity among Police when collecting reports on VAW 5. Improved legal literacy through train the trainers session		Consultative Meetings
	Government officials	Key informant interviews
	Police	Key informant interviews
	Legal Officers	Key informant interviews

Data Analysis Plan

The quantitative data (survey data) was processed using IBM Statistics (formerly SPSS). Analysis of the data using this software was subject to the administration of frequency distributions, cross-tabulations and reporting in the templates provided by the consulting firm. Data elicited *via* key informant / in-depth interviews and consultative session was analyzed thematically and reported in narrative.

Sampling

The respondents who participated in this evaluation constituted both primary and secondary beneficiaries, project staff and other partners. The sampling methodology is detailed in the table below:

Table 3: Sampling Methodology

Sample Frame	Sample Strata & Size	Associated Data Collection Method	Sampling Method / Justification
1090 Primary Beneficiaries	Ten (10%) of the sample population was broken out as follows based on the probability proportionate to size principle: • 52 PLHIV • 38 SWs • 10 LBTs • 10 Women and girls with disabilities Beneficiaries were chosen from all parishes in which JASL has locations as well as across all implementing partners. **Size** 10% of total sample (109) primary beneficiaries	End Line Survey	Method Quota sampling within beneficiaries' strata combined with purposive sampling. Justification Quota sampling within each strata was chosen in order to ensure that all project locations and group of beneficiaries are covered. Ten (10%) of the target population was chosen because of its adequacy in representing the views of the primary beneficiaries. Purposive sampling was applied within each strata due to its convenience, the absence of a robust database and the time constraints that were associated with the execution of this evaluation.

Sample Frame	Sample Strata & Size	Associated Data Collection Method	Sampling Method / Justification
115 Secondary Beneficiaries	• 5 government officials • 3 legal officers • 6 police officers (highest ranked authority) • 4 representatives from civil society organizations **Size** 10% of the sample population used except for government officials and CSOs where oversampling was applied. ***Note:*** The total number of stakeholders who participated in interviews was 24 and not 17 as forecast above. The number of persons were increased in order to obtain a balanced view.	Key informant interviews, Focus Group, Consultative Sessions	Quota sampling within beneficiaries' strata combined with purposive sampling. Justification Quota sampling within each strata was chosen in order to ensure that all groups of beneficiaries were covered. Purposive sampling was applied within each strata due to its convenience and the time constraints that were associated with the execution of this evaluation.

Sample Frame	Sample Strata & Size	Associated Data Collection Method	Sampling Method / Justification
JASL Staff Members	Project coordinator Programme Development Manager Finance and Procurement Manager Policy and Advocacy Officer **Size** Sample will be selected from numbers provided by JASL rep.	Document review, verification interviews, key informant interviews	Purposive sampling

Limitations of the Evaluation Methodology

The evaluation methodology was adversely affected by the disruption in scheduling that the project experienced during implementation. For example, activities such as the Situational Analysis that was supposed to be completed in the initial stages of the project (results of which would have been used to inform the execution of related activities) was completed closer towards the end of the project. This may have resulted in the inability of key stakeholders to use the information to inform key programmes and activities from their end.

In addition to this, the baseline data collected for some indicators was done using purely qualitative methods which resulted in the absence of measurable baseline indicators. In this regard, the Endline assessment had no data, in some instances, with which comparisons could be made. In an effort to buffer the impact of this limitation on the overall outcome of the evaluation, the Evaluator incorporated some questions on the Endline Survey to assess beneficiaries' perceived position prior to the implementation of the project. Due to the myriad challenges that affected the implementation process within the project, particularly the timeline, it may be difficult to report on the intended outcomes of the project, where outcomes refer directly to impact.

8 ETHICAL CONSIDERATIONS

The safety and security of participants and the evaluation team was guaranteed by adapting the following practices:

- ✓ Primary data collection (surveys) with key populations was conducted at JASL locations. These locations are considered safe spaces for the primary populations.
- ✓ The data collection process for the End Line Survey was done in a private and confidential room to which only the Interviewer and respondent had access.
- ✓ Identifiers such as names were completely omitted from the process.
- ✓ Informed consent forms were presented to participants and all respondents were briefed on their rights within the context of providing data to inform the process. In instances were telephone interviews were conducted, verbal informed consent was obtained.
- ✓ The handling of participants' reported data was restricted to the evaluation team and stored in password-protected computers and secure locations.
- ✓ Beneficiaries who reported the need for additional help or displayed any physical signs of instability were referred to the resident Social Worker at JASL.

9 FINDINGS & ANALYSIS PER EVALUATION QUESTION

Evaluation Criteria – Effectiveness

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	The project goal was achieved by a great extent based on the results of analysis conducted presented below: (**Goal -** *Women and girls affected by HIV experience better health as a result of integrated VAW and SRH services*). • There is a 32.4% increase in the number of WLHIV who reported their state of health as being good from the baseline year in 2014 to the time when the Endline Survey was conducted (November 2016). There has also been a significant increase (53.8%) in the number of women from the other key populations who reported their state of health as being good from the Baseline year in 2014 to November 2016 when the Endline assessment was conducted. • 89% of respondents reported that access to JASL's expanded service offering on VAW and SRH was beneficial to them. Of the total number of persons who reported experiencing benefits, these included: access to doctors, receiving medication, personal development, receiving training and information on VAW, among others. • 80% of respondents acknowledged that access to expanded services on violence against women and sexual reproductive health services resulted in improvement in their health. The most common improvements in health reported were: decrease in pain and symptoms associated with existing health conditions (31%), increased protection against STIs/HIV (25%), adherence to medications (11%), improved clinic visits (9%), improved mental health (9%), among others. • The introduction of the expanded services were viewed favourably by all clients as 79% reported that they are provided with better options *via* this approach and 56% referred to the facility as a 'one-stop' shop to access several types of services that catered to the entire individual. Contrary to the fears unearthed in the baseline, only 2% of the entire sample reported that they were uncomfortable because persons who aren't HIV positive have access to the same space and 0% reported discomfort with having heterosexual persons treated at the facility. The following evidence represents the extent to which the outcomes were achieved: **Outcome 1 - Indicator 1:** • The outcome of interviews conducted with 20 secondary beneficiaries and document review indicated that a limited

number of entities made any reference to the HIV and VAW research done under the Project in the development of programmes and policies. This is mainly attributed to delays in the actual production and dissemination of the research. The research carried out by the National Family Planning Board (NFPB) was scheduled to take place in year 1 of the project but took place in year 3. Consequently, enough time would not have been allotted to consult the findings in order to use the results to guide the development of programmes and policies. Despite this, JASL along with some of its partners were able to implement activities (guided by the research) which resulted in the following:

- ✓ CHARES, the HIV Health Clinic and the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA), the police agency, indicated an interest in the improving its documentation as a result of the research. CHARES and CISOCA, as a result of the research directly requested support in developing report forms, or to get templates to capture information on the vulnerable populations. CISOCA in particular saw this as relevant as the information they collected was based on perpetrators rather than victims.

- ✓ The research was used to develop briefs for sensitization sessions and training workshops with 9 health, legal and social service providers. For instance:

  - o THE BUREAU OF GENDER AFFAIRS which resulted in the historic inclusion of Sex Workers (as a vulnerable group) in the revised National Strategic Plan on GBV by the Bureau of Gender Affairs which comes up for parliamentary committee review in January 2017 (Gleaner, December 7, 2016).
  - o MINISTRY OF HEALTH-Sensitization Sessions with the former Permanent Secretary and the Minister in the Ministry of Health resulted in the following commitments: (1. Investigating renewed training for Sign Language Interpreters for deployment to Healthcare facilities; 2. Confidentiality Policy to be submitted to Parliament; 3. Tabling of the Research to be included in the Ministry of Health's Sectoral presentation).
  - o DIRECTOR OF PUBLIC PROSECUTIONS - Prosecutors indicated seeking accreditation from the General Legal Council of Jamaica for JASL's presentation on GBV HIV.
  - o MINISTER OF EDUCATION indicated that Comprehensive Sexuality Health Education for adolescents in schools would be reviewed and JASL was invited to sit at the table conducting the review process.

	• Other legislative changes occurring as a result of JASL's and other stakeholders' lobbying was the tabling of the Sexual Harassment Bill in late 2015. Also, JASL continues to agitate around this as it launched the petition to strengthen and expedite the passing of the Bill. • Other programmes, polices and decisions that emerged from the impact of the overall project (but cannot be tied to the HIV and VAW research that was done) were: o The implementation of formal and informal sensitization sessions by legal officers, police and CSOs reaching over 1,000 indirect beneficiaries. o The establishment of We-Change and TransWave through J-FLAG. These are new affiliates of J-FLAG with a mandate to serve and advocate on behalf of vulnerable women within the communities of Lesbian and Bisexual women and Transgender persons, respectively. These organizations have been very active in the production of blogs, online petitions and the development of position papers. o There has been greater awareness created within the Jamaica Constabulary Force on issues relating to HIV and VAW. While there are no formal policies or programmes developed to address the issue at hand, the consistent sensitization of the Force's own Diversity Policy has created somewhat of a leveled playing field relative to how vulnerable women are treated during the service delivery process. **Output 1.1** *Results of the VAW and HIV research summarized into user-friendly format and disseminated to implementing partners and public agencies*. • Situational Analysis disseminated by NFPB on May 26, 2016 and by JASL at stakeholder meetings with key duty bearers. This study was released 2 years after its scheduled release date. • Summary report of the Situational Analysis completed and disseminated to primary and secondary beneficiaries (approximately 50 persons were at the consultation) **Output 1.2** • 3 user-friendly briefs were done and disseminated by NFPB. **Outcome 1 - Indicator 2**: • The information from the research was included in briefs prepared for the sensitization sessions that reached 152 secondary beneficiaries. These beneficiaries committed to

	improve services and JASL has established relationships with them for continued partnership relative to strengthening the legislative framework. • Secondary beneficiaries reported that the project implemented by JASL is a positive move that has introduced service providers to some key considerations relative to services that are offered to vulnerable populations as it relates to HIV and VAW. It is also felt that the project, although it offered tremendous benefits, was short-lived and there needs to be some amount of continuity. Members of the police force are requesting institutionalization of the training provided by JASL with the police force. • There have been no policy or legislative changes in this regard but secondary beneficiaries are more aware and have started to have conversations with their peers and other stakeholders in this regard. There are plans by many to design and roll-out full programmes in 2017 with assistance provided by JASL. **Outcome 2 - Indicator 1**: • The total number of beneficiaries reached is 5,901, thereby exceeding the target of 1,090 by over 440%. • Total number who accessed services is 2,102, thereby exceeding the target of 640 by over 228%. **Outcome 2 - Indicator 2:** • 98% of primary beneficiaries indicated that they were satisfied with the services provided by JASL [inclusive of integrated services] (76% are very satisfied, 14% are satisfied and 9% are somewhat satisfied). • 78% and 77% respectively indicated that JASL staff was warm and friendly and knowledgeable and professional. • The findings showed that on average 89% of primary beneficiaries rated the services provided by service providers at JASL as being 'above average' or excellent. Doctors received a favourability rating of 98% (above average and excellent), followed by psychologist (96%) and nurse (95%). Nutritionist received a favorability score of 94% followed by Case Manager (93%), Receptionists (89%) and Adherence Counsellor (89%). **Output 2.1** *Staff trained at all 3 JASL clinics to provide expanded HIV, SRH and VAW-related services* • 18 clinic staff trained to provide integrated VAW and SRH services • 8 volunteers/Community Mobilizers trained **Output 2.2** *HIV, SRH and VAW service categories* • 9 new services made available at JASL clinics

	Output 2.3 *Increased uptake of HIV and VAW-related services at all 3 JASL clinics among primary beneficiaries* • 2,102 persons documented; 100% of them used at least 1 SRH or VAW service at the JASL clinic. • 5,901 reached by the project **Outcome 3 - Indicator 1**: • Participants' knowledge increased by an average of 70% after the workshop (pre and post-test comparison). • Respondents were asked to rate their knowledge in **the legal and policy environment relating to VAW and HIV and the protection it provides as well as the gaps that exist in it**. The results showed that the ratings respondents provided varied significantly before and after the training. This is seen where 34% of the respondents rated their knowledge as 'poor' before the training and this value was reduced to 1% after the training; thereby attesting to the effectiveness of the training. Likewise, 38% of the respondents indicated having no knowledge of the areas before the training and this proportion dropped to zero after the training. Also, the number of respondents who rated their knowledge of the aforementioned area as excellent before the training was 0% but this proportion increased to 43% after the training. Similarly, the percentage of respondents who rated their knowledge as 'good' before the training was 12%. The percentage increased to 51% after the training. **Outcome 3 -Indicator 2:** 97% of beneficiaries reported that they intend on applying knowledge and skills gained from the training to better respond to HIV & VAW issues. • 93% reported that they have applied knowledge and skills gained from the training to better respond to HIV & VAW issues. • Respondents who said they have already applied the knowledge and skills gained from the training were asked to indicate how they have applied same. The results showed that educating women about their rights was the most common activity (86%), followed by the provision of outreach to women affected by abuse and violence (35%) and participating in peaceful marches (27%). Other activities mentioned by 10% or more of respondents included: facilitating or participating in sensitization sessions including community leaders and healthcare workers (14%), attending community meetings (13%) and volunteering at organizations that deal with marginalized communities.

	• A major success in this regard was the hiring of selected primary beneficiaries as Community Mobilizers. • Respondents were asked to indicate their perception of their ability to contribute to changes in programmes, policies or decisions that relate to VAW before and after the training. The results showed that 47% of respondents stated that they could impact polices or programmes before participating in the training. However, 96% reported that they had the ability to impact policies or programmes after participating in the training. • Respondents were asked to indicate whether they have made any attempts to contribute to changes in programmes, policies and decisions related to VAW and HIV since being exposed to training in some of the laws and policies that deal with these issues. The results showed that 89% of respondents said they have made attempts to contribute to changes in violence against women and HIV matters since participating in the training. However, 11% said they have not made any attempts to contribute to changes to the matter being discussed. • Respondents were asked to share the attempts that they have made to contribute to changes in policies, programmes and decisions relating to VAW and HIV. The results showed that outreach to other women through education and sensitization was the most common initiative (83%), followed by participated in peaceful marches/protests (36%) and facilitating/participating in sensitization sessions with community leaders, healthcare workers, police officers, leaders in government (20%) **Output 3.1** *Primary beneficiaries' knowledge of policies and legislation relating to HIV and VAW is Increased* • Knowledge increased by an average of 70% after the workshop (pre and post-test results comparison) Respondents were asked to rate their knowledge in **the legal and policy environment relating to VAW and HIV and the protection it provides as well as the gaps that exist in it**. The results showed that the ratings respondents provided varied significantly before and after the training. This is seen where 34% of the respondents rated their knowledge as 'poor' before the training and this value was reduced to 1% after the training; thereby attesting to the effectiveness of the training. Likewise, 38% of the respondents indicated having no knowledge of the areas before the training and this proportion dropped to zero after the training. Further, the percentage of respondents who rated their knowledge of the aforementioned area as excellent before the training was 0%. The number of persons who rated their knowledge as excellent after the training rose to 43%. Similarly, the percentage of respondents who rated their knowledge

	as 'good' before the training was 12%. The percentage increased to 51% after the training **Output 3.2** *Policies, programmes and decisions resulting from women and girl's training and participation in HIV and VAW advocacy initiatives* • The National Strategic Plan on GBV revised to include Sex Workers for the first time resulting from advocacy efforts under the project with Bureau of Gender Affairs. • JASL was a part of a joint lobbying committee that was involved in the review of the Sexual Offences Act, 2009 (other stakeholders included JFLAG and CVC). As a result of this lobbying the Act will be reviewed in 2017. The last time it was reviewed was in 2014. • One (1) meeting held with the Minister of Education around comprehensive sexuality health education for adolescents in schools. MINISTER OF EDUCATION indicated that Comprehensive Sexuality Health Education for adolescents in schools would be reviewed and JASL was invited to sit at the table conducting the review process. • JN+ - Will be integrating GBV into its programming • The establishment of two (2) affiliates of J-FLAG: We-Change and TransWave. • Sensitization Sessions and training workshops held for 9 health, legal and social service provider **Outcome 4 - Indicator 1**: **Training Workshops** • 36 judges trained (target 30) • 58 police officers trained (target 60) • 20 representatives from CSOs trained (target 20) from 8 organizations **Sensitization Sessions** 152 stakeholders sensitized *via* consultations using primary beneficiaries to participate in the sensitization process. These stakeholders included Ministry of Health, Western Regional Health Authority, Ministry of Justice, North Eastern Regional Health Authority, University of the West Indies Hospital, CISOCA, the Department of Public Prosecution, Bureau of Gender Affairs and Ministry of Education. **Outcome 4 - Indicator 2**: • The implementation of formal and informal sensitization sessions by legal officers, police and CSOs reaching over 1,000 indirect beneficiaries.

	Outcome 4 - Indicator 3:
	
	• Respondents were asked whether they accessed services related to violence or HIV provided by any of the following institutions within the last 12 months.
	  o Jamaica Constabulary Force
	  o Judiciary
	  o CSOs
	  o Healthcare Facilities
	
	The result showed that 66% of respondents said they accessed services from CSOs in the last 12 months. Thirty two percent (32%) received services from a health care facility while 23% received services from the Jamaica Constabulary Force. Fourteen percent (14%) stated that they accessed services from the judiciary in the last 12 months.
	
	Respondents were asked to rate the quality of the service received from the institutions. The data showed that CSOs received the highest favorability rating compared to the other institutions with 76% and 9% of respondents rating the service quality as excellent and good respectively. The judiciary received the second best rating with 54% of respondents rating the service as excellent and 23% rating same as good. However, the Jamaica Constabulary force received the lowest favourable rating with 10% of respondents rating the service as excellent and 14% rating same as good
	
	The following results represent the extent to which the outputs were achieved:
	
	Output 4.1
	
	Law enforcement and judiciary respond appropriately to the needs of women and girls affected by HIV who receive these services
	
	• 58 – law enforcement
	• 36 - judiciary
	• 20 - CSOs
	
	The implementing agency was able to achieve the project goal, outcomes and outputs through the execution of the following strategic activities:
	
	1. Formal partnerships established with Civil Society Organizations (Eve for Life, JCW, JN+, CVC and JFLAG) who currently serve the target group. Partners were engaged to assist with the execution of training sessions, implementing and strengthening redress systems and to aid advocacy efforts.
	2. Direct outreach targeting beneficiaries who were formally engaged *via* contracts to serve the project in the capacity of Community Mobilizers and Peer Links.

	3. Sensitization sessions implemented within the Health Services Sector as well as the broader Public Sector targeting opinion leaders and decision-makers. 4. Embedding of the project within a wider programmatic operational framework which resulted in the appointment and hiring of direct staff with sole responsibility of the project (i.e. the Project Coordinator) and other support staff who dedicated a portion of their time to meeting the project objectives. Such persons included: Programme Development Manager, Regional Programme Managers, Finance & Procurement Manager and other administrative personnel.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	**Quantitative Evidence** • End Line Survey conducted with a sample of 109 primary beneficiaries **Qualitative Evidence** • Document review of files provided by the Project Coordinator. These included: project progress and interim reports, workshop and sensitization sessions reports, meetings minutes, project documents, evaluation reports (pre and post test results), partner reports and community mobilizers' report. • Endline Assessment *via* key informant interviews conducted with over 20 secondary beneficiaries • Key informant interviews conducted with select staff members
Conclusions	There is no doubt that the project has had widespread impact on the lives of beneficiaries relative to its reach and the level of behaviour change that it was able to accomplish among primary beneficiaries as evidenced by the results of the Endline Survey. The survey concretized that women and girls experienced better health and empowerment depicted by their increased knowledge on VAW within the context of HIV and being given a voice that they are able to clearly articulate through advocacy efforts. In addition to this, the project created several openings within the policy and legislative framework in that it persuaded many critical stakeholders to begin a conversation around the issue of VAW; in recognition of its important. Some of these stakeholders have made commitments where the execution of which will require extensive follow through of JASL and its partners. In light of this, sustainability planning and execution will be critical in order to continue capitalizing upon the gains for the current project.
Other	

Evaluation Criteria	Effectiveness
Evaluation Question	2) Was the project effective in delivering desired/planned results?

Response to the evaluation question with analysis of key findings by the evaluation team	The project was effective in delivering the desired / planned results and this is evident by the achievements listed in response to evaluation question #1.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	**Quantitative Evidence** • Endline Survey conducted with a sample of 109 primary beneficiaries **Qualitative Evidence** • Document review of files provided by the Project Coordinator. These included: project progress and interim reports, workshop and sensitization sessions reports, meetings minutes, project documents, evaluation reports (pre and post test results), partner reports and Community Mobilizers' report. • Endline Assessment *via* key informant interviews conducted with over 20 secondary beneficiaries • Key informant interviews conducted with select staff members
Conclusions	Refer to section under evaluation question #1.
Other	

Evaluation Criteria	Effectiveness
Evaluation Question	3) 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	A total of 8,143 primary and secondary beneficiaries were reached through the project. This includes the following: • 20 CSO representatives • 36 members of the judiciary • 58 law enforcement agents • 5,901 women and girls affected by HIV and VAW who were referred to JASL services by volunteers • 2,102 women who accessed VAW and SRH services through JASL • 8 community mobilizers • 18 clinic staff **Indirect Beneficiaries Reached** • 232 reached *via* the online petition • 328,550 reached through media campaigns (TV, Radio and Print)

Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Audit of project reports, Community Mobilizers' reports and the Project Coordinator's report.
Conclusions	The reach of this project was great among targeted primary and secondary beneficiaries. This is substantiated by the exceeding of targets by very large amounts. In addition to this, another 328,550 indirect beneficiaries were reached *via* media campaigns launched on Facebook plus 232 reached *via* online petitions. Despite this overwhelming reach among direct and indirect beneficiaries, there were no mechanisms in place to measure and document the reach of the project to indirect beneficiaries who were reached through channels such as partner websites, media campaigns (specifically TV, Radio, Outdoor advertising and Print) and the staging of mass gatherings such as silent protests. Had there been a structure in place to track and record this reach, the results would have been more widespread.
Other	

Evaluation Criteria	Effectiveness
Evaluation Question	4) How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved?
Response to the evaluation question with analysis of key findings by the evaluation team	The project was very effective in meeting the needs of beneficiaries through the following mechanisms: • Medical – the hiring of full time nurses, adherence counsellors, the streamlining of Pap smear tests making it a part of regular service delivery • Nutritional – nutritional assessments and counselling. • Psychosocial – counselling around family planning, screening for GBV and treatment literacy sessions. • Economic – hiring of 8 Community Mobilizers as part-time project staff thus contributing to their economic livelihood. The correspondent results are: • 8 persons gained employment through the project and acquired skills. A significant amount was invested in salaries for beneficiaries within the period they were engaged. • More than half (52%) reported practicing good adherence to medication • 95% of beneficiaries reported that it was unacceptable for a woman's partner to demonstrate any form of violence towards her. • 77% have had an STI check in the last year • 61% reported always using a condom during sexual intercourse

	• 2,102 women accessed clinic services
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Beneficiary interviews *via* Endline Survey, Baseline Report, project progress reports, interview with project coordinator and auditing of employees' contracts and other project financial records
Conclusions	The effectiveness of the project in meeting the needs of women and girls is paramount and this is epitomized by the aforementioned findings. It should be noted that the extent of the impact in meeting needs might have been limited due to some gaps that were found in the baseline data. For example, although the baseline questionnaire asked critical questions, some of these questions weren't reported in the final document. As a result of this, worthwhile comparisons with the Endline data could not have been made in some cases. Another limitation of the baseline study that made it difficult to conduct comparisons with the Endline study was the omission of disaggregated data across the beneficiary groupings (i.e. LBT, WLHIV, WLD and SWs).
Other	

Evaluation Criteria	Effectiveness
Evaluation Question	5) 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.
Response to the evaluation question with analysis of key findings by the evaluation team	The positive changes that this project generated in the lives of women as it relates to specific forms of violence are summarized below: • Approximately 95% of respondents said it was 'never acceptable' for a woman's partner to demonstrate any of the aforementioned violent activities towards her. • Improvement in women's reaction to violence which included: reporting incidence of violence to the police (27%), social service agency (18%) or telling a friend (24%) • Women were empowered to identify the various forms of violence and reject manifestations of these forms of violence. This is evidenced by the following: Respondents were asked to rate their knowledge of different forms of violence against women before and after the training. The result showed that the ratings respondents gave varied significantly before and after the training as the percentage of respondents who rated their knowledge as 'poor' before participating in the training was 39%. The value moved to 0% after participating in the training. In addition, the percentage of respondents who said that they did not have any knowledge of the different forms of violence before the

	training was 25%. This value dropped to 0% after the training. The percentage of respondents who rated their knowledge of the aforementioned area as excellent was 0% before the training. The percentage rose to 47% after the training. Similarly, the percentage of respondents who rated their knowledge as 'good' before the training was 18%. The percentage increased to 49% after the training, representing a 31% increase • Women's knowledge on HIV and VAW issues was increased on average by 70% • 86% of beneficiaries have been educating women about their rights relative to VAW • 35% provide outreach to women affected by abuse and violence including assistance to find support groups, counselling, advice, programmes or go to the police / get a lawyer Untargeted women were not tracked under this project due to challenges with M&E capacity and capabilities.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Beneficiary interviews *via* Endline survey, interview with Project Coordinator
Conclusions	The positive changes brought about in the lives of targeted women *via* this project have resulted in the shifting of power dynamics as evidenced by activities being initiated by women and their increased knowledge about violence and its various manifestations. Within the context of HIV, women will report more acts of violence, leave abusive relationships and empower other women with similar experiences to do the same thereby lessening the probability of the spreading of HIV and other STIs. As it relates to untargeted women, the results might have been similar but there was no tracking of indirect beneficiaries who might have been impacted by the project. The approach of monitoring and tracking beneficiaries was done in silo, making it impossible to assess impact as it relates to untargeted beneficiaries.
Other	

Evaluation Criteria	Effectiveness
Evaluation Question	6) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How?
Response to the evaluation question with analysis of key	Some internal and external factors that contributed to the success associated with the achievement of intended project goals, outcomes and outputs include:

findings by the evaluation team	1. Formal partnerships established with Civil Society Organizations (Eve for Life, JCW, JN+, CVC and JFLAG) who currently serve the target group. Partners were engaged to assist with the execution of training sessions, implementing and strengthening redress systems and to aid advocacy efforts. 2. Direct outreach targeting beneficiaries who were formally engaged *via* contracts to serve the project in the capacity of Community Mobilizers and Peer Links. 3. Sensitization sessions implemented within the Health Services Sector as well as the broader Public Sector targeting opinion leaders and decision-makers. 4. Embedding of the project within a wider programmatic operational framework which resulted in the appointment and hiring of direct staff with sole responsibility of the project (i.e. the Project Coordinator) and other support staff who dedicated a portion of their time to meeting the project objectives. Such persons included: Programme Development Manager, Regional Programme Managers, Finance Manager and other administrative personnel. 5. Technical assistance provided by UN Trust Fund Team. 6. The hands-on approach that was taken relative to managing partner agencies *via* planning meetings. Some internal and external factors that affected the smooth and timely implementation of the project and in turn the ability to adequately meet targets in a few areas include: 1. Merger of NFPB and MOH which delayed the delivery of a critical research that was made available 2 years after the planned release date. This resulted in the inability of stakeholders to use the findings from the research to inform any type of intervention. 2. Establishment of partnerships with CSOs, although listed as one of the strengths of the project, also acted as a weakness in instances where the capacity of partners in some areas was weak. This stymied project implementation thereby causing undue delays. This occurred despite being given detailed work plans, TORs, curriculum, budget and being engaged in partnership meetings. Some challenges with capacity was their inability to interpret the training topics and deliver relevant material to beneficiaries based on what was outlined in the TOR, consistent application of and relevant pre and post test questions to capture movements in knowledge level of beneficiaries in legal literacy and providing thorough reports to convey achievements of training sessions. Their non-compliance in submitting agendas and course outlines ahead of planned training session also contributed to the challenges. 3. Limited capacity of some of JASL's staff to extend themselves outside of the core work of the organization and carry out adequate training on GBV within the context of HIV.
Quantitative and/or qualitative evidence by the evaluation team to	Audit of project documents (staff contracts, partnership agreements, sensitization session reports) and interview with project

support the response and analysis above	staff (full interviews with Project Coordinator and Project Development Manager and verification interview with M&E officer).
Conclusions	For the most part, JASL was able to implement best practices *via* the utilization of a bottom-up approach by engaging beneficiaries as peer mobilizers to reach other members of the community and leveraging partnerships with Civil Society and Government to meet project deliverables in an effective way. Despite this, the delays experienced with the achievement of targets by the scheduled dates were affected by both internal and external factors. This is compounded by the weak M&E capacity that currently exists in the organization that is aggravated by the non-existence of an automated project management system.
Other	

Evaluation Criteria	Effectiveness
Evaluation Question	7) To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why.
Response to the evaluation question with analysis of key findings by the evaluation team	The project successfully advocated for policy changes, however no changes resulted from the advocacy initiatives. Instead, ground work started that will ultimately lead to policy changes. A synopsis of the ground work that has started include: • CVC producing two(2) position papers on *Sex Work* and *Issues Of Gender Based Violence (GBV) including Intimate Partner Violence – HIV Positive Women And Girls, Lesbians, Bisexual Women And Transgender Persons (LBT) And Women with Disabilities* ✓ CHARES, the HIV Health Clinic and the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA), the police agency, indicated an interest in the improving its documentation as a result of the research. CHARES and CISOCA, as a result of the research directly requested support in developing report forms, or to get templates to capture information on the vulnerable populations. CISOCA in particular saw this as relevant as the information they collected was based on perpetrators rather than victims. ✓ The research was used to develop briefs for sensitization sessions and training workshops with 9 health, legal and social service providers. For instance: o THE BUREAU OF GENDER AFFAIRS which resulted in the historic inclusion of Sex Workers (as a vulnerable group) in the revised National Strategic Plan on GBV by the Bureau of Gender Affairs which comes up for

	parliamentary committee review in January 2017 (Gleaner, December 7, 2016). o MINISTRY OF HEALTH-Sensitization Sessions with the former Permanent Secretary and the Minister in the Ministry of Health resulted in the following commitments: (1. Investigating renewed training for Sign Language Interpreters for deployment to Healthcare facilities; 2. Confidentiality Policy to be submitted to Parliament; 3. Tabling of the Research to be included in the Ministry of Health's Sectoral presentation). o DIRECTOR OF PUBLIC PROSECUTIONS - Prosecutors indicated seeking accreditation from the General Legal Council of Jamaica for JASL's presentation on GBV HIV. o MINISTER OF EDUCATION indicated that Comprehensive Sexuality Health Education for adolescents in schools would be reviewed and JASL was invited to sit at the table conducting the review process. • Other legislative changes occurring as a result of JASL's and other stakeholders' lobbying was the tabling of the Sexual Harassment Bill in late 2015. Also, JASL continues to agitate around this as it launched the petition to strengthen and expedite the passing of the Bill. • Other programmes, polices and decisions that emerged from the impact of the overall project (but cannot be tied to the HIV and VAW research that was done) were: o The implementation of formal and informal sensitization sessions by legal officers, police and CSOs reaching over 1,000 indirect beneficiaries. o The establishment of We-Change and TransWave through J-FLAG. These are new affiliates of J-FLAG with a mandate to serve and advocate on behalf of vulnerable women within the communities of Lesbian and Bisexual women and Transgender persons, respectively. These organizations have been very active in the production of blogs, online petitions and the development of position papers. o There has been greater awareness created within the Jamaica Constabulary Force on issues relating to HIV and VAW. While there are no formal policies or programmes developed to address the issue at hand, the consistent sensitization of the Force's own Diversity Policy has created somewhat of a leveled playing field relative to how vulnerable women are treated during the service delivery process. • Secondary beneficiaries reported that the project implemented by JASL is a positive move that has introduced service providers

	to some key considerations relative to services that are offered to vulnerable populations as it relates to HIV and VAW. It is also felt that the project, although it offered tremendous benefits, was short-lived and there needs to be some amount of continuity. Members of the police force are requesting institutionalization of the training provided by JASL with the police force.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	• Interview with project staff and consultation of project reports (progress reports, sensitization reports and Project Coordinator's Report).
Conclusions	Advocacy work was done by JASL and its partners and this paved the way to open conversations and commitments at the national level. It so doing, it has created an opening within the policy frontier that will enable the organization to continue building on its work. JASL has already started this through the employment of a Policy and Advocacy Officer whose portfolio is advocacy as well as the crafting of the joint advocacy plan with 7 CSOs. The extent of JASL's success in creating a greater impact on the policy environment will be determined by the level of follow-up work that is executed.
Other	

Evaluation Criteria	Effectiveness
Evaluation Question	8) To what extent did the Project's M&E mechanism contribute in meeting project results?
Response to the evaluation question with analysis of key findings by the evaluation team	The monitoring and evaluation mechanisms that existed at JASL contributed greatly to the project's ability to meet the planned results. This was demonstrated through the existence of the following: 1. Existence of an organizational Monitoring and Evaluation Framework that is overseen by the Programme Development Manager. 2. The development and implementation of work plans that monitors project performance 3. Existence of project level M&E through the establishment of forms and templates designed to track and capture data at all levels of the project. Some of these include: beneficiary data forms (for social and medical interventions), training evaluation forms etc. 4. Monthly reporting system established to track project indicators especially as it relates to project outreach. 5. Establishment of formal agreements with all project staff with detailed TORs explaining key project deliverables 6. Hosting of periodic and scheduled team meetings where project updates are provided.

	Despite the ability of the M&E mechanisms implemented by JASL to govern execution of the project, there were limitations that existed and if these limitations are addressed, it would increase the efficiency of project implementation in the future. Some limitations found were: 1. The existence of paper-based files especially for the tracking of beneficiaries and the heavy reliance on Microsoft Excel and MS Word to store and retrieve data. It is very likely that there maybe over or under-representation of targets because there was no system in place to record 'unique' clients e.g. the issuance of a unique identifier to prevent duplication in the system. It was also found that JASL was unable to provide the list of beneficiaries in a structured electronic format. It is not that the data didn't exist because it was there; it just existed in a very fragmented way. 2. There were no systems in place to track the number of persons reached *via* the media campaign. 3. There was no tracking of other indirect beneficiaries who might have been reached by the project. The incorporation of an automated management system as well as a plan established to specifically monitor these events will strengthen the M&E capacity of future projects.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Document review and interview with Project Coordinator and Project Development Manager.
Conclusions	There is an M&E system in place at JASL that partly contributed to the success of the project. Notwithstanding this, there are many gaps, that, if closed will enhance the effectiveness in implementing projects. Currently there are no automated project management systems existing at JASL and this results in reliance on MS Excel and manual storage and retrieval of project files.
Other	

Evaluation Criteria	Effectiveness
Evaluation Question	9) How effective were the strategies and tools used in the implementation of the project?
Response to the evaluation question with analysis of key findings by the evaluation team	A synopsis of the strategies and tools used in the implementation of the project were: 1. Formal partnerships established with Civil Society Organizations (Eve for Life, JCW, JN+, CVC and JFLAG) who currently serve the target group. Partners were engaged to assist with the execution of training sessions, implementing and strengthening redress systems and to aid advocacy efforts.

	2. Direct outreach targeting beneficiaries who were formally engaged via contracts to serve the project in the capacity of Community Mobilizers and Peer Links. 3. Sensitization sessions implemented within the Health Services Sector as well as the broader Public Sector targeting opinion leaders and decision-makers. 5. Embedding of the project within a wider programmatic operational framework which resulted in the appointment and hiring of direct staff with sole responsibility of the project (i.e. the Project Coordinator) and other support staff who dedicated a portion of their time to meeting the project objectives. Such persons included: Programme Development Manager, Regional Programme Managers, Finance & Procurement Manager and other administrative personnel. 4. Technical assistance provided by UN Trust Fund Team. 5. Having a hands-on approach relative to managing partner agencies via planning meetings. 6. Using a bottom-up participatory approach where beneficiaries were engaged as Facilitators during the sensitization sessions and embedding their input into position papers. This served as a means of empowering the target group through the development of self-esteem and the competence to negotiate better power relations. The effectiveness of these tools and strategies are substantiated by: a. The exceeding of the following project targets: i. Beneficiaries reached by over 440% ii. Total number of beneficiaries who accessed services by over 228% b. Behaviour change brought about in beneficiaries whose knowledge improved on average by 70% in their ability to identify the different forms of violence and who reported being able to independently counsel other women who are affected by violence and also present them with options for support and help c. Strengthening of service delivery *via* the diversification of portfolio to include psychosocial services as well as services that cater to women affected by all forms of violence d. The permanent embedding of the intake form in JASL' system that screens for VAW e. Formation of two advocacy organizations that were birthed from association with the UNTF Project through JFLAG. We-Change and Transwave were formed and as a result of their initiative, were able to reach over 70,000 persons via a campaign over a social media platform. f. Resulted in the permanent hire of a Policy and Advocacy Officer through which the Joint Civil Society Advocacy Plan was crafted. The Plan resulted from a partnership among 7 CSOs that is geared towards holding the government accountable for the development of legislation that affect women in terms of violence. The activities under this Plan are funded by the Global Fund. A major achievement of

	this Plan is the successful inclusion of JASL on the Ministry of Education's Committee on Sexuality Education in Schools. The Committee is responsible for the reviewing of Home and Family Life Education (HFLE) publication. Upon revision of this publication, the document will be disseminated in all public and private secondary schools Country-wide. g. Creation of a database with disaggregated VAW and HIV data on targeted population thereby strengthening the capacity of JASL to design and deliver targeted programmes that are effective in meeting the needs of beneficiaries. h. Institutionalization of the Social Work position in order to enhance and expand the suite of services offered to clients.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Beneficiary interviews *via* Endline survey, project document review, interview with Policy and Advocacy officer, Project Coordinator and Project Development Manager.
Conclusions	JASL utilized several strategies that can be classified as best practices and these have significantly impacted the success of the project that is evidenced by the overwhelming exceeding of the targets among primary beneficiaries. These best practices should be added to the process assets of the organization and further streamlining through a solid monitoring and evaluation framework will increase its replicability to future projects.
Other	

Evaluation Criteria	Effectiveness
Evaluation Question	10) What are the future intervention strategies and issues?
Response to the evaluation question with analysis of key findings by the evaluation team	The future intervention strategies and issues are: • Sourcing and integration of an automated Project Management Platform such as Microsoft Projects to foster better coordination, strengthening of the M&E mechanism and the managing and directing framework that governs projects. . • Streamlining of the existing database of clients by sourcing and implementing an electronic client relationship management system in order to lessen the reliance on project partners to reach target groups. • Implementation of residential training sessions with a Counsellor on site to deal with emotional and psychological issues that emerge during workshops. These emerging issues usually interrupt the training sessions and cause delay in its hosting and trauma to other trainees and facilitators. With residential workshops and the presence of a counsellor, these issues can be dealt with separately and professionally and at the same time cater to the emotional and psychological needs of beneficiaries. • The hiring of competent project partners to deliver training outputs at the required standards.

	• Implementation of more stringent deliverables-based disbursement of funds to sub-grantees (project partners who are engaged under contract). • Implement a Call for Proposal element in which sub-grantees are required to submit full project proposals and sample agendas, tools, instrument and training outlines for seminars they intend to deliver. • Partner with private sector research firms and universities as applicable to execute project research deliverables. It is noted from the situation with NFPB; a government-owned entity, that due to the change in government mandate and the reshuffling of government resources, this adversely affected the project causing serious quality delays and the meeting of critical outcomes. • Establish ongoing partnerships with service providers especially the Police to promote institutionalization of training programmes thereby increasing the effectiveness of these programmes to impact service delivery in a sustainable manner. • Continue to build on the work of this project through partnerships that have already been established and seeds that have been sown with the possibility of enabling Policy revisions and changes in favour of women who experience all forms of violence.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Interview with Project Coordinator and Project Development Manager
Conclusions	The organization has responded appropriately to future strategies and issues that will require significant time and financial investments for realization. Currently, there is a major project that has been designed, for which funding is currently being sought, to build on the achievements of the UNTF as well as another project that is underway. JASL understands, quite well, the issues at hand and the mechanisms that need to be put in place to guarantee success.
Other	

Evaluation Criteria – Relevance

Evaluation Criteria	Relevance
Evaluation Question	1) Was the project relevant to the identified needs of the beneficiaries?
Response to the evaluation question with analysis of key findings by the evaluation team	The project was relevant to the identified needs of the beneficiaries. (Further details are presented below in the follow-up question)

Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interview and document audit (Community Mobilizers' and Consultative meeting reports)
Conclusions	Details are presented in the follow-up question.
Other	

Evaluation Criteria	Relevance
Evaluation Question	2) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls?
Response to the evaluation question with analysis of key findings by the evaluation team	The project was relevant to the identified needs of the beneficiaries. The relevance of the project to the needs of women and girls are substantiated by the following: 1. The high levels of violence reported throughout the project *via* the Community Mobilization outreach activities that were documented in the Mobilizers' Reports as well as workshops. Between January 2015 and May 2016 there were 455 reported cases of violence inclusive of rape, gender-based violence, community violence, stigma and discrimination, intimate partner violence and domestic violence. These issues were also reported by all implementing partners at the Project Partners' Mid-Term Review Meeting held in November 12, 2015. A synopsis of the extent of violence reported in this review meeting included: corrective rape, street harassment, access to health care and intimate partner violence. 2. The curriculum that was covered in the training modules which empowered women to: identify and execute advocacy initiativesand facilitate high-level stakeholder meetings, prepare positions for position papers and letters, identify the various forms of violence and understand the level of service that should be delivered to them. 3. Women's ability to engage service providers *via* consultative meetings, sensitization sessions and training workshop aimed at transforming service interactions with primary beneficiaries at service points into friendly, sensitive and respectful exchanges. These sessions were also geared at embedding the importance of capturing sex disaggregated data. 4. The provision of holistic SRH and VAW services within the context of HIV thereby promoting access to psychosocial and medical services thereby attending to the full needs of women. 5. The research led by NFPB (A Situational Analysis on VAW/G and HIV), although it came after the fact, documented the needs of women in relation to HIV and VAW as well as presented a mapping of the policy, institutional and social ecosystem that existed in this regard. Although this research was late, JASL possessed intimate knowledge of the situation of women, having worked with them for a long time and

	thereby had developed its own database of the situation of vulnerable women within the context of VAW and HIV. 6. Using beneficiaries' input in the development of position papers and having women lead several sensitization session served as a medium of empowerment. http://jamaica-gleaner.com/article/news/20161104/police-call-more-partnerships-end-inequality
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interview and document audit (Community Mobilizers' and Consultative meeting reports)
Conclusions	This project was both timely and relevant in responding to the needs of women as it created a holistic space and service delivery package that catered to their medical, social and psychological needs in a very profound way. In addition to this, the project empowered women by creating the atmosphere, through capacity building, that was needed to shift power relations where women were able to: 1. address high-level policy makers, influencers and shakers, 2. empower their peers to seek help through the provision of advice and sensitization to aid options and 3. identify the different forms of violence and increase their own reporting to the police or other help points.
Other	

Evaluation Criteria	Relevance
Evaluation Question	3) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls?
Response to the evaluation question with analysis of key findings by the evaluation team	The achieved results continue to be relevant to the needs of women and girls in the following ways: • Violence against women in Jamaica has reached unprecedented numbers and this figure is greater for most at risk populations of women. A lot of work has been done but the policy environment is moving at snail's pace towards the adoption and the passing of legislation that deals with VAW. In light of this, JASL's response with the hiring of a full-time Policy and Advocacy Officer has augured well in the continuation of this work. The funding obtained through the Global Fund to implement the 3-year joint advocacy initiative is evidence that there is some element of sustainability. • The embedding of expanded SRH and VAW services as part of JASL's institutional service delivery to women and girls. • The numbers at the clinic continue to increase steadily and women and girls have been accessing the holistic SRH

	services that are offered at JASL clinic site thereby substantiating the relevance of the results of the project. • The knowledge products created by this project (NFPB Situational Analysis, Baseline and Endline Studies, Consultative Reports and sex disaggregated data collected at clinic sites) have provided a reservoir of knowledge that remains relevant and should be consulted in an effort to promote a coordinated response to end violence against women and girls.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interviews and Project document review (baseline report, Situational Analysis, Joint Advocacy Plan)
Conclusions	This project, for years to come will continuously be relevant to the needs of women due to: 1. the institutionalization of expanded SRH and VAW services at all JASL locations, 2. the open dialogue that has been created among key duty bearers and 3. the efforts that are being made to build on the gains of the current project.
Other	

Evaluation Criteria	Relevance
Evaluation Question	4) What and how much progress has been made towards achieving the overall outputs and outcomes of the project (including contributing factors and constraints);
Response to the evaluation question with analysis of key findings by the evaluation team	There has been significant progress made towards achieving the overall outputs and outcomes of the project. This is substantiated by the fact that most targets were exceeded and beneficiaries gave JASL raving reviews for service delivery evidenced by a satisfaction score of 98%. At this point, the reader is being encouraged to consult the Results Monitoring Plan for a detailed overview of the performance of outputs and outcomes that is available in the appendices section of this report. The contributing factors that led to these results are associated with the management strategies that were implemented to govern work under this project. A synopsis of these are: 1. Formal partnerships established with Civil Society Organizations (Eve for Life, JCW, JN+, CVC and JFLAG) who currently serve the target group. Partners were engaged to assist with the execution of training sessions, implementing and strengthening redress systems and to aid advocacy efforts. 2. Direct outreach targeting beneficiaries who were formally engaged *via* contracts to serve the project in the capacity of Community Mobilizers and Peer Links.

	3. Sensitization sessions implemented within the Health Services Sector as well as the broader Public Sector targeting opinion leaders and decision-makers. 4. Embedding of the project within a wider programmatic operational framework which resulted in the appointment and hiring of direct staff with sole responsibility of the project (i.e. the Project Coordinator) and other support staff who dedicated a portion of their time to meeting the project objectives. Such persons included: Programme Development Manager, Regional Programme Managers, Finance and Procurement Manager and other administrative personnel. 5. Technical assistance provided by UN Trust Fund Team. 6. Having a hands-on approach relative to managing partner agencies via planning meetings. 7. Using a bottom-up participatory approach where beneficiaries were engaged as Facilitators during the sensitization sessions and embedding their input into position papers. This served as a means of empowering the target group through the development of self-esteem and the competence to negotiate better power relations. As it relates to constraints, there were a few which adversely affected scheduling (even though the project ended with very little outstanding activities) and these were: a. The delay experienced in producing the Situational Analysis report by NFPB that was scheduled to be released in year 1 and was delayed until year 3 b. Delays in scheduling resulting from the uncooperative nature of some sub-grantees and JASL's own internal functional structure that causes some staff members to prioritize functional work over project-related work; this was reverberate by conflict among some members of the team
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Project document review (project cooperation agreements, project progress reports, beneficiary workshop reports, sensitization session reports, community mobilizers' reports, project coordinator's report) and staff interviews.
Conclusions	The contributing factors that resulted in the success of this project included the implementation of best practices and the partnership network that JASL were able to leverage. There were few constraints associated with failure to perform on the side of external bodies as well as JASL's own internal structure and organizational culture.
Other	

Evaluation Criteria	Relevance
Evaluation Question	5) Were the inputs and strategies identified, and were they realistic, appropriate and adequate to achieve the results?

Response to the evaluation question with analysis of key findings by the evaluation team	Inputs and strategies that were identified were proven to be realistic, adequate and appropriate in achieving project results. This is substantiated by: a. Exceeding of the following project targets: i. Beneficiaries reached by over 440% ii. Total number of beneficiaries who accessed services by over 228% b. Behaviour change brought about in beneficiaries who knowledge improved on average by 70% in their ability to identify the different forms of violence and who reported being able to independently counsel other women who are affected by violence and also present them with options for support and help. c. Strengthening of service delivery via the diversification of portfolio to include psychosocial services as well as services that cater to women affected by all forms of violence. d. The permanent embedding of the intake form in JASL' system that screens for VAW. e. Formation of two advocacy organizations that were birthed from association with the UNTF Project through JFLAG. We Change and Transwave was formed and as a result of their initiative, were able to reach over 70,000 persons via a campaign over a social media platform. f. The hiring of a permanent Policy &Advocacy Officer through which the Joint Civil Society Advocacy Plan was crafted. The Plan resulted from a partnership among 7 CSOs that is geared towards holding the government accountable for the development of legislation that affect women in terms of violence. The activities under this Plan are funded by the Global Fund. A major achievement of this Plan is the successful inclusion of JASL on the Ministry of Education's Committee on Sexuality Education in Schools. The Committee is responsible for the reviewing of HFLE publication. Upon revision of this publication, the document will be disseminated in all public and private secondary schools Country-wide. g. Creation of a database with disaggregated VAW and HIV data on targeted population thereby strengthening the capacity of JASL to design and deliver targeted programmes that are effective in meeting the needs of beneficiaries. h. Institutionalization of the Social Work post.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Project document review (project progress reports, Joint Advocacy Plan), staff and beneficiary interviews

Conclusions	JASL is classified as a safe space by almost 100% of its clients and this proves its ability to create and implemented strategies that are centered on both reaching the targeted population and catering to their needs.
Other	

Evaluation Criteria – Efficiency

<table>
<tr><td>Evaluation Criteria</td><td>Efficiency</td></tr>
<tr><td>Evaluation Question</td><td>1) How efficiently and timely has this project been implemented and managed in accordance with the Project Document?</td></tr>
<tr><td>Response to the evaluation question with analysis of key findings by the evaluation team</td><td>Based on the audit of project documents and interviews done with key project staff, it can be concluded that the project was not implemented in a timely manner based on scheduling of activities. The extent of the delays is documented below:
<table>
<tr><th>Expected Outcomes</th><th>Outputs</th><th>Planned Delivery Date</th><th>Actual Delivery Date</th></tr>
<tr><td rowspan="2">Outcome 1. Programme, policy and legislative changes are informed by findings from the VAW and HIV research of the project</td><td>Output 1.1: Situational Analysis report on primary beneficiaries' access to HIV and VAW-related health services
Activity:</td><td>Year 1: Q1- Q2</td><td>Year 3:Q1</td></tr>
<tr><td>Output 1.2: Results of VAW and HIV research summarized into user-friendly format and disseminated to implementing partners and public agencies</td><td>Year 1: Q1- Q2</td><td>Year 3:Q1</td></tr>
<tr><td>Outcome 2: Women and girls affected by HIV have increased</td><td>Output 2.1: Staff trained at all 3 JASL clinics to provide expanded HIV, SRH, and VAW-related services</td><td>Year 1:Q2</td><td>Year 1:Q4</td></tr>
</table></td></tr>
</table>

	access to integrated VAW and SRH related services	**Output 2.2:** HIV, SRH and VAW services categories expanded at all 3 JASL clinics (Montego Bay, Ocho Rios and Kingston)	**Year 1: Q2-Q3**	**Year 1:Q4**
		Output 2.3: Increased uptake of HIV and VAW-related services at all 3 JASL clinics among primary beneficiaries	**Year 1:Q2-Q3**	**Year 1:Q4**
	Outcome 3: Women and girls affected by HIV have improved legal literacy and advocacy skills to respond to VAW	**Output 3.1:** Primary beneficiaries' knowledge of policies and legislation relating to HIV and VAW increased.	**Year 1:Q4- Year 3:Q2**	**Year 2:Q2 – Y3:Q3**
		Output 3.2: Policies, programmes and decisions resulting from women and girls' training and participation in HIV and VAW advocacy initiatives.	**Year 2:Q1- Year 3:Q4**	**Year 3:Q1- Year 3:Q3**
	Outcome 4: Management and staff from social, health and law enforcement services adequately respond to the needs of women and girls affected by HIV and VAW	**Output 4.1:** Law enforcement and judiciary respond appropriately to the needs of women and girls differentially affected by HIV who receive these services. 4.1.1: Law Enforcement 4.1.2: Judiciary	**Year2:Q1 and Year 2:Q3** **Year 2: Q2 and Year 2: 4**	**Year3:Q1, Q2 and Q4** **Year 2: Q3**
		Output 4.2: Civil Society Organizations in the health and social services sector respond appropriately to the needs of women and girls differentially		**Year 2:Q1**

		affected by HIV who receive these services. 4.2.2 Train Key reps from Civil Society 4.2.3: Communication Plan	**Year 2:Q2 and Year 2:Q4** **Year 2: Q1- Year3: Q4**	**Year 2:Q3 – Year 3:Q4**

Despite these delays, the project team was still able to complete 99% of the project by the scheduled end date.

Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Document review (project progress reports, community mobilizers reports, project workplan and logical framework) and staff interview (Project Coordinator)
Conclusions	Most project activities were delayed; in that they weren't implemented within the projected timeline over the course of 3 years. This adversely affected the efficiency of the project as it relates to the timelines. There are several internal and external factor that contributed to this but this can be easily fixed by the portfolio of experts, obtaining and embedding project management software and strengthening its M&E framework.
Other	

Evaluation Criteria	Efficiency
Evaluation Question	2) Was the process of achieving results efficient? Specifically did the actual or expected results (outputs and outcomes) justify the costs incurred? Were the resources effectively utilized?
Response to the evaluation question with analysis of key findings by the evaluation team	The process of achieving results was not efficient and this is seen where almost all major deliverables on the work plan did not occur in the projected time. Despite this, JASL ensured that the costs incurred were justified and this is largely attributed to the existence of a very mature financial management framework that is implemented well. This was done through a very robust system that required the presentation of approved supporting documents in order for payments to be processed. These supporting documents included but not limited to: workshop reports, evaluation studies, progress reports, instruments, quotations and so

	on. This strategy resulted in the effective utilization of resources and resulting in a burn rate of 96%.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Project budget, work plan, project and finance staff interviews and financial reports.
Conclusions	The process to achieve results was inefficient.
Other	

Evaluation Criteria	Efficiency
Evaluation Question	3) Did project activities overlap and duplicate other similar interventions (funded nationally and /or by other donors? Are there more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs?
Response to the evaluation question with analysis of key findings by the evaluation team	The only project that was implemented by JASL concurrently with UNTF Project was the Elton John AIDS Foundation Project and this presented an overlap in the area of conducting sensitization sessions with key duty bearers. The strategy used to prevent this was the integration of these activities under the UNTF Project.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Project staff interview
Conclusions	JASL is an experienced organization that understands how to prevent overlaps with projects by creating and implementing strategies to merge areas of similarity on projects in order to prevent duplication.
Other	

Evaluation Criteria	Efficiency
Evaluation Question	4) Could a different approach have produced better results?
Response to the evaluation question with analysis of key findings by the evaluation team	A different approach would have presented better results specifically as it relates to: managing team dynamics, tracking indirect beneficiaries and enhancing documentation of the project's impact. This statement in no way undermines the significant achievements made by this project. The things that need to be fixed are: JASL's willingness and ability to invest in electronic project management software, implement robust database management initiatives and improve its accountability structure in

	ensuring that all members of the team deliver in the best interest of projects.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interviews and project document review (general project documents)
Conclusions	The project presented several best practice options that can be replicated locally and internationally within similar projects. Despite this, there were areas that, had they been done differently would have improved the project's efficiency, system of documentation and the tracking of indirect and direct beneficiaries.
Other	

Evaluation Criteria	Efficiency
Evaluation Question	5) How was the project's collaboration with its partners, other CSOs and government?
Response to the evaluation question with analysis of key findings by the evaluation team	Collaboration with project partners such as CSOs was formalized *via* contracts and the existence of TORs that guided the operation of implementing partners and sub-grantees. These relationships were strengthened *via* the hosting of partnership update meetings, consultations and project review meetings. JASL managed to maintain a wide network of critical stakeholders with whom provide varied levels of support to the project. The Project Coordinator maintains a structured database of electronic and paper-based files with information for stakeholders and reports of sessions convened with them. The stakeholder pool includes several government and private sector partners as well as CSOs. JASL understands the importance of partnerships as the organization has engaged several CSOs in MOUs for other projects outside of the UNTF Project. During this project, the management of outputs for which implementing partners were responsible presented some amount of challenge. This resulted from the uncooperative nature of some partners who were non-compliant with quality expectations and meeting reporting guidelines. JASL managed to use relationship management strategies to get the best out of this pool but commits to managing the finances of sub-grantees more closely for future projects.
Quantitative and/or qualitative evidence by the evaluation team to	Staff interviews and document reviews (partnership agreements, partnership training reports).

support the response and analysis above	
Conclusions	JASL's wide partnership network served the project well and resulted in the meeting of targets. There were some over which JASL had limited control; nonetheless, challenges that could have been avoided if, it had conducted institutional assessments of sub-grantees in an effort to diagnose their capacity.
Other	

Evaluation Criteria	Efficiency
Evaluation Question	6) How efficient were the management and accountability structures of the project?
Response to the evaluation question with analysis of key findings by the evaluation team	JASL's management and accountability structures for this project included: 1. The dedication of 1 Project Coordinator who obtains support from other members of staff in specific areas 2. Oversight provided by the Programme Development Manager 3. The existence of project staff contracts with TORs that contained clearly outlined deliverables 4. Project staff are required to participate in performance appraisal interviews where targets are assessed 5. Senior staff members conduct field activities alongside Community Mobilizers Random audits of completed documents produced by field staff are done to validate the authenticity of information submitted Despite these management and accountability structures which contributed to the meeting of project targets, there were problems encountered on the team due to the uncooperative nature of some team members resulting from competing activities for which they are responsible and priority is usually placed on activities related to their core functions. Limited capacity of some of JASL's staff to extend themselves outside of the core work of the organization and carry out adequate training on GBV within the context of HIV
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interviews and document review (staff contracts, TORs, appraisal documents).
Conclusions	There is need for increased accountability among implementing staff to improve project outputs and outcomes. Based on reviewed documentation and staff feedback, it was observed that in some instances, staff members who may have erred in project implementation (examples: meeting project deadlines, effective

	recruitment of project beneficiaries, effective reporting and documentation) were in some instances not held accountable. To this end, while the organization has all the documentation in place (the relevant policies and procedures), there are concerns that employees are not allowed to be held accountable (enough) for non-performance or for the delivery of substandard work. This might be influenced by the current culture and structure of the organization.
Other	

Evaluation Criteria	Efficiency
Evaluation Question	7) How did the project financial management processes and procedures affect project implementation?
Response to the evaluation question with analysis of key findings by the evaluation team	JASL has a very mature and advance system that governs financial management. This function is handled by a Finance and Procurement Manager and an Accountant who have access to the relevant accounting software, procedures and policies in place to process financial related requests in a timely manner. In addition to this, the finance office requires that adequate supporting documents are submitted with requests in order to facilitate timely processing of requests. The Finance Manager has access to UN's online platform and this make reporting efficient. Due to the existence of this system, financial management processes and procedures promoted efficiency on the project thereby contributing to the overall success of the project.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Interview with Finance Manager, Document Audits (finance records on project report) and Interview with Project Coordinator
Conclusions	The project's financial management procedures and policies was very effective and this prevented cost overruns due to the robustness and consistent application of its procedures.
Other	

Evaluation Criteria	Efficiency
Evaluation Question	8) What are the strengths, weaknesses, opportunities and threats of the project's implementation process?
Response to the evaluation question with analysis of key findings by the evaluation team	**Strengths** 1. The existence of a detailed work plan with specific activities and timelines accompanied by structured reporting requirements from UNTF.

	2. Support provided by other internal members of staff located at all JASL locations 3. Wide network of project partners who assisted in reaching beneficiaries 4. Adequate funding was provided for most of the activities under the project 5. Using the employees of partner organizations as training facilitators built the institutional strength of the partners 6. Using primary beneficiaries as community mobilizers was effective in reaching their peers 7. Capacity building component of the project targeted at partner agencies 8. The provision of technical assistance from UNTF in terms of its online portal 9. Ability to manage funds (expertise of the Finance and Procurement Manager) **Weaknesses** 1. The hosting of non-residential workshops didn't give enough time to deal with the emotional and psychological issues that surfaced during the hosting of the training sessions 2. Some partners' capacity to absorb and understand project requirements was weak and this resulted in project delays and the submission of incomplete and sub-standard reports. This occurred despite being given detailed work plans, reporting templates, TORs, a detailed budget, participating in capacity building workshops and being engaged in project meetings. 3. Using staff as facilitators was a bad choice because they weren't strong enough to deliver at the expected standards even though their capacity was built prior to the sessions. 4. At the beginning of the project, Ministry of Health merged with NFPB resulting in the realignment of internal portfolios. This significantly delayed the delivery of the research that was commissioned by JASL through NFPB in excess of 2 years. 5. Manual paper-based M&E system was weak and wasn't the most efficient and effective way to implement the project. **Opportunities** 1. Pending review of the Sexual Offences Act, Domestic Violence Act and the Child Care Protection Act 2. Building on the gains of the UN Women Project and the UN Trust Fund project specifically the skills that women learnt in advocacy and the development of other programmes to continue the work of this project. 3. Institutionalization of advocacy with a dedicated officer task with the responsibility of executing the 3-year advocacy plan in collaboration with 7 other CSOs 4. Institutionalization of a social work position to provide continued support to beneficiaries

	5. Provision of ongoing training to a wider cross-section of the police force who has requested ongoing partnership with JASL 6. Integration of electronic client relationship management and project management systems to strengthen knowledge products and the organization's process assets. 7. The absence of a project management plan and sub-plans to support the implementation process. **Threats** 1. An analysis of the project's implementation process reveals that the likelihood of future project success may be stymied due to the factors that adversely affected this project. 2. Inability to assess the real impact of projects due to the fragmented approach taken in the management of knowledge projects. . 3. The current culture and structure of the organization. This results in employees having a challenge carrying out work that is not originally part of the organization's core work.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interviews (Project Coordinator, Project Development Manager) and document review (project workplan and progress reports)
Conclusions	The strengths of the project resulted in the realization of its targets; some of which will be documented as best practices. Its weakness; although they adversely affected efficiency and quality in some instances, can be adjusted and serves as potential opportunities to strengthen the institutional framework of the organization. The current opportunities will serve the interest of current and future beneficiaries in the months ahead as JASL is very active in attempting to build on the gains of the current project. The threats are serious and needs immediate attention in order to lessen or at best nullify their effects on future initiatives and on the overall sustenance of the organization.
Other	

Evaluation Criteria – Sustainability

Evaluation Criteria	Sustainability
Evaluation Question	1) What is the likelihood of continuation and sustainability of project outcomes and benefits after completion of the project?
Response to the evaluation question with analysis of key findings by the evaluation team	The likelihood of the continuation and sustainability of project outcomes and benefits after completion is high. *Refer to proceeding question to see how this will be done.*

Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Document review and staff interview
Conclusions	*Refer to conclusion in proceeding question.*
Other	

Evaluation Criteria	Sustainability
Evaluation Question	2) 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?
Response to the evaluation question with analysis of key findings by the evaluation team	1. Integration of services into JASL's service port (especially the GBV screening tool, VAW focused interventions and medical services) 2. Continuous provision of support to WE-Change and Transwave, two organizations born out of this project and affiliates of implementing partners; JFLAG. Both entities were established as advocacy organizations. 3. Advocating for the inclusion of police and judges' GBV and HIV into the standard training curriculum of the National Police College of Jamaica and the Justice Training Institute. 4. Continue to use project beneficiaries as advocates to carry out sensitization sessions with key duty bearers. 5. Leverage partnerships built under the project to lobby key duty bearers to follow through on the commitments made to changes in certain programmes, policies and legislations. 6. Carry out resource mobilization to build on the gains of this project especially around the continuation of media campaigns, conducting widespread sensitization with the police and preparing an official report to document the reports of violence made by beneficiaries to JASL that were captured in the community mobilizer's reports; between January 2015 and May 2016 there were 455 reported cases of violence inclusive of rape, gender-based violence, community violence, stigma and discrimination, intimate partner violence and domestic violence. 7. The hiring of a permanent Policy and Advocacy Officer to continue advocacy efforts at the national level.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interviews, stakeholder interviews and document review (community mobilizers reports, sensitization session reports, project progress reports)
Conclusions	The sustainability prospects of the project are great and this is demonstrated in the institutionalization of many of the project

	gains which includes but not limited: the expanded SRH and VAW services that are currently offered through all JASL locations, the inroads made on the policy frontier, the establishment of two advocacy organizations and the continuation of the advocacy work via the joint 3-year advocacy plan.
Other	

Evaluation Criteria	Sustainability
Evaluation Question	3) Describe key factors that will require attention in order to improve prospects of sustainability of Project outcomes and the potential for replication of the approach?
Response to the evaluation question with analysis of key findings by the evaluation team	The key factors that will require attention in order to improve prospects of sustainability are: • Sourcing and integration of project management and client relationship management software • Strengthening of internal employee relations framework and the hiring of qualified and competent staff to deliver project outputs • Strengthening of the monitoring and evaluation framework • • Strengthen the accountability mechanism to manage partners • Discontinue partnerships with non-compliant CSOs who refuse to deliver at required standards • Access financing for the execution of plans.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interviews (Project Coordinator, Project Development Manager)
Conclusions	The sustainability prospects of the project will be enhanced if JASL strategically implements programmes that will result in the strengthening of the internal capacity of the organization, improvement in knowledge and beneficiary management and the discontinuation of unfruitful partnership arrangements.
Other	

Evaluation Criteria	Sustainability
Evaluation Question	4) How were capacities strengthened at the individual and organizational level (including contributing factors and constraints)? - Describe the main lessons that have emerged?

Response to the evaluation question with analysis of key findings by the evaluation team	Capacity was strengthened at the individual level through: 1. Training of staff the partners in work planning 2. VCT 3. Transgender awareness 4. Case management 5. Correlation between GBV and HIV The main constraint experienced with this process is that there is a disconnect between person's comprehension of what needs to be done and the trainer's own expectation and what is implemented by non-technical project staff. The lesson learnt here is to hire competent and qualified personnel to deliver specific aspects of training. Organizational capacity building is centered around the strategic planning process that takes place annually. This is a coordinated process in which all staff members participate.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interviews and training records.
Conclusions	It is felt that JASL is not short on the implementation of capacity building programmes for its staff and organizes annual strategic planning processes that guide service delivery and project focus and management for the periods ahead. In some instances, this has worked well and in others, it has not worked well at all. This is largely linked to the capacity level of some of the organization's staff as well as weaknesses in the oversight mechanisms that exist within the organization.
Other	

Evaluation Criteria – **Impact**

Evaluation Criteria	Impact
Evaluation Question	What are the unintended consequences (positive and negative) that resulted from the project?
Response to the evaluation question with analysis of key findings by the evaluation team	The following unintended issues emerged from the project: 1. Formation of two advocacy organizations Transwave and WE-Change mandated to advocate on behalf of vulnerable LBT women. 2. Significant expansion in the client-base of JASL to almost 6,000 vulnerable women. 3. The reaching of over 300,000 indirect beneficiaries *via* Facebook advertisements

	4. Severe delay in the production and dissemination of the Situational Analysis research. This resulted in the delay of other project activities in addition to the inability of the project to meet the outcome related to the reference of HIV and VAW in the development of policies and programmes.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff and beneficiary interviews; document review (project progress reports, media reports (Facebook analytics report).
Conclusions	The unintended positive results have far outweighed the unintended negative results. This is demonstrated in the gigantic reach of the project and the institutionalization of several of its legacies. The unintended negative result can be easily fixed for future projects by diversifying the pool of consultants.
Other	

Evaluation Criteria – Knowledge Generation

Evaluation Criteria	Knowledge Generation
Evaluation Question	1) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?
Response to the evaluation question with analysis of key findings by the evaluation team	The key lessons learnt from this project are: • Empowering women and girls to claim their rights, providing human rights-based services in legal, social and healthcare services help women and girls experience improved health. • Ongoing education of both primary and secondary beneficiaries around the correlation between HIV and VAW is important to achieving improvement in the provision of services enhance women's and girls' health and well-being. • The prevalence and depth of the correlation between VAW and HIV have exposed the need for residential workshops with a psychologist in attendance. Both beneficiaries and facilitators need professional interventions to deal with compassionate burn out during workshop sessions. Training workshops could prove to be more impactful by taking this approach for future workshops. • Empowering primary beneficiaries to facilitate sensitization sessions and training workshops helped to improve their self-worth and self-esteem. They feel valued and accepted.

	• The women's personal testimonials during presentations made the service providers more empathetic to their issues and encourage greater need to address the issues discussed. • Evidence for the project confirmed anecdotal information about the pervasiveness of violence against Women and girls Living with HIV, Women and girls Living with Disabilities, Sex Workers and Lesbians, Bisexual Women and Transgender Persons. • Use of trained volunteers from vulnerable populations is effective in reaching their peers. • The importance of having a registry of experts who are qualified in diverse fields need to be a feature at JASL. Having this resource will provide worthwhile options when service providers default on time and quality expectations during the service delivery process. • Sub-grantees need to be managed with robust deliverables that are tied to the disbursement of project funds and those who are unwilling to comply should be disbanded.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Staff interviews(Project Coordinator and Programme Development Manager) and document review (sensitization reports and Community Mobilizers' contracts and reports)
Conclusions	The lessons learnt from the project are critical and will enhance the process assets of the organization. Care should be taken in the design of similar future interventions in consulting these lessons learnt from the onset in order to prevent the occurrence of unwanted consequences.
Other	

Evaluation Criteria	Knowledge Generation
Evaluation Question	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?
Response to the evaluation question with analysis of key findings by the evaluation team	There have been promising practices that emerged during this project and these include: • The training and engagement of primary beneficiaries in the capacity of Community Mobilizers. This resulted in the massive achievement and exceeding of project targets thereby deepening the impact of the project. • The adaption of a bottom-up approach through training and using primary beneficiaries are advocacy personnel in high-level stakeholder sensitization meetings. This yielded

	the double result of strengthening beneficiary capacity through empowerment and reaching the intended audience in a very profound way. • Utilization of social media platform (Facebook) to spread messages relating to VAW within the context of HIV that has reached over 300,000 persons living in Jamaica. This reach is massive and has contributed positively to unintended results. • Implementing a partnership approach in reaching the various communities of women (that is: WLHIV, WLD, LBTs and SWs). This has resulted in the strengthening of the institutional capacity of some sub-grantees. These promising practices can be replicated for future projects and in other countries by creating a detailed strategy manual that includes: a description of the best practice, the framework that was established in order for these practices to be successful, how these were executed and by including sample documents and templates that were used in the process. This document can be made available to partner organizations, critical stakeholders and the public at large through hosting on JASL's website and depositing with local, regional and international knowledge organizations.
Quantitative and/or qualitative evidence by the evaluation team to support the response and analysis above	Document review (Facebook analytics report, partnership contracts, progress reports, project work plan, sensitization session reports, beneficiary advocacy letters) and staff interviews
Conclusions	The promising practices that emerged from the project arguers well for similar future interventions due to the fact that they are simple, profound and high-impact processes that garner massive results. These promising practices are bottom-up approaches that result in target group empowerment and leveraging existing partnerships.

Evaluation Criteria	Conclusions
Overall	The project achieved its targets at the goal, outcomes and output levels in a significant way. This is demonstrated in the exceeding of project targets and the substantive improvements in health reported by women, their behaviour and lifestyle changes as it relates to VAW within the context of HIV. This is also supported by the great level of awareness that has been created on the issue of VAW within the HIV context and the many inroads gained at the institutional and national levels in this regard. Overall, the project was, for the most part effective because it obtained its main deliverables via the integration of solid best practices, its institutional capacity and the existing relationship it has with the diverse communities of women. There were instances in which the project was adversely affected by internal and external factors that limited the full extent of the project's impact. Notwithstanding this, JASL has already began work that is geared towards building on the gains of this project in a very massive way. These are slated to bring about sustainable positive changes in the lives of women and girls and ultimately result in policy and programmes that are geared towards stemming violence against women and girls.
Effectiveness	• The project has had widespread impact on the lives of beneficiaries and the degree to which it was able to engage critical stakeholders *via* training and dialogue pertaining to VAW within the context of HIV. In light of this, sustainability planning and execution will be critical in order to continue capitalizing upon the gains for the current project. • The reach of this project was great but despite this overwhelming reach among, there were no mechanisms in place to measure and document the reach among indirect beneficiaries who were engaged by *via* channels such as partner websites and campaigns led through traditional media. • The effectiveness of the project in meeting the needs of women and girls is paramount but the extent of the impact in meeting needs might have been limited due to some gaps that were found in the baseline data. As a result of this, worthwhile comparisons with the Endline data could not have been made in some cases. • The positive changes brought about in the lives of targeted women *via* this project have resulted in the shifting of power dynamics as evidenced by activities being initiated by women and their increased knowledge about violence and its various manifestations. As it relates to untargeted women, the results might have been similar but there was no tracking of indirect beneficiaries who might have been impacted by the project. • For the most part, JASL was able to implement best practices *via* the utilization of a bottom up and partnership approaches. Despite this, the delays experienced with the achievement of targets by the scheduled dates were affected by both internal and external factors. This is compounded by the weak M&E capacity and the non-existence of an automated project management system. • There is an M&E system in place at JASL that partly contributed to the success of the project. Notwithstanding this, there are many

	gaps, that, if closed will enhance the effectiveness in implementing projects. Currently there are no automated project management systems existing at JASL and these result in reliance on MS Excel and manual storage and retrieval of project files. • Within the context of the advocacy work done by JASL on this project, the extent of its success in creating a greater impact on the policy environment will be determined by the level and frequency of follow-up work that will be executed. • These best practices identified in process execution should be added to the process assets of the organization and further streamlining through a solid monitoring and evaluation framework will increase its replicability to future projects.
Relevance	• This project was both timely and relevant in responding to the needs of women as it created a holistic space and service delivery package that catered to their medical, social, nutritional and psychological needs in a very profound way. • This project for years to come will continuously be relevant to the needs of women due to: 1. the institutionalization of expanded SRH and VAW services at all JASL locations, 2. The open dialogue that has been created among key duty bearers and 3. the efforts that are being made to build on the gains of the current project. • JASL is classified as a safe space by almost 100% of its clients and this proves its ability to create and implemented strategies that are centered on both reaching the targeted population and catering to their needs.
Efficiency	• The process to achieve results was inefficient, resulting in the delay of most project activities that is attributed to both internal and external factors • JASL is an experienced organization that understands how to prevent overlaps with projects by creating and implementing strategies to merge areas of similarity on projects in order to prevent duplication. • The project presented several best practice options that can be replicated locally and internationally within similar projects. Despite this, there were areas that, had they been done differently would have improved the project's efficiency, system of documentation and the tracking of indirect and direct beneficiaries. • JASL's wide partnership network served the project well and resulted in the meeting of targets. There were some over which JASL had limited control; nonetheless, challenges that could have been avoided if, it had conducted institutional assessments of sub-grantees in an effort to diagnose their capacity. • There is need for increased accountability among implementing staff to improve project outputs and outcomes. Based on reviewed documentation and staff feedback, it was observed that in some instances, staff members who may have erred in project implementation (examples: meeting project deadlines, effective recruitment of project beneficiaries, effective reporting and documentation) were in some instances not held accountable. To this end, while the organization has all the documentation in place (the relevant policies and procedures), there are concerns that employees are not allowed to be held accountable (enough) for non-performance or for the delivery of substandard work. This

	might be influenced by the current culture and structure of the organization. • The project's financial management procedures and policies was very effective and this prevented cost overruns due to the robustness and consistent application of its procedures. • The strengths of the project resulted in the realization of its targets; some of which will be documented as best practices. Its weakness; although they adversely affected efficiency and quality in some instances, can be adjusted and serves as potential opportunities to strengthen the institutional framework of the organization. The current opportunities will serve the interest of current and futures beneficiaries in the months ahead as JASL is very active in attempting to build on the gains of the current project. The threats are serious and needs immediate attention in order to lessen or at best nullify their effects on future initiatives and on the overall sustenance of the organization.
Sustainability	• The sustainability prospects of the project are great and this is demonstrated in the institutionalization of many of the project's gains. The prospects will be enhanced if JASL strategically implements programmes that will result in the strengthening of the internal capacity of the organization, improvement in knowledge and beneficiary management and the discontinuation of unfruitful partnership arrangements.
Impact	The unintended positive results have far outweighed the unintended negative results. This is demonstrated in the gigantic reach of the project and the institutionalization of several of its legacies.
Knowledge Generation	• The following lessons learnt from the project are critical and will enhance the process assets of the organization: o The empowerment women and girls to claim their rights, providing human rights-based services in legal, social and healthcare services help women and girls experience improved health. o Ongoing education of both primary and secondary beneficiaries around the correlation between HIV and VAW is important to achieving improvement in the provision of services enhance women's and girls' health and well-being. o The prevalence and depth of the correlation between VAW and HIV have exposed the need for residential workshops with a psychologist in attendance. Both beneficiaries and facilitators need professional interventions to deal with compassionate burn out during workshop sessions. Training workshops could prove to be more impactful by taking this approach for future workshops. o Empowering primary beneficiaries to facilitate sensitization sessions and training workshops helped to improve their self-worth and self-esteem. They feel valued and accepted. o Using women's personal testimonials during presentations made the service providers more empathetic to their issues and encourage greater need to address the issues discussed. o Evidence for the project confirmed anecdotal information about the pervasiveness of violence against Women and girls Living with HIV, Women and girls Living with Disabilities,

	Sex Workers and Lesbians, Bisexual Women and Transgender Persons. o The use of trained volunteers from vulnerable populations is effective in reaching their peers. o The importance of having a registry of experts who are qualified in diverse fields need to be a feature at JASL. Having this resource will provide worthwhile options when service providers default on time and quality expectations during the service delivery process. o Sub-grantees need to be managed with robust deliverables that are tied to the disbursement of project funds and those who are unwilling to comply should be disbanded. • The promising practices that emerged from the project are: o The training and engagement of primary beneficiaries in the capacity of Community Mobilizers. This resulted in the massive achievement and exceeding of project targets thereby deepening the impact of the project. o The adaption of a bottom-up approach through training and using primary beneficiaries are advocacy personnel in high-level stakeholder sensitization meetings. This yielded the double result of strengthening beneficiary capacity through empowerment and reaching the intended audience in a very profound way. o Utilization of social media platform (Facebook) to spread messages relating to VAW within the context of HIV that has reached over 300,000 persons living in Jamaica. This reach is massive and has contributed positively to unintended results. o Implementing a partnership approach in reaching the various communities of women (that is: WLHIV, WLD, LBTs and SWs). This has resulted in the strengthening of the institutional capacity of some sub-grantees. These augers well for similar future interventions due to the fact that they are simple, profound and high-impact processes that garner massive results. These promising practices are bottom-up approaches that result in target group empowerment and leveraging existing partnerships.

11 KEY RECOMMENDATIONS

Evaluation Criteria	Recommendations	Relevant Stakeholders to whom Recommendations are Made	Suggested timeline
Overall	Develop a strategic framework that addresses all the recommendations enlisted below. This framework must include: implementable actions that will result in the execution of each recommendation, identified funding sources as applicable, responsible officers and an accountability mechanism to ensure that each recommendation is implemented.	JASL	Immediately
Effectiveness	1. Creation of a strategic plan geared towards building on the gains of this project. This strategic plan must identify areas that have the highest potential for sustainability and that which can be converted into programmes. After this determination has been made, the appropriate resource mobilization strategies need to be developed and implemented in order to ensure the fruition of the the project's legacy 2. Design, develop and implement an expansive impact assessment framework that will take into consideration the organization's impact on all stakeholders. This should feature a solid approach towards measuring reach among indirect beneficiaries that are targeted through traditional media campaigns. 3. Implement a robust database management system that serves the primary purpose of tracking beneficiaries. One such	JASL and partner agencies JASL JASL JASL	Immediately July 2017 April 2017 March 2017

Evaluation Criteria	Recommendations	Relevant Stakeholders to whom Recommendations are Made	Suggested timeline
	software that is recommended is the Neoserra Client Relationship Management System. This will provide each client with the unique identifier thereby minimizing the likelihood of errors created in reporting due to duplications. 4. Strengthen the M&E and project management capacity of employees and the organization as a whole through the sourcing and utilization of project management software such as MS Projects that also serves as an accountability tool.		
Relevance	Design and launch a Call for Consultants that will result in the establishment of a pool of experts with diverse skills. This will provide the organization with speedy solutions that are often times needed to deal with non-performing experts.	JASL	Immediately
Efficiency	1. Implement institutional assessments within CSOs prior to engaging them in work. This will provide perspective on capacity and capability. 2. Force CSOs to go through a competitive process of applying for grants and partnership opportunities. During this phase, have partners present (in detail) the specifics of the services to be performed. 3. Strengthen the management and accountability structure of the organization by enforcing existing procedures that govern accountability. 4. Dismantle silos by placing implementing a system of performance-based pay that is tied to strict project deliverables for all levels of staff.	JASL JASL JASL JASL	As needed Immediately Immediately Start preparatory work; implement by next contracting period

Evaluation Criteria	Recommendations	Relevant Stakeholders to whom Recommendations are Made	Suggested timeline
Sustainability	Develop and roll out an extensive sustainability plan including: a description of the areas with the greatest sustainability prospects and measures that will be taken to ensure that these prospects are realized.	JASL and implementing partners	Immediately
Impact	Refer to bullets # 2 to 4 under effectiveness		
Knowledge Generation	Implement a system that synchronizes knowledge outputs across the organization through the engagement of part-time staff to convert paper-based files into electronic files that are supported by both residential and cloud-based systems in order to promote high-level document security and the availability of files for future reference.	JASL	Immediately

About Jamaica AIDS Support for Life

Jamaica AIDS Support for Life (JASL) is a leading civil society partner in the response to HIV and AIDS in Jamaica with 25 years of experience in contributing to a more equitable response to HIV prevention and care for persons living with HIV (PLHIV) and other most affected populations. The organization is dedicated to preserving the dignity and rights of PLHIV and to help in the fight against the spread of HIV and AIDS by providing education and other interventions – to promote changes in attitudes and behaviour and empower persons to respond positively to the challenges associated with being vulnerable to infection in Jamaica, the Caribbean and the Caribbean diaspora.

1. BACKGROUND AND CONTEXT

The patriarchal Jamaican society in which the project is situated perpetuates the degradation of women. Women are more vulnerable to HIV infection and other sexually transmitted infections (STIs) where gender inequalities and high rates of physical and sexual violence exist. The links between gender-based violence (GBV) and HIV/AIDS are complex and influenced by biological, socio-cultural, and economic factors. Gender inequality, poverty, unequal pay for equal work and unemployment can cause many women to be economically dependent on their partners for economic stability. Where partners are violent, this dependence can cause risky sexual behaviour, powerlessness to negotiate condom use, and increase engagement in transactional sex, increasing the risk of becoming infected with HIV and other STIs. Violence can result in women and girls contracting HIV through forced or coercive sexual intercourse with an HIV-infected individual. Violence or the fear of violence can prevent women living with HIV from disclosing their seropositive status to intimate partners and other sex partners. It can also prevent or limit condom negotiation because of the fear of being accused of being unfaithful.HIV risk from violence against women (VAW) is also indirect.Early sexual debut has been linked with coerced sex, which in turn is associated with sexual risk taking, as females that had been sexually abused at a young age were more likely to continue with high risk sexual behaviours, increasing their risk of contracting HIV and other STIs.

HIV risk from VAW is interrelated at all levels. VAW at the individual level fuels poor sexual and reproductive health outcomes in key populations including unwanted pregnancies, unsafe abortions, sexually transmitted infections and HIV. Also, at the individual level women most vulnerable to violence have low legal literacy levels and are not equipped with the requisite tools to understand the patterns and consequences of violence against them and claim their rights in responding accordingly. The perception and response to VAW at the community level have been perfunctory. In Jamaica, violence within the family is considered a private affair in which outsiders should not intervene. These norms prevent women from seeking help from family, friends, and other community members; and inhibit service providers from offering appropriate assistance to survivors. VAW is a dimension of the wider problem of crime and violence, and cannot be separated from community safety and citizen security.

There have also been high levels of institutionalised stigma and discrimination towards the mentioned marginalised groups of women. Healthcare providers at times impose their personal beliefs in the provision of services to minority groups of women, causing psychological abuse. Finding of research conducted by C-Change in 2012 indicates that 93% of healthcare workers

(clinical and non-clinical) believe that persons from vulnerable population deserve equity in the provision of services as other patients. Despite this belief, approximately 14% of the same healthcare workers believe that HIV and AIDS is punishment for immoral behavior. Layered Stigma among Health Facility and Social Services Staff towards Most-at-Risk Populations in Jamaica April 2012

Those who experience stigma and discrimination, whether perceived or real, from healthcare workers are reluctant to return to access health services. This may contribute to HIV and other STIs being left untreated.

As it relates to law enforcement, in an Amnesty International study, respondents in a survey on VAW stated that the police would not be sympathetic, and would only visit them as a last resort. Reports have also been received that the police sometimes display discriminatory attitudes and behaviours in response to certain types of victims of sexual crimes (Amnesty International, Sexual Violence against Women and Girls in Jamaica: "Just a Little Sex", 22 June 2006). The legislative framework governing VAW and HIV is weak which leaves key populations of women exposed to discrimination, violence and rights abuses. This is compounded by lack of timely settlement and determination of cases in the legal system. The failure to clear up cases related to VAW serves to re-victimize the affected women and does not serve to deter perpetrators. At the societal level, there has been a lack of knowledge, high levels of tolerance to VAW and non-responsiveness of the general public.

Given the inter-connection between gender-based violence and vulnerability to HIV, JASL's three (3) year grant from the United Nations Trust Fund (UNTF) to End Violence against Women - "Expanding Gains to Decrease and Prevent Violence against Women in the Context of HIV" comes to an end in 2016 and is to be evaluated.

1.1 Project Description

a) Title of Project: Responding to Violence against Women in the context of HIV
b) Organization: Jamaica AIDS Support for Life
c) Project Duration: 1 December 2013 – November 2016 [3 years]
d) Current project implementation and the timeframe to complete the project: The project is in its final months of implementation and is slated to end November 2016
e) Description of the specific forms of violence addressed by the project:
    - Intimate partner violence
    - Physical violence
    - Sexual violence
f) Main objectives of the project:
    - Objective 1: Improve strategic information on VAW and HIV
    - Objective 2: Increase access to SRH services for Women and Girls infected and affected by HIV
    - Objective 3: Empower women and girls affected by HIV to claim their rights.
    - Objective 4: Train law enforcement services and CSO service providers to support advocacy efforts for the protection and fulfillment of human rights of women and girls.
g) Description of targeted primary beneficiaries

- Women and girls living with HIV = (515)
- Female sex workers = (368)
- Lesbian, Bisexual and Transgender women = (107)
- Women and girls with disabilities = (100)

Total number of primary beneficiaries = 1090

h) Description of targeted secondary beneficiaries

- Civil Society Organizations =(20)
- Government Officials (i.e. decision-makers, policy implementers)=(5)
- Legal Officers (i.e. lawyers, judges and prosecutors)= (30)
- Uniformed personnel (i.e. police) = (60)

Total number of secondary beneficiaries = 115

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

The strategies are as follows:

1. At the individual level:
   - Empowerment of Women from target populations
2. At the community level
   - Community Mobilization
   - Media approaches
3. At the institutional level:
   - Improve access to health services
   - Strengthening the institutional response of the criminal and justice systems and ensuring access to justice for women and girls
   - Policy and Institutional Framework
   - Strategic Information

Project Goal: Women and girls differentially affected by GBV and HIV experience better health and contribute to legislative and policy change in Jamaica.

Objective 1: Improve strategic information on VAW and HIV

Outcome 1: Improved collection and utilization of sex disaggregated data and research on VAW and HIV by implementing partners and public agencies

Expected Results:

The availability and use of strategic information will support intuitions to address the matter in their development of policies, guidelines and protocols. The information will also be used as the evidence to support expansion and/or improved quality of programmes which will ultimately benefit the women and girls that the agencies serve. At the community-level, CBOs will be informed of the extent of VAW in the context of HIV and can provide information to constituents on the policies and systems (reporting and redress) that address VAW. The availability of strategic data on VAW will also spur improved accountability, service delivery and the enforcement of laws relating to the protection of women and girls and systems for redress.

Output 1.1: Situational analysis among primary beneficiaries is used to inform research on VAW and HIV reporting and response mechanisms

Activity 1.1.1: Qualitative research conducted with primary beneficiaries on their understanding of the intersection between VAW and HIV; specifically in relation to (i) access to treatment, care and support services for HIV and VAW and (ii) perceptions of the reporting, redress and referral systems related to HIV and VAW.

Output 1.2: Results of the VAW and HIV commissioned research summarized into user-friendly format and disseminated to implementing partners and public agencies.

Activity 1.2.1: TORs developed to guide the data collection processes (quantitative and qualitative research on HIV and VAW) and Consultant(s) identified

Activity 1.2.2: Desk review conducted on (i) research, programmes and policy framework relating to VAW and HIV; (ii) VAW reporting to the police, hospitals/clinics, social services; and (iii) prosecution and conviction rates on VAW offenders.

Activity 1.2.3: Key informant interviews with representatives from police, hospitals/clinics, social services and other relevant agencies as to existing policies and programmes on reporting and response mechanisms in relation to VAW and HIV.

Activity 1.2.4: Analysis of the gaps and weaknesses in (i) the policies and programmes of the police, hospitals/clinics, social services and other relevant agencies that address VAW and HIV; and (ii) how VAW reported and recorded.

Activity 1.2.5: Stakeholder consultation held to disseminate research findings and recommendations on VAW and HIV

Objective 2: Increase access to SRH services for Women and Girls

Outcome 2: Women and girls differentially affected by HIV have increased access to VAW and SRH related services

Expected Results

The increase in technical and infrastructural capacity of JASL will facilitate increased access to SRH services by the target populations. Services will be expanded to identify and address VAW. Additional facilities will adapt their intake forms to screen for VAW. The anticipated changes will both affect key institutions as well as individuals. Target populations will have access to friendly services to meet their SRH needs as well as other needs specific to experiences with VAW.

Output 2.1: Clinic staff trained at 5 specific health facilities (all 3 JASL clinics and 2 partnering clinics) to provide expanded HIV, SRH and VAW services

Activity 2.1.1: Develop and document a JASL protocol for the clinical management of clients affected by VAW in the context of HIV

Activity 2.1.2: Clinic staff from the 5 specified health facilities trained to provide additional HIV, SRH and VAW services including identifying, counselling and providing care for clients affected by VAW and HIV

Activity 2.1.3: Seven (7) volunteer community mobilizers recruited and trained to identify and refer women and girls affected by VAW and HIV to any of the 5 specified health facilities under this project

Output 2: 2: HIV, SRH and VAW service categories expanded at all 3 JASL clinics (Montego Bay, Ocho Rios and Kingston)

Activity 2.2.1: JASL Intake Clinic Form modified to capture data on clients differentially affected by HIV who are at-risk for or experiencing VAW

Activity 2.2.2: Type and service categories expanded to include additional HIV, SRH and VAW-related services at all three (3) JASL Clinics

Output 2.3: Increased uptake of clinical services at 5 specific health facilities (all 3 JASL clinics and 2 partnering clinics) by women and girls affected by HIV and VAW

Activity 2.2.3: JASL trained volunteered community mobilizers assigned to identify and refer women and girls affected by VAW and HIV to any of the 5 specified health facilities under this project

Objective 3: Empower women and girls differentially affected by HIV (including HIV positive women, female sex workers; lesbian, bisexual and transgender women; and women and girls with disabilities) to claim their rights.

Outcome 3: Women and girls affected by HIV trained in life skills, legal literacy and advocacy to respond to HIV and VAW

Expected Results:

It is expected that the capacities of key populations of women and girls will be built to understand the different forms of violence against women and how gender norms and gender inequalities foster an environment in which VAW is perpetuated. Beneficiaries will garner an understanding of the legal and policy framework and how their specific issues are addressed in them and the provisions made. Their capacities to advocate and facilitate discussions around these issues will be built, therefore equipping them with the knowledge and ability to understand the policy and legal jargon and effectively make contributions and recommendations in fora on VAW. HIV positive women, sex workers, LBT and women with disabilities will also be instrumental in advocacy efforts that seek to address their issues.

Output 3.1: Primary beneficiaries' knowledge of policies and legislation relating to HIV and VAW is increased

Activity 3.1.1: Training Curriculum expanded to examine the intersection between VAW and HIV and the legal and policy frameworks related to both areas

Activity 3.1.2: Six Hundred (600) primary beneficiaries at-risk or experiencing violence trained in life skills, advocacy and legal literacy relating to VAW and HIV

Output 3.2: Policies, programmes and decisions resulting from women and girl's training and participation in HIV and VAW advocacy initiatives

Activity 3.2.1: Primary beneficiaries at-risk for or experiencing VAW trained in writing letters, position papers and publishing blogs as advocacy tools to raise awareness on HIV and VAW.

Activity 3.2.2: Primary beneficiaries at-risk for or experiencing VAW publish letters, position papers and blogs to raise awareness on HIV and VAW.

Activity 3.2.3: Primary beneficiaries at-risk of or experiencing VAW trained in facilitation to lead sessions with health care workers and community leaders to raise awareness on HIV and VAW

Activity 3.2.4: Primary beneficiaries at-risk or experiencing VAW lead sensitization sessions around VAW with health care workers and community leaders

Activity 3.2.5: Launch and maintain online petition to raise awareness on the intersection between HIV and VAW; the laws and policies adversely impacting HIV and GBV and to canvas support for prevention and protection measures.

Objective 4: Train law enforcement services and CSO service providers to support advocacy efforts for the protection and fulfillment of human rights of women and girls.

Outcome 4: Management and staff from social, health and law enforcement services trained to respond to the needs of women and girls differentially affected by HIV and

VAW

Expected Results:

It is expected that our implementing partners and collaborators in the health, social and law enforcement sectors will benefit from an increased awareness of the issues and a strengthened institutional response to develop protocols, programmes and policies to address VAW. Institutional capacity of the police will be built to identify the various forms of violence and improve sensitivity when collecting reports on VAW; as well as an improved responsiveness of the judiciary to issues relating to VAW. Among CSOs, 20 partners will benefit from the implementation of a train the trainer programme to improve legal literacy and support the mobilisation of resources for women and girls from the target populations.

Output 4.1: Law enforcement and judiciary respond appropriately to the needs of Women and girls differentially affected by HIV who receive these services

Activity 4.1.1: 60 police officers trained to identify the various forms of violence experienced and to improve sensitivity to collecting reports on VAW

Activity 4.1.2: 30 members of the judiciary (lay magistrates, court clerks, lawyers) sensitized increase the responsiveness to issues relating to VAW and HIV; and treat with similar urgency as other acts of violence

Output 4.2: Civil Society Organizations in the health and social services sector respond appropriately to the needs of Women and girls differentially affected by HIV who receive these services.

Activity 4.2.1: Technical assistance provided to JN+ and JFLAG to integrate VAW reporting into existing HIV redress systems.

Activity 4.2.2: Train key representatives in 20 organizations in legal literacy and policy frameworks relating to VAW and HIV and provide technical assistance for the development of the train-the-trainer protocol.

Activity 4.2.3: Communication plan designed to include a media campaign and VAW and HIV Champions engaged as key message bearers

Activity 4.2.4: Position papers on key advocacy issues examining the intersection between GBV and HIV are developed and disseminated

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

The project proposed to implement strategies at the individual, community and institutional levels. It was implemented in three of the four health regions of Jamaica namely South Eastern Region, Western Region and North Eastern Region. The geographic regions were selected based on levels of poverty, burden of HIV, high tourism related activities including sex work. This project sought to increase the responsiveness in addressing violence against key populations, including (i) women and girls with HIV; (ii) female sex workers; (iii) lesbians, bisexual and transgender women; and (iv) women and girls with disabilities.

1.4 Total resources allocated for the intervention, including human resources and budgets (budget need to be disaggregated by the amount funded by the UN Trust Fund and by other sources/donors).

- Total amount requested from the UN Trust Fund - $505,115
- Total contribution from applicants - $532,350
- Total Project budget - $1,037,465

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

- Jamaica AIDS Support for Life
- Caribbean Vulnerable Communities Coalition
- National HIV/STI Programme / National Family Planning Board
- Jamaica Network of Seropositives
- Eve for Life
- Jamaica Community of Positive Women
- Jamaica Forum for Lesbians, All-Sexuals, and Gays

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2. PURPOSE OF THE EVALUATION

2.1 Why the evaluation needs to be done

This is a mandatory final project evaluation required by the UN Trust Fund to End Violence against Women. The Project has been implemented from 2013-2016 and an evaluation is needed at this juncture after three years of implementation with the project coming to an end in November, 2016.The Evaluation is intended to assess the relevance, performance, management arrangements, effects and success of the project. It looks at signs of potential impact of project activities on stakeholders including beneficiaries and sustainability of results, including the contribution to capacity development.

The Evaluation also assesses the processes and achievements made by the project, identifies/documents lessons learned and makes recommendations that project partners and stakeholders might use to improve the design and implementation of other related projects and programs.

2.2 How the evaluation results will be used, by whom and when.

The Evaluation results will be used by the JASL's technical staff to review what has and what has not worked and in turn, underpin best practices in designing similar projects in the future.

2.3 What decisions will be taken after the evaluation is completed

After the evaluation is completed, the results will be shared with project staff, partners and key duty bearers.

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3 EVALUATION OBJECTIVES AND SCOPE

3.1 Scope of Evaluation

The final evaluation will include endline data collection and analysis. Data must be collected and analyzed at least per indicator of project goal, outcomes, and outputs from the Results and Resources Framework (RRF) of the project. The consolidated data on endline data as well as baseline data (already completed) need to be included in the final evaluation report (*by using the template specified in Annex 4B*).

The final evaluation will also look at the following areas: Project activities, project outputs, project management, and engagement of other CSOs and key duty bearers. It will address the results achieved, the partnerships established, as well as issues of capacity and approach.

Time Frame: The project time frame is December 2013-November 2016.
The Implementation phase: Year 1-Year 3
Geographic Area: North East, South East and Western Regions of Jamaica
Target Groups:
Primary beneficiaries

- Women and girls living with HIV
- Female sex workers
- Lesbian, Bisexual and Transgender women
- Women and girls with disabilities

Secondary beneficiaries

- Civil Society Organizations
- Government Officials (i.e. decision-makers, policy implementers)
- Legal Officers (i.e. lawyers, judges and prosecutors)
- Uniformed personnel (i.e. police)

3.2 Objectives of Evaluation: <u>What are the main objectives that this evaluation must achieve</u>?

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 assess the project's:

- Relevance – the extent to which the objectives were consistent with beneficiaries' needs and priorities
- Effectiveness – the extent to which the targeted project objectives were achieved (or are expected to be achieved)
- Efficiency – how economically resources/inputs were converted into results
- Sustainability – the extent to which the benefits are likely to continue after the project
- Impact – the long-term effects produced by the project (directly, indirectly, intended and unintended).

The evaluation should assess the above in relation to two central broad questions:

I. What changes / outcomes / achievements have taken place?
II. How have these changes / outcomes / achievements been brought about?

4. THE EVALUATION QUESTIONS

Evaluation Criteria	Mandatory Evaluation Questions
Effectiveness	1) To what extent were the intended project goal, outcomes and outputs achieved and how? 2) Was the project effective in delivering desired/planned results? 3) To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? 4) How effective has the project been in responding to the needs of the beneficiaries, and what results were achieved? 5) 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. 6) What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? 7) To what extent was the project successful in advocating for legal or policy change? If it was not successful, explain why. 8) To what extent did the Project's M&E mechanism contribute in meeting project results? 9) How effective were the strategies and tools used in the implementation of the project? 10) What are the future intervention strategies and issues?
Relevance	1) Was the project relevant to the identified needs of the beneficiaries? 2) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls? 3) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? 4) What and how much progress has been made towards achieving the overall outputs and outcomes of the project (including contributing factors and constraints); 5) Were the inputs and strategies identified, and were they realistic, appropriate and adequate to achieve the results?
Efficiency	1) How efficiently and timely has this project been implemented and managed in accordance with the Project Document? 2) Was the process of achieving results efficient? Specifically did the actual or expected results (outputs and outcomes) justify the costs incurred? Were the resources effectively utilized? 3) Did project activities overlap and duplicate other similar interventions (funded nationally and /or by other donors? Are

	there more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs? 4) Could a different approach have produced better results? 5) How was the project's collaboration with its partners, other CSOs and government? 6) How efficient were the management and accountability structures of the project? 7) How did the project financial management processes and procedures affect project implementation? 8) What are the strengths, weaknesses, opportunities and threats of the project's implementation process?
Sustainability	1) What is the likelihood of continuation and sustainability of project outcomes and benefits after completion of the project? 2) 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? 3) Describe key factors that will require attention in order to improve prospects of sustainability of Project outcomes and the potential for replication of the approach? 4) How were capacities strengthened at the individual and organizational level (including contributing factors and constraints)? - Describe the main lessons that have emerged? 5) What are the recommendations for similar support in future? (Nb. The recommendations should provide comprehensive proposals for future interventions based on the current evaluation findings).
Impact	1) What are the unintended consequences (positive and negative) resulted from the project?
Knowledge Generation	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?

5. EVALUATION METHODOLOGY

1) Proposed evaluation design

The evaluation will be summative in nature and will employ the use of quantitative and qualitative methodology.

2) Data sources

Sources of data through which the evaluation be conducted are desk study and review of all relevant project documentation including:

- Project documents (including project proposal)
- Annual work-plans
- Project progress reports
- Annual project reports

3) Proposed data collection methods and analysis

Data collection methods employed and analysis of data will be garnered through:

- In depth interviews to gather primary data from key stakeholders using a structured methodology
- Focus Group discussion with project beneficiaries and other stakeholders
- Interviews with relevant key informants

4) Proposed sampling methods

The sampling methods proposed are:

- Stratified Random Sampling
- Purposive Sampling
- Quota Sampling
-

5) Field visits should be carried out to partner organizations, meetings (including end of project review meeting) etc.

6. EVALUATION ETHICS

The evaluation must be conducted in accordance with the principles outlined in the UN Evaluation Group (UNEG) 'Ethical Guidelines for Evaluation' http://www.unevaluation.org/ethicalguidelines .
It is imperative for the evaluator(s) to:

- Guarantee the safety of respondents and the research team.
- Apply protocols to ensure anonymity and confidentiality of respondents.
- Select and train the research team on ethical issues.
- Provide referrals to local services and sources of support for women that might ask for them.
- Ensure compliance with legal codes governing areas such as provisions to collect and report data, particularly permissions needed to interview or obtain information about children and youth.
- Store securely the collected information.
- Ensure the accuracy and credibility of the evaluative information produced, evaluators and adhere to the highest technical standards appropriate to the methods used.
- Display honesty and integrity in their own behavior, and attempt to ensure the honesty and integrity of the entire evaluation process
- Respect the security, dignity and self-worth of respondents, program participants, clients, and other evaluation stakeholders.

The evaluator(s) must consult with the relevant documents as relevant prior to development and finalization of data collection methods and instruments. The key documents include (but not limited to) the following:

- World Health Organization (2003). *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. www.who.int/gender/documents/violence/who_fch_gwh_01.1/en/index.html
- Jewkes, R., E. Dartnall and Y. Sikweyiya (2012). *Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence*. Sexual Violence Research Initiative. Pretoria, South Africa, Medical Research Council. Available from www.svri.org/EthicalRecommendations.pdf
- Researching violence against women: A practical guide for researchers and activists November 2005 *http://www.path.org/publications/files/GBV_rvaw_complete.pdf*
- World Health Organization (WHO), 'Ethical and safety recommendations for researching documenting and monitoring sexual violence in emergencies' 2007, http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

7. KEY DELIVERABLES OF EVALUATORS AND TIMEFRAME

8. KEY DELIVERABLES OF EVALUATORS AND TIMEFRAME

	Deliverables	***Description of Expected Deliverables***	***Timeline of Each Deliverable***
1.	**Evaluation inception report (language of report: English)**	The inception report should be done after an initial desk review and consultation. It provides JASL and the evaluating team with an opportunity to verify that they share the same understanding about the evaluation and clarify any misunderstanding at the outset. 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. 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. The structure must be in line with the suggested structure of the annex of TOR.	***18/11/2016***
2.	**Endline Data Collection Report (language of report: English)**	Endline data collection and analysis must occur. Data must be collected and analyzed at least per indicator of project goal, outcomes, and outputs from the Results and Resources Framework (RRF) of the project. Endline data must be compared with the baseline data at the end of project implementation to analyze any changes before and after the project. Endline data as well as baseline data is the fundamental information for monitoring and evaluation work. This should be submitted in time for inclusion in JASL's final report to the funder due December 31, 2016	***16/12/2016***

		Also, the consolidated data on relevant endline data as well as baseline data (already completed) need to be included in the final evaluation report (*by using the template specified in Annex 4B*) included in the TOR.	
3.	**Draft Evaluation Report (language of report: English)**	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. The grantee and key stakeholders in the evaluation must review the draft evaluation report to ensure that the evaluation meets the required quality criteria.	***06/01/2017***
4.	**Final Evaluation Report(language of report: English)**	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. The final report must be disseminated widely to the relevant stakeholders and the general public.	***20/01/2017***

8. EVALUATION TEAM COMPOSITION AND REQUIRED COMPETENCIES

8.1 Evaluation Team Composition and Roles and Responsibilities

The Evaluation Team will be consisting of 1 national consultant.
The Consultant Evaluator contracted will be responsible for undertaking the evaluation from start to finish and for managing his/her evaluation team under the supervision of evaluation task manager -(Project Coordinator) from the Jamaica AIDS Support for Life, for the data collection and analysis, as well as report drafting and finalization in English.

8.2 Required expertise and qualification

The Consultant Evaluator shall have the following expertise and qualification

- At least a Master's Degree in Public Policy, International Development, Development Economics/Planning, Economics, Gender Studies, Research Methods
- At least 5 years conducting project evaluation and external evaluations, with mixed-methods evaluation skills and having flexibility in using non-traditional and innovative evaluation methods
- Experience of project formulation and evaluation
- Expertise in gender and human-rights based approaches to evaluation and issues of violence against women and girls
- Specific evaluation experiences in the areas of ending violence against women and girls
- Experience in collecting and analysing quantitative and qualitative data
- In-depth knowledge of gender equality and women's empowerment

- A strong commitment to delivering timely and high-quality results, i.e. credible evaluation and its report that can be used
- A strong team leadership and management track record, as well as interpersonal and communication skills to help ensure that the evaluation is understood and used.
- Good communication skills and ability to communicate with various stakeholders and to express concisely and clearly ideas and concepts
- Regional/Country experience and knowledge: in-depth knowledge of the Jamaican culture is required.
- Language proficiency: fluency in English is mandatory; good command of local language is desired as well

9. Management Arrangement

Name of Group	Role and Responsibilities	Actual Name of Staff Responsible
Evaluation Team	The Consultant Evaluator and his/her team 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 evaluators : Consultant to be Retained
Evaluation Task Manager	The Project Coordinator of Jamaica AIDS Support for Life (JASL) will manage the entire evaluation process under the overall guidance of the Programme Development Manager, to: • 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	Evaluation Task Manager: Mrs. Marilyn Thompson, Project Coordinator, JASL

	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	
Commissioning Organization	JASL's Administrator and Finance and Procurement Manager will be responsible for: 1) allocating adequate human and financial resources, respectively for the evaluation; The Programme Development Manager will be responsible for 2) guiding the evaluation manager; 3) preparing responses to the recommendations generated by the evaluation.	Mrs. Tresha Mur, Administrator, Mr. Kriston Simms, Finance and Procurement Manager, and Davina Gayle-Williams, Programme Development Manager, JASL
Reference Group	Include 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	Primary beneficiaries • Women and girls living with HIV • Female sex workers • Lesbian, Bisexual and Transgender women • Women and girls with disabilities Secondary beneficiaries • Civil Society Organizations • Government Officials (i.e. decision-makers, policy implementers) • Legal Officers (i.e. lawyers, judges and prosecutors) • Uniformed personnel (i.e. police)

		Key partners involved in the project, including the implementing partners and other key stakeholders: • Jamaica AIDS Support for Life • Caribbean Vulnerable Communities Coalition • National HIV/STI Programme • Jamaica Network of Seropositives • Eve for Life • Jamaica Community of Positive Women • Jamaica Forum for Lesbians, All-Sexuals, and Gays
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.	Gabrielle Henderson, UN Regional Office and Mildred Garcia, UN Trust Fund Portfolio Manager

10. Timeline of the entire evaluation process

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	Commissioning organization	31	01/08/2016- 31/08/2016

	with key stakeholders	and evaluation task manager		
	Compiling key documents and existing data		4	24/10/2016- 27/10/2016
	Recruitment of external evaluator(s)		7	28/10/2016 03/11/2016
Inception Stage	Briefings of evaluators to orient the evaluators	Evaluation task manager	2	28/10/2016 03/11/2016
	Desk review of key documents	Evaluation Team	11	7/11/2016- 17/11/2016
	Finalizing the evaluation design and methods		11	7/11/2016- 17/11/2016
	Preparing an inception report		11	7/11/2016- 7/11/2016
	Submitting an inception report		1	18/11/2016
	Review inception report and provide feedback	Evaluation Task Manager, Reference Group and Advisory Group	3	21/11/2016- 21/11/2016
	Submitting final version of inception report	Evaluation Team	4	22/11/2016- 25/11/2016
Data collection and analysis stage	Desk research		19	7/11/2016- 25/11/2016
	In-country technical mission for data collection (visits to the field interviews, questionnaires, etc.)		19	7/11/2016- 25/11/2016
	Drafting and Submitting First Draft of Endline Data Collection Report	Evaluation Team	15	25/11/2016- 9/12/2016

	Review Endline Data Collection Report and provide feedback	Evaluation Task Manager, Reference Group and Advisory Group	3	9/12/2016- 11/12/2016
	Submission of version of final Endline Data Collection Report	Evaluation Team	1	16/12/2016
Synthesis and reporting stage	Analysis and interpretation of findings	Evaluation Team	15	16/12/2016- 30/12/2016
	Preparing a draft report	Evaluation Team	15	30/12/2017- 06/01/2017
	Review of the draft report with key stakeholders for quality assurance	Evaluation Task Manager, Reference Group, Commissioning Organization Senior Management, and Advisory Group	8	06/01/2017- 13/01/2017
	Consolidate comments from all the groups and submit the consolidated comments to evaluation team	Evaluation Task Manager	3	13/01/2017- 15/01/2017
	Incorporating comments and revising the evaluation report	Evaluation Team	5	16/01/2017- 20/01/2017
	Submission of the final report	Evaluation Team	1	20/01/2017
	Final review and approval of report	Evaluation Task Manager, Reference Group, Commissioning Organization Senior Management,	8	20/01/2017- 27/01/2017

		and Advisory Group		
Dissemination and follow-up	Publishing and distributing the final report	Commissioning organization led by evaluation manager	28	01/02/2017- 28/02/2017
	Prepare management responses to the key recommendations of the report	Senior Management of commissioning organization	15	01/03/2017- 15/03/2017
	Organize learning events (to discuss key findings and recommendation, use the finding for planning of following year, etc.)	Commissioning organization	17	15/03/2017- 31/03/2017

11. Budget

The total budget for the evaluation is USD$10, 107 or JM$1,212,840. This includes consultant fees, travel and subsistence allowance.

12. Annexes

a. Key stakeholders and partners to be consulted are:
- Marilyn Thompson, Jamaica AIDS Support for Life
- Monica Brown, Caribbean Vulnerable Communities Coalition
- Roshane Reid, National HIV/STI Programme / National Family Planning Board
- Judy-Ann Nugent, Jamaica Network of Seropositives
- Joy Crawford, Eve for Life
- Olive Edwards, Jamaica Community of Positive Women
- Latoya Nugent, Jamaica Forum for Lesbians, All-Sexuals, and Gays

b. Documents to be consulted
- Project Proposal/ Results and Resources Framework
- Baseline data of the project
- Annual work plans
- Results and Resources Framework
- Research Monitoring Plan
- Progress and Annual Reports

c. Required structure for the Inception Report

4.3 Inception Report

What is an inception report?

An inception report is a document that is used by the grantee organization and by the evaluators to verify that they share the same understanding about the evaluation and to clarify any misunderstanding at the outset.

Why does an inception report need to be prepared?

An inception report is important to verify if the evaluators understand **what** they have to do and **how, by when** based on the TOR and the initial consultation with the evaluation task manager and keystakeholders. This is a part of evaluation management process to oversee the work of evaluators.

Who needs to prepare it? When?

As part of evaluation management process and for quality assurance, the inception report should be prepared by evaluator(s) **after** they complete initial desk review and consultations but **before** they start main data collection and field visits.

Is submission of an inception report to the UN Trust Fund required?

Submission of the inception report to the UN Trust Fund is NOT required.

What needs to be specified in an inception report?

It is the grantee organization's responsibility to ensure:

1. The quality of the inception report prepared by external evaluator(s) in accordance with the TOR and the expected quality of the final report.
2. That the relevant stakeholders on the ground have been consulted before the finalization of evaluation questions and evaluation methodology specified in the inception report.

The following is the suggested structure of an inception report.

Structure of Inception Report
6) Background and Context of Project
7) Description of Project
8) Purpose of Evaluation
9) Evaluation Objectives and Scope
10) Final version of Evaluation Questions with evaluation criteria
11) **Description of evaluation team**, including the brief description of role and responsibilities of each team member
12) **Evaluation Design and Methodology**
a. Description of overall evaluation design *[please specify the evaluation is designed from: 1) post-test3 only without comparison group; 2) pre-test and post-test without comparison group; 3) pre-test and post-test with comparison group; or 4) randomized control trial.]*
b. Data sources (accesses to information and to documents)
c. 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)
d. Description of sampling (area and population to be represented, rationale for selection, mechanics of selection, limitations to sample); reference indicators and benchmarks, where relevant (previous indicators, national statistics, human rights treaties, gender statistics, etc.)
e. Limitations of the evaluation methodology proposed
13) **Ethical considerations**: a) Safety and security (of participants and evaluation team); and b) Contention strategy and follow up
14) **Work plan with the specific timeline and deliverables by evaluation team** (up to the submission of finalized report)
15) Annexes
a. Evaluation Matrix (see Annex 4A)
b. **Data collection Instruments** (e.g.: survey questionnaires, interview and focus group guides, observation checklists, etc.)
c. List of documents consulted so far and those that will be consulted
d. List of stakeholders/partners to be consulted (interview, focus group, etc.)
e. **Draft outline of final report**(in accordance with the requirements of UN Trust Fund. See Section 4.4)

4.4 Final Evaluation Report

This section of the guidelines is intended to serve as a guide for preparing meaningful, useful and credible evaluation reports of projects funded by the UN Trust Fund. It prescribes the definite structure and contents that must be included in quality reports.[4]

The below described criteria and the report structure must be used by the grantees and the UN Trust Fund staff to assess the quality of evaluation reports. The report structure must be annexed to the Terms of References (TOR) of the evaluation so that the evaluators are informed about the requirements at the outset of the evaluation process.

Note: Each organization may add additional sections as they wish in evaluation report.However, the required sections and annexes specified below must be provided in the final evaluation report submitted to the UN Trust Fund.

Overall criteria for external evaluation reports

I: Quality of writing

1. Clear, precise and professional language
2. Correct terminology and grammar
3. No factual errors
4. Reader friendly
5. Useful graphs and tables (if relevant)

II: Language of the report

The report may be prepared in English, Spanish or French.

III: Logo and acknowledgement of the UN Trust Fund

The logo of the UN Trust should be in the final version of the report, and the contribution of the UN Trust Fund should be acknowledged in the report.

IV: Stakeholder participation

1. The evaluation report provides description and evidence of stakeholders' active participation throughout the evaluation process.
2. Participation of stakeholders includes both primary and secondary beneficiaries.
3. The methodology involves using participatory techniques, if relevant and possible.

V: Compliance to the UN Trust Fund Requirements

1. The report is written in accordance with the structure described below. The report is supported by concrete evidence and data.
2. The report is submitted with all the mandatory annexes listed in the structure described below.

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[4] The quality criteria are derived from the United Nations Evaluation Group (UNEG) standards (2005) and the UN Women

Quality Criteria for Evaluation Reports (2009). UNEG standards for evaluation in the UN system (2005) instruct that "*the finalevaluation report should be logically structured, containing evidence-based findings, conclusions, lessons and recommendations, and should be free of information that is not relevant for overall analysis. A reader of an evaluation report must be able to understand: the purpose of the evaluation; exactly what was evaluated; how the evaluation was designed and conducted; what evidence was found; what conclusions were drawn; what recommendations were made; what lessons were distilled*".

Structure of evaluation report

****Please note the following colour code:**

Text in blue= instruction to guide evaluators and grantee organizations on how to prepare that specific sections of 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
- Description of the specific forms of violence addressed by the project
- Main objectives of the project
- Importance, scope and scale of the project, including geographic coverage
- 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
- Description of targeted primary and secondary beneficiaries as well as key implementing partners and stakeholders
- 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 (if any).
- A brief explanation of the evaluation criteria used (e.g. relevance, efficiency, effectiveness, sustainability and impact) is provided.

11. Evaluation Methodology

[The template below must be used for this section.]

Sub-sections	Inputs by the evaluator(s)
Description of evaluation design	*[please specify if the evaluation was conducted by one of the following designs: 1) post-test5 only without comparison group; 2) pre-test and post-test without comparison group; 3) pre-test and post-test with comparison group; or 4) randomized control trial.]*
Data sources	[Please refer to the evaluation matrix (template Annex 4A)
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 - 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	

- 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	
Conclusions	
Others	

Evaluation Criteria	Effectiveness
Evaluation Question 2	• To what extent were the intended project goal, outcomes and outputs achieved and how? • 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	
Conclusions	
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	Conclusions
Overall	
Effectiveness	
Relevance	
Efficiency	
Sustainability	

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			

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, datasource and data collection methods per evaluation question.

3) **Final version of Results Monitoring Plan** [see Annex 4B for the template]pleaseprovide 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 numberof beneficiaries reached at the project goal and outcome levels.

5) **Additional methodology-related documentation**,such as data collection instrumentsincluding questionnaires, interview guide(s), observation protocols, etc.

6) **Lists of persons and institutions interviewed or consulted and sites visited**

[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.]

7) **List of supporting documents reviewed**

8) **CVs of evaluator(s) who conducted the evaluation**

13 EVALUATION MATRIX (ANNEX 4A)

Evaluation Criteria	Evaluation Questions	Indicators	Data Source and Data Collection Methods
Effectiveness	2. To what extent was the intended project goal, outcomes and outputs achieved and how? 3. Was the project effective in delivering desired/planned results? 4. To what extent did the project reach the targeted beneficiaries at the project goal and outcome levels? How many beneficiaries have been reached? 5. How effective has the project been in responding to the needs of the beneficiaries, and what were the results achieved? 6. 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. 7. What internal and external factors contributed to the achievement and/or failure of the intended project goal, outcomes and outputs? How? 8. To what extent was the project successful in advocating for legal or policy change? If it was unsuccessful, explain why. 9. To what extent did the Project's M&E mechanism contribute in meeting project results? 10. How effective were the strategies and tools used in the implementation of the project? 11. What are the future intervention strategies and issues?	1. Audit indicators associated with the project goal, outputs and outcomes and assess the perception of beneficiaries 2. Audit expected results against actual results 3. Number of direct and indirect beneficiaries reached 4. Documented needs of women, women's own perception of the project and relevance of interventions 5. Proportion of women reporting acts of violence to the police, evidence that women are empowered to identify various forms of violence and proportion of women who conduct outreach 6. Assessment of the internal organizational structure relative to the order of work and how it is executed as well as efforts made to engage external bodies 7. Evidence and number of advocacy initiatives and proof of any resulting changes in the policy environment 8. Type of M&E mechanism that governs the project, reporting framework and responsible parties	1. Survey, key informant interviews and document review. Project progress and interim reports, workshop and sensitization sessions reports, meetings minutes, project documents, evaluation reports (pre and post test results), partner reports and community mobilizers' report 2. Survey, key informant interviews and document review. Project progress and interim reports, workshop and sensitization sessions reports, meetings minutes, project documents, evaluation reports (pre and post test results), partner reports and community mobilizers report 3. Document review. Audit of project reports, community mobilizers' reports and the project coordinator's report. 4. Survey, key informant interview and document review. Baseline Report, project progress reports,

		9. Types of strategies and tools used and the results yielded 10. Strategies that are currently being pursued and those JASL intend to pursue to build on the gains of the project as well as to strengthen organizational efficiency	and auditing of employees' contracts and other project financial records 5. Survey and key informant interviews 6. Key informant and verification interviews. Staff contracts, partnership agreements, sensitization session reports 7. Key informant interview. Project progress reports, sensitization session reports and Project Coordinator's Report. 8. Key informant interview and document review. Staff contracts, TORs, project reports, work plan, meeting update reports 9. Survey, key informant interview, document review. Joint Civil Society Advocacy Plan, Project Coordinator's Reports, Progress Reports. 10. Key information interviews
Relevance	6) Was the project relevant to the identified needs of the beneficiaries? 7) To what extent was the project strategy and activities implemented relevant in responding to the needs of women and girls? 8) To what extent do achieved results (project goal, outcomes and outputs) continue to be relevant to the needs of women and girls? 9) What and how much progress has been made towards achieving the overall outputs and outcomes of the project (including contributing factors and constraints);	1. Refer to indicator at bullet #2 2. Level of violence reported in the project, workshop and intervention content geared towards addressing the established needs of women, women's own advocacy and outreach initiatives and the type of SRH services offered to women 3. Number of women accessing clinical services and the	1. Key informant interviews. Community Mobilizers' reports and consultative meeting reports 2. Key informant interviews. Community mobilizers' reports and consultative meeting reports 3. Key informant interviews. Project document review (baseline report, situational

	10) Were the inputs and strategies identified, and were they realistic, appropriate and adequate to achieve the results?	continuation of JASL's work in this regard 4. Indicators and results presented in the results monitoring plan, client satisfaction rate, contributing factor and constraints 5. Inputs and strategies designed and embedded in the project and results obtained	analysis, Joint Advocacy Plan). 4. Project document review (project cooperation agreements, project progress reports, beneficiary workshop reports, sensitization session reports, community mobilizers' reports, Project Coordinator's report) and staff interviews. 5. Project document review (project progress reports, Joint Advocacy Plan), staff and beneficiary interviews
Efficiency	9) How efficiently and timely has this project been implemented and managed in accordance with the Project Document? 10) Was the process of achieving results efficient? Specifically, did the actual or expected results (outputs and outcomes) justify the costs incurred? Were the resources effectively utilized? 11) Did project activities overlap and duplicate other similar interventions (funded nationally and/or by other donors? Are there more efficient ways and means of delivering more and better results (outputs and outcomes) with the available inputs? 12) Could a different approach have produced better results? 13) How was the project's collaboration with its partners, other CSOs and government? 14) How efficient were the management and accountability structures of the project? 15) How did the project's financial management processes and procedures affect project implementation?	1. Schedule of activities occur as planned. 2. Actual project expense is aligned to forecast project expense 3. Number of concurrent projects with similar deliverables and JASL's efforts to prevent duplication 4. Log of things that could have been done differently 5. Evidence of collaboration with CSO partners, the strengths and weaknesses of the partnerships 6. Type of management and accountability structures existing and perception about efficiency 7. Financial management procedures and perception of their impact on the project's implementation process	1. Document review (project progress reports, community mobilizers' reports, project work plan and logical framework), staff interview and key informant interview 2. Project budget, work plan, project and key informant and verification interviews and financial reports 3. Key informant interview 4. Key informant interview and project document review (general project documents) 5. Key informant interviews and document reviews (partnership agreements, partnership training reports) 6. Key informant interview and document review (staff contracts, TORs, appraisal documents).

	16) What are the strengths, weaknesses, opportunities and threats of the project's implementation process?	8. Strengths, weakness. Opportunities and threats of the implementation process	7. Key informant and verification interviews, document audit (financial records on project report) and interview with Project Coordinator 8. Key informant interviews and document review (project work plan and progress reports)
Sustainability	6) What is the likelihood of continuation and sustainability of project outcomes and benefits after completion of the project? 7) How will the achieved results, (especially the positive changes generated by the project in the lives of women and girls at the project goal level), be sustained after this project ends? 8) Describe key factors that will require attention in order to improve prospects of sustainability of Project outcomes and the potential for replication of the approach? 9) How were capacities strengthened at the individual and organizational level (including contributing factors and constraints)? Describe the main lessons that have emerged.	1. Assessment of positive changes and sustainability strategies 2. Assessment of positive changes and sustainability strategies 3. Perception about factors needed to improve sustainability prospects 4. Type of staff training executed and the type of organizational level capacity building initiatives	1. Key informant interviews and document review (community mobilizers'reports, sensitization session reports, project progress reports) 2. Key informant interviews and document review (community mobilizers' reports, sensitization session reports, project progress reports) 3. Key informant interviews 4. Key informant interviews and staff training records
Impact	2) What are the unintended consequences (positive and negative) resulting from the project?	The extent to which the client base has expanded, number of indirect beneficiaries reached, negative factors affecting the project	Key informant interviews, document review (project progress reports, media reports (Facebook analytics report)
Knowledge Generation	1) What are the key lessons learned that can be shared with other practitioners on Ending Violence against Women and Girls?	1. Lessons learnt 2. Promising practices	1. Key information interviews and document review (sensitization reports and community mobilizers' contracts and reports)

	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?		2. Document review (Facebook analytics report, partnership contracts, progress reports, project work plan, sensitization session reports) and staff interviews

14 RESULTS MONITORING PLAN: BASELINE AND ENDLINE DATA (ANNEX 4B)

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
Project Goal: Women and girls affected by HIV experience better health as a result of integrated VAW and SRH services	**Indicator 1:** Percentage of women affected by HIV who experience improvements in their health and well-being as a result of access to integrated VAW and SRH services	Questionnaire/ survey on health and well-being with primary beneficiaries	Zero percent (0%) has accessed integrated VAW and SRH services. The baseline survey was conducted with 39 participants. Of the 39 primary beneficiaries ranging from 19 – 55 years, approximately seventy four percent (74.4%) were living with HIV. Of the respondents living with HIV, 43.6% reported that their current state of health was good, 20.5% reported satisfactory health and 10% described their current state of health as poor. While among the 25.6% who were none PLHIV, 10.2% reported that their current state of health was good, 12.8% reported that it was satisfactory and 2.5%	July 2014	• A total of 109 respondents partic These persons were selected usi sampling via a purposive metho locations in which JASL has a pre outreach activities). The breakd status is reflective of the total nu beneficiaries who participated i segment identified themselves a (42%); followed by being a 'sex segment said that they were 'wo disabilities' (10%). Nine percent 'lesbian/bisexual woman'. Two p they prefer not to disclose their g • Most rated their health state as ' described their health condition 4% described their health as 'po HIV represented the largest segr rated their health as 'good' (76% with disability (73%) and sex worl • Upon close examination of the d a 32.4% increase in the number their state of health as being go in 2014 to the time when the End implemented (November 2016).

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			reported their current state of health to be poor.		significant increase (53.8%) in the who reported their state of healt the end-line compared to the b 10.2%).
	Indicator 2: Perspectives of primary beneficiaries about changes in their health and well-being as a result of increased access to integrated VAW and SRH services	Focus group discussions and in-depth interviews with primary beneficiaries	It was generally perceived that several benefits would accrue to the health and well-being of women and girls affected by HIV and VAW if they were able to access integrated VAW and SRH services. Some concerns existed relating to the provision of services to HIV negative females in the same facility. LBT persons also had concerns about the need for other clients to respect their sexual identity and rights. To address these concerns, JASL has to ensure the rights of all clients are protected.	July 2014	• 89% of respondents reported tha expanded service offering on V beneficial to them. A small num (5%) and 6% did not indicate a r number of persons who reported these included: access to docto personal development, receivin on VAW among others. • 80% of respondents acknowledg expanded services on Violence Sexual Reproductive Health serv improvement in their health. App that there was no improvement weren't sure if there were any im common improvements in healt decrease in pain and symptoms health conditions (31%), increase STIs/HIV (25%), adherence to me improved clinic visits (9%), impro among others.

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
					• The introduction of the expande favourably by all clients, as 79% provided with better options via referred to the facility as a 'one- several types of services that ca Contrary to the fears unearthed the entire sample reported that because persons who aren't HIV the same space and 0% reporte heterosexual persons treated at
Outcome 1: Programme, policy and legislative changes are informed by findings from the VAW and HIV research of the project	**Indicator 1:** Number and type of programmes, policies and decisions that were informed by HIV and VAW research from the project	• Review and content analysis of the number of programmes, policies and decisions that were informed by the HIV and VAW research materials from the project • In-depth key informant interviews conducted with secondary beneficiaries.	Baseline is zero	Outcome is dependent on VAW and HIV research being conducted	The outcome of interviews conducte beneficiaries and document review number of entities made any referer research done under the Project in t programmes and policies. This is ma the actual production and dissemina research carried out by NFPB was sc year 1 of the project but took place enough time would not have been findings and use the results to guide programmes and policies. Despite t of its partners were able to implemer the research) which resulted in the fo • The research contributed to the Workers (as a vulnerable) in the Plan on GBV by the Bureau of G

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
					comes up for parliamentary con 2017 (Gleaner, December 7, 201 • Sensitization Sessions and training legal and social service provider project's research. For instance: o MINISTRY OF HEALTH-Sensitiz former Permanent Secretary Ministry of Health resulted in commitments: (1. Investigati Sign Language Interpreters f Healthcare facilities; 2. Conf submitted to Parliament; 3. T be included in the Ministry o presentation). o DIRECTOR OF PUBLIC PROSE indicate seeking accreditati Legal Council of Jamaica fo GBV HIV. • Other legislative changes occur and other stakeholders lobbying Sexual Harassment Bill in late 201 agitate around this as it launche strengthen and expedite the pa • Other programmes, polices and from the impact of the overall p

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
					to the HIV and VAW research th included the following: o The implementation of forma sessions by legal officers, poli over 1,000 indirect beneficiar o The establishment of We Cha through JFLAG new organiz serve and advocate on beha within the LBT community. This very active in the production and the development of pos o There has been greater awar Jamaica Constabulary Force and VAW. While thereare no programmes developed to a the consistent sensitization of Policy has created somewha field relative to how vulnerab during the service delivery pr • Overall, most stakeholders believ intervention needs to be implem with the police) to make the effe sustainable.

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
	Indicator 2: Perspectives of secondary beneficiaries on the improvement of accountability and service delivery as a result of the implementation of policy and legislative changes informed by the findings of the VAW and HIV research.	In-depth interviews with staff from social, health and law enforcement services	The accountability systems and service delivery need improvement especially among the staff in health services, the legislative and the law enforcement institutions. There is the need to develop a standardized system with well-defined mechanisms for monitoring in order to improve efficiency and accountability in these institutions. Providers need to be trained in the use of protocol.	July 2014	• The information from the researc prepared for the sensitization ses secondary beneficiaries. These to improved services and JASL h relationships with them for contir to strengthening the legislative fr • Secondary beneficiaries reporte implemented by JASL is a positiv introduced service providers to s relative to services that are offer populations as it relates to HIV a although the project, offered tre short-lived and there needs to b continuity. Members of the polic institutionalization of the training the police force. • There has been no policy or legi regard, but secondary beneficic have started to have conversati other stakeholders. There are pl and roll-out full programmes in 2 provided by JASL.

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Outcome 2: Women and girls affected by HIV have increased access to integrated VAW and SRH related services	**Indicator 1:** Percentage of key beneficiaries accessing integrated VAW and SRH services	Clinic service data from each of the 3 JASL clinic sites (provided by clinic, community mobilizers and peer links)	Integrated VAW and SRH service is in implementation stage, hence zero percentage of key beneficiaries accessing services.	May – June 2014	• The total number of beneficiarie thereby exceeding the target of • Total number who accessed ser exceeding the target of 640 by
	Indicator 2: Perspectives of the quality of services provided to the primary beneficiaries at all 3 JASL clinic sites.	Exit interviews at clinic sites and focus group discussions with primary beneficiaries who accessed a VAW and/or HIV related service at a clinic site.	Results on the client satisfaction survey conducted among beneficiaries of the 3 JASL clinics indicated the following: 90% of the clients felt that the service providers were warm and friendly, 97% felt they were knowledgeable and professional and 72% were very satisfied with the services provided. While these are not measures of the integrated services, the present beneficiaries perceived JASL as a capable agency with the requisite skills and competencies to provide quality services.	May – June 2014	• 98% of primary beneficiaries indi satisfied with the services provid integrated services] (76% are ve satisfied and 9% are somewhat • 78% and 77% respectively indic warm and friendly and knowled • The findings showed that on ave beneficiaries rated the services providers at JASL as being 'abo Doctors received a favourability average and excellent), followe and nurse (95%). Nutritionist rec score of 94% followed by Case Receptionists (89%) and Adhere

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
Outcome 3: Women and girls affected by HIV have improved legal literacy and advocacy skills to respond to VAW	**Indicator 1:** Level of knowledge of primary beneficiaries on policies and legislation relating to HIV and VAW	• Pre and post test • Level of knowledge determined by a subjective measure during the End-line Survey with primary beneficiaries(perceived knowledge)	• Knowledge before training was 30% (pre-test) • 34% of respondents reported poor knowledge • 38% reported having no knowledge • 18% reported having average knowledge • 12% rated their knowledge as good	April 2015	• Knowledge increased by 70% af test results) • Respondents were asked to rate **legal and policy environment re and the protection it provides as exist in it**. The results showed tha provided varied significantly bef This is seen where 34% of the resp knowledge as 'poor' before the was reduced to 1% after the trai the effectiveness of the training. respondents indicated having n before the training and this prop after the training. Further, the pe who rated their knowledge of th as excellent before the training v persons who rated their knowlec training rose to 43%. Similarly, the respondents who rated their kno the training was 12%. The percer after the training
	Indicator 2: Perceived ability of primary beneficiaries to apply knowledge and skills gained to	Focus group discussions and in-depth interviews with primary beneficiaries	Participants felt that with the training, they will be better able to apply these new skills to benefit themselves and other women affected by HIV and VAW. Suggested use of	May – June 2014	• 97% of beneficiaries reported th knowledge and skills gained fro respond to HIV & VAW issues • 93% reported that they have ap skills gained from the training to VAW issues.

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	better respond to HIV and VAW issues.		skills coming from the participants included: empowering other women at the individual and community levels as well as increasing public awareness about VAW.		• Respondents who said that they knowledge and skills gained fro to indicate how they have c showed that educating women most common activity area provision of outreach to wome violence (35%) and participat (27%). • Other activity areas mentioned respondents included: facilitati sensitization sessions including c healthcare workers (14%), atter meetings (13%) and volunteerin deal with marginalized commu • A major success in this regard w primary beneficiaries as Comm
	Indicator 3: Perspectives of primary beneficiaries about their contribution to changes in programmes, policies and decisions as a result of legal literacy training and advocacy actions	Focus group discussions and in-depth interviews with primary beneficiaries	Persons were emphatic about their potential to contribute to change. They said they should be able to mobilize communities, work with the media, organize protest action as well as inform and challenge the responsible institutions. Participants also felt that they can work to empower other women and	July 2014	• Respondents were asked to indi their ability to contribute to char policies or decisions that relate t the training. The results showed t stated that they could impact p before participating in the trainin reported that they had the abilit programmes after participating • Respondents were asked to indi made any attempts to contribut programmes, policies and decis HIV since being exposed to train

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
	related to HIV and VAW		girls about their rights as well as volunteer with organizations which are advocating for change.		and policies that deal with these that 89% of respondents said tho attempts to contribute to chang women and HIV matters since p However, 11% said that they hav attempts to contribute to chang discussed. • Respondents were asked to shar have made to contribute to cho programmes and decisions relat results showed that outreach to education and sensitization was initiative (83%), followed by parti marches/protests (36%) and faci sensitization sessions including co healthcare workers, police office government (20%)
Outcome 4 Management and staff from social, health and law enforcement services trained to respond to the needs of women and girls affected by HIV and VAW	**Indicator 1:** Number of management and staff from social, health and law enforcement services that have the minimum skills and knowledge to provide quality services to women and girls	Training and sensitization session attendance register	The baseline is zero	To be conducted at the end of each training workshop	**Training Workshops** • 36 judges trained (target 30) • 58 police officers trained (target • 20 representatives from CSOs tro organizations **Sensitization Sessions**

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
	affected by HIV and VAW				A total of 211 stakeholders were rea sessions broken out as follows: • 152 stakeholders sensitized via c beneficiaries as stakeholders. Th included Ministry of Health, West Authority, Ministry of Justice, Nor Authority, University of the West I the Department of Public Prosec Affairs and Ministry of Education
	Indicator 2: Number and types of measures that social, health and law enforcement services have put in place to meet the minimum standards to adequately respond to the needs of women and girls	In-depth interviews with key representatives from social, health and law enforcement services	The following measures were identified as part of the minimum standards to respond to the needs of women and girls: *"Domestic Violence Act", "Occupation Order" that comes under the "Domestic Violence Act", "Sexual Offenses Act" and the "Offences against the Person Act". "the Family Court", the "Child Care Protection Act", "the National Policy for Gender Equality","* the Victim Support Unit" and the "Centre for Investigation of Sexual	May – June 2014	• The implementation of formal ar sessions by legal officers, police 1,000 indirect beneficiaries • Secondary beneficiaries are eith plan to contact JASL for future s are needed • The research contributed to the Workers (as a vulnerable) in the Plan on GBV by the Bureau of G comes up for parliamentary con 2017 (Gleaner, December 7, 201 • Sensitization Sessions and training legal and social service provide project's research. For instance:

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			Offences and Criminal Assault" (CISOCA)		o MINISTRY OF HEALTH-Sensitiz former Permanent Secretary Ministry of Health resulted in (1. Investigation of renewed Language Interpreters for de facilities; 2. Confidentiality P Parliament; 3. Tabling of the in the Ministry of Health's Sec o DIRECTOR OF PUBLIC PROSE indicate seeking accreditati Legal Council of Jamaica fo GBV HIV. • Other legislative changes occur and other stakeholders' lobbying Sexual Harassment Bill in late 201 agitate around this as it launche strengthen and expedite the pa
	Indicator 3: Perspectives of women and girls affected by HIV on quality of services received from institutions (police,	Focus group discussion with primary beneficiaries	Informants were of the view that the quality of service was less than satisfactory. The greater level of dissatisfaction was with the law enforcement arm. Persons felt that VAW was lightly regarded by the police and very little is done to	July 2014	• Respondents were asked wheth relating to violence or HIV provic following institutions within the la o Jamaica Constabulary Forc o Judiciary o CSOs o Healthcare Facilities

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
	judiciary and CSOs) to respond to VAW		address problems in a timely manner. Participants recognized the credible work being done by CISCOCA and the Victim Support Unit. There was also dissatisfaction with service delivery in the health sector, particularly in relation to PLHIV women who have also experienced VAW.		The result showed that 66% of respor accessed services from CSOs in the l (32%) percent received services from while 23% received services from the Force. Fourteen percent (14%) stated services from the judiciary in the last Respondents were asked to rate the received from the institutions. The dc received the highest favourability ra other institutions with 76% and 9% of service quality as excellent and goo judiciary received the second best r respondents rating the service as exc same as good. However, the Jamaic received the lowest favourability rati respondents rating the service as exc same as good.
Output 1.1 Situational analysis report produced on primary beneficiaries' access to HIV and VAW related	**Indicator 1:** Situational nalysisreport produced and disseminated	Desk review and content analysis of research findings		No baseline data collection is needed as outcome is dependent on VAW and HIV research being conducted	• Situational analysis disseminated and by JASL at stakeholder mee bearers • Summary report of the situationc disseminated to primary and sec (approximately 50 persons were

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
health services and redress systems					
Output 1.2 Results of the VAW and HIV research summarized into user-friendly format and disseminated to implementing partners and public agencies	**Indicator 1:** Three (3) Research Briefs produced and disseminated	Desk review and content analysis of research findings	Zero	No baseline data collection is needed as outcome is dependent on VAW and HIV research being conducted	• 3 user-friendly briefs were done c NFPB.
Output 2.1 Staff trained at all 3 JASL clinics to provide expanded	**Indicator 1:** Number of clinic staff trained to provide integrated VAW and SRH services	Signed Participant's List and Training Agenda	Zero	May – June 2014	• 18 clinic staff trained to provide services

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
HIV, SRH and VAW-related services	**Indicator 2:** Number of volunteer community mobilizers recruited, trained and assigned to one (1) of the three (3) JASL clinics.	Signed Participant's List and Training Agenda Roster of volunteers assigned to each JASL clinic site	zero	May – June 2014	8 volunteers trained
Output 2.2 HIV, SRH and VAW service categories expanded at all 3 JASL clinics (Montego Bay, Ocho Rios and Kingston)	**Indicator 1:** Number of new SRH and VAW-related services available at JASL clinic	Roster of new SRH and VAW-related services available at JASL clinic		No baseline data collection – no integrated SRH and VAW services are currently available at any JASL clinics	9new services made available at JA
Output 2.3 Increased uptake of HIV and VAW-related services at all 3 JASL clinics among primary beneficiaries	**Indicator 1:** Percentage of primary beneficiaries using a minimum of one VAW or SRH service at a JASL	JASL Clinic service data	Baseline is zero	May – June 2014 Baseline data can be collected on number of beneficiaries using an SRH service. However, no VAW services are	2,102

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
	clinic site			currently available at clinic.	
	Indicator 2: Number of women and girls aff ected by HIV and VAW referred to services through the trained JASL volunteer community mobilizers	JASL Clinic service data and Referral Database		No baseline data can be collected as presently there are no community mobilizers in place and no VAW-related services available at JASL clinics.	5,901
Output 3.1 Primary beneficiaries' knowledge of policies and legislation relating to HIV and VAW is	**Indicator 1:** Level of knowledge of primary beneficiaries on policies and legislation relating to HIV and VAW	• Pre and post test • Subjective measure of knowledge (perceived knowledge)	• Knowledge before training was 30% (pre-test) **Before the Training**	April 2015	• Knowledge increased by 70% af test results) • Respondents were asked to rate **legal and policy environment re and the protection it provides as exist in it**. The results showed tha provided varied significantly bef This is seen where 34% of the resp

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
increased			• 34% of respondents had poor knowledge • 38% had no knowledge • 18% reported having average knowledge • 12% rated their knowledge as good Comment same as in the Outcome section		knowledge as 'poor' before the was reduced to 1% after the trai the effectiveness of the training. respondents indicated having n before the training and this prop after the training. Further, the pe who rated their knowledge of th as excellent before the training v persons who rated their knowled training rose to 43%. Similarly, the respondents who rated their kno the training was 12%. The percer after the training
Output 3.2 Policies, programmes and decisions resulting from women and girls training and participation in HIV and VAW advocacy initiatives	**Indicator 1:** Number of policies, programmes and decisions made as a result of women's advocacy on VAW and HIV	Desk Review and Content Analysis		No baseline data can be collected as the outcome is dependent on the advocacy action taking place.	• The National Strategic Plan on G Sex Workers for the first time resu efforts under the project with Bu • JASL was a part of a joint lobbyi involved in the review of the Sex (other stakeholders included JFL of this lobbying the Act will be re time it was reviewed was in 2014 • Met with the Minister of Educatio sexuality health education for ac Ministry indicated in the meeting reviewed but a date was not sp

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
					• JN+ - Will be integrating GBV into • JCW prepared 5 policy briefs • J-FLAG and the forming of We-C a result of the project • Sensitization Sessions and training legal and social service provider project's research. For instance: o MINISTRY OF HEALTH-Sensitiz former Permanent Secretary Ministry of Health resulted in (1. Investigating renewed tra Interpreters for deployment Confidentiality Policy to be s 3. Tabling of the Research to Ministry of Health's Sectoral o DIRECTOR OF PUBLIC PROSE indicate seeking accreditati Legal Council of Jamaica fo GBV HIV. • Other legislative changes occur and other stakeholders' lobbying Sexual Harassment Bill in late 201 agitate around this as it launche strengthen and expedite the pa

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
					• Other programmes, polices and from the impact of the overall pr to the HIV and VAW research th include the following: o The implementation of forma sessions by legal officers, poli over 1,000 indirect beneficiar o There has been greater awar Jamaica Constabulary Force and VAW. While there are no programmes developed to a the consistent sensitization of Policy has created somewha field relative to how vulnerab during the service delivery pr • Overall, most stakeholders believ intervention needs to be implem with the police) to make the effe sustainable.

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
Output 4.1 Law enforcement and judiciary respond appropriately to the needs of women and girls affected by HIV who receive these services	**Indicators 1:** Number of trained law enforcement agents who manifested increased competence in responding to VAW cases	Signed Participant's List and Training Agenda	Zero		58
	Indicators 2: Number of trained members of the judiciary who manifested increased competence in responding to VAW cases	Signed Participant's List and Training Agenda	Zero		36
Output 4.2 Civil Society Organizations in the health and	**Indicator 1:** Number of trained CSO	Signed Participant's List and Training Agenda	Zero		20

A. Statement of Project Goal , Outcomes and Outputs	B. Indicators for measuring progress towards achieving the project goal, outcomes and outputs	C. Data collection methods	D. Baseline Data Please provide actual baseline data per indicator	E. Timeline for baseline data collection For each indicator listed in column B, when was baseline data collected? Please specify month/year.	Endline Data
social services sector respond appropriately to the needs of Women and girls affected by HIV who receive these services	representatives who manifest increased competence in responding to VAW cases				

15 ENDLINE REPORT (PRIMARY& SECONDARY BENEFICIARIES)

METHODOLOGY

Research Design and Instrument

Data for the Endline research incorporating the views of primary beneficiaries were collected via a structured questionnaire administered in a survey.The questionnaire sought to capture information about the beneficiaries that was centred on the following themes:

1. Socio-demographic characteristics
2. Health and Wellbeing
3. Attitude Towards Violence Against Women
4. Experiences of Violence Against Women and how it affects HIV
5. Perspectives about Changes in Health and Wellbeing
6. Perceived Ability to Apply Knowledge and Skills gained to Respond to HIV and VAW Issues
7. Perceived Contribution to Changes in Programmes, Policies and Decisions as a Result of Legal Literacy Training
8. Perspectives on Quality of Services Received from Institutions
9. Perspectives on Health-related Services obtained from JASL

Sampling

The sample frame for the survey was 1,090 primary beneficiaries who were reached under the UNTF Project. Of this number, a 10% sample was selected targeting 110 persons. The actual number of persons who participated in the survey was 109. The sample was selected using a combination of quota and stratified purposive sampling. The strata established included:

- 52 PLHIV
- 38 SWs
- 10 LBTs
- 10 Women and girls with disabilities

These persons were chosen from all geographic locations in which JASL had a presence and covered persons who accessed expanded VAW and SRH services through JASL under the UNTF Project.

Data Collection

The data was collected over a two-week period by trained interviewers who conducted a mixture of face-to-face and telephone interviews with the beneficiaries. Initially, the Researcher planned on conducting only face-

to-face interviews, but this was hindered due to lack of commitment on the part of beneficiaries who agreed to interview dates and times but didn't turn up for the sessions. This occurrence adversely affected the timeline for implementation of the Endline Survey as the process took longer than planned. During the execution of the fieldwork, the decision was made to engage beneficiaries who expressed difficulty in traveling to the JASL location by telephone. Persons who completed face-to-face interviews did so at the JASL location in Kingston in private and confidential settings.

Data Treatment and Processing

The data was processed using IBM Statistics (formerly SPSS) and analyzed using a series of frequency distributions and cross-tabulations. The completed questionnaires are retained by the Researcher and will be destroyed at the end of the evaluation exercise with permission from the contracting entity. The hard copy files are currently stored in a secure location where access is permitted by the Evaluation Team (only).

Ethical Considerations and Verbal Consent

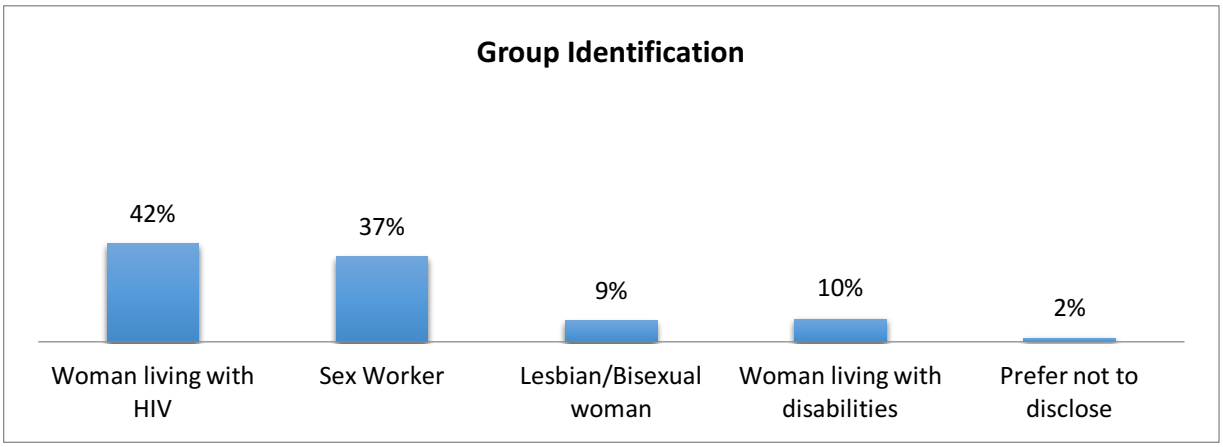
Prior to commencing interviews, beneficiaries were engaged in dialogue concerning the purpose of the Endline Survey, how the data will be used and confidentiality protocols were also explained. Verbal informed consent was obtained for both persons who were interviewed face-to-face and those who were interviewed via the telephone.

15.1.1 DEMOGRAPHIC PROFILE of respondents[2] (beneficiaries)

Group Identification

A total of 109 respondents participated in the survey. The largest segment identified themselves as 'woman living with HIV' (42%); followed by being a 'sex worker' (37%). The smallest segment said that they were 'woman living with disability (10%). Nine percent described themselves as 'lesbian/bisexual woman'. Two percent indicated that they prefer not to disclose their group identity (Figure 1).

Figure 1: Distribution of respondents by group identification



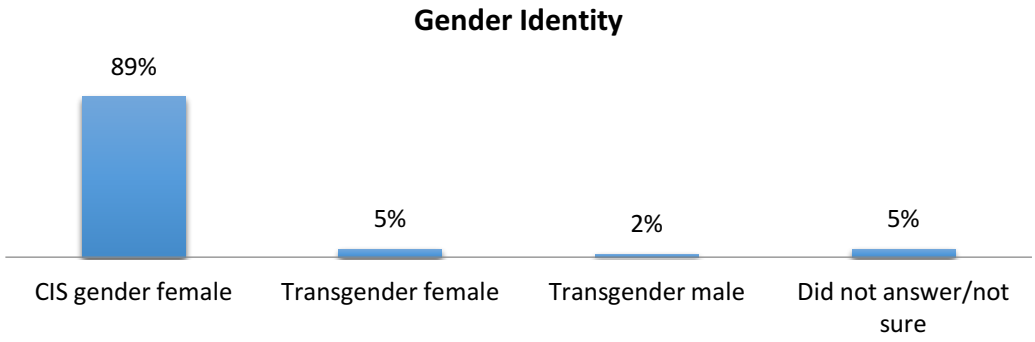
Gender Identity

The distribution of respondents was disproportionately distributed in favour of individuals who said they were born female and identified as female (89%) (Figure 2). Few revealed that they were born male but identified as female (5%) vice versa. Five percent refused to disclose their gender identity (Figure 2).

[1] The percentages in this reported have been rounded off where required and may not add up to 100%.

[2]The terms respondents and beneficiaries are used interchangeably to indicate the persons who participated in the survey.

Figure 2: Distribution of respondents by gender identification



Age and Parish

The sample was fairly distributed across the different age groups that were assessed in the study with the exception of the 16-19 age cohort. A small percentage of respondents, accounting for 2% represented the 16-19 age group. However, the other age groups each accounted for 11-17% of respondents in the study. More than one third said that they resided in the parishes of Kingston and St. Andrew (36%). Approximately one fifth indicated that they lived in St. Catherine (21%). The other respondents resided in St. Mary (6%), St. Ann (15%), Portland (4%), St. Thomas (2%), Hanover (1%), St. James (14%) and Trelawny (2%) (Table 4).

Table 4: Distribution of respondents by age and parish

Categories	Frequency	% of total
Age Group		
16-19 years	2	2%
20-25 years	14	13%
26-30 years	13	12%
31-35 years	17	16%
36-40 years	17	16%
41-45 years	19	17%
46-50 years	12	11%
51 years +	15	14%
Parish of Residence		
Kingston	21	19%
St. Andrew	19	17%
St. Catherine	23	21%
St. Mary	6	6%
St. Ann	16	15%
Portland	4	4%
St. Thomas	2	2%
Hanover	1	1%
St. James	15	14%
Trelawny	2	2%

Marital Status by Group Identity

The data for marital status was captured and subsequently disaggregated by group identity. The result showed that 43% of the sample reported that they were 'single', followed by 26% who said that they had a partnerbut did not live with him/her. Twenty-three percent (23%) reported that they were in a common law relationship while 6% said that they were married. The remaining respondents were either divorced (1%) or separated (1%).

The disaggregation of the data showed that the largest segment of participants who were single was 'woman with disability' (55%), followed by 'woman living with HIV' (46%). Respondents who were lesbians accounted for the highest percentage of individuals who had a partner who resided at another address (40%, followed by 'sex worker' (30%) and 'woman with disability' (27%).

It is worth noting that woman living with HIV represented the largest set of respondents who said that they were married (11%) (Table 5).

Table 5: Distribution of respondents by marital status by group identity under the UNTF project

Marital Status	Total	Woman Living with HIV	Sex Worker	Lesbian/Bisexual	Woman with Disability
Single; not in a relationship	43%	46%	40%	30%	55%
I have a partner but we don't live together	26%	20%	30%	40%	27%
Common-law	23%	22%	28%	30%	9%
Married	6%	11%	3%	0%	0%
Divorced	1%	0%	0%	0%	9%
Separated	1%	2%	0%	0%	0%
Total Count	**107**	**46**	**40**	**10**	**11**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

Ever had Children by Group Identity

The survey found that 82% of respondents reported that they had children when compared to 18% who indicated that they were yet to have children. Sex workers accounted for the largest segment to report that they have had children (90%), followed closely by 'woman living with HIV' (89%). 'Lesbian/bisexual' account for the smallest percentage of individuals to report that they have had children (30%) (Table 6).

Table 6: Distribution of respondents by ever had children by group identity under the UNTF project

Children	Total	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Woman with Disability
No Children	18%	11%	10%	70%	27%
Yes-have children	82%	89%	90%	30%	73%
Total Count	**107**	**46**	**40**	**10**	**11**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

Reported Number of Children by Group Identity

Respondents who reported that they had children were asked to state how many children that they had. The results showed that the largest segment said that they had 4-6 children (31%) when compared to 24% who had one child and 22% who noted that they had two children. Another 22% reported that they had three children. Women living with HIV (34%) and sex workers (33%) accounted for the largest share of respondents with 4-6 children. However, 'woman with disability' represented the largest share of respondents with one child, followed by sex workers (31%) (Table 7).

Table 7: Distribution of respondents by number of children by group identity under the UNTF

Number of Children	Total	Woman Living with HIV	Sex Worker	Lesbian/Bisexual	Women with Disability
One	24%	17%	31%	0%	38%
Two	22%	2%	11%	67%	25%
Three	22%	22%	19%	33%	25%
4-6	31%	34%	33%	0%	13%
Refuse to answer	2%	0	6%	0%	0%
Total Count	**88**	**41**	**36**	**3**	**8**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

Household Composition

The survey mapped respondents' living arrangement to the residential address of their partner and children, if any. The data showed that 46% of respondents said that they did not have a partner or children, followed by

23% that lived with children but not a partner. However, 19% lived with both a partner and their children, while 13% lived with their partner but had no children.

Further disaggregation showed that the highest percentage of respondents who lived without a partner or children were 'woman with disability' (64%), followed by 'lesbian/bisexual' (60%). 'Woman living with HIV' accounted for the largest share of respondents living with partner and children (24%). The smallest was 'woman with disability' (9%) (Table 8).

Table 8: Distribution of respondents by living with partner and children by group identity under the UNTF project

I lived with…	Total	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Women with Disability
Partner & children	19%	24%	23%	20%	9%
Partner but not children	13%	11%	10%	20%	9%
Children but no partner	23%	35%	38%	0%	18%
No partner and no children	46%	28%	30%	60%	64%
Total Count	106	45	40	10	11
Total Percent	100%	100%	100%	100%	100%

In addition, four in ten respondents lived with other persons apart from partner/children. These included:

- Granddaughter/Grandson
- Tenant
- Nephew
- Siblings
- Friend
- Other special needs individuals

Educational Attainment by Group Identity

Approximately six in ten respondents said that they completed secondary education (58%). Fourteen percent (14%) reportedly completed tertiary certificate. Eight percent (8%) earned their Associate degree, 3% had a Bachelor's degree while 2% acquired Master's degree.

The data further showed that the largest segment of individuals with secondary education was sex workers (75%), followed by 64% of women with disability and 52% of women living with HIV. However, women living with HIV accounted for the largest share with tertiary certificate (22%), followed by lesbians/bisexuals (20%) (Table 9).

Table 9: Distribution of respondents by educational attainment by group identity

Education Levels	Total	Woman Living with HIV	Sex Worker	Lesbian/Bisexual	Women with Disability
Formal education	1%	0%	3%	0%	0%
Primary	6%	9%	5%	0%	0%
Secondary	58%	52%	75%	10%	64%
Tertiary Certificate	14%	22%	5%	20%	9%
Associate degree	8%	9%	0%	40%	9%
Bachelor's	3%	2%	3%	10%	0%
Masters'	2%	0%	0%	10%	9%
No answer	8%	7%	10%	10%	9%
Total Count	**107**	**46**	**40**	**10**	**11**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

Employment Status by Group Identity

The study captured data on employment status. The results showed that more than half of respondents said that they were unemployed (57%). However, a combined total of 26% were employed with 18% saying full-time and 8% noted being employed part-time. Fifteen percent (15%) indicated that they were self-employed. The remaining percentage of respondents were either in school unemployed (1%) or employed (1%).

The study found that lesbians/bi-sexual accounted for the largest segment of respondents who were unemployed (55%), followed by women with disability (48%) and women living with HIV (43%). However, women living with HIV represented the largest segment of the self-employed group (40%), followed by women with disability (24%) (Table 10).

Table 10: Distribution of respondents by employment status by group identity

Employment Status	Total	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Women with Disability
Employed Full-time	18%	20%	3%	50%	36%
Employed Part-time	8%	7%	13%	0%	0%
Self-employed	15%	40%	20%	9%	24%
Unemployed	57%	43%	20%	55%	48%
In school but not employed	1%	0%	0%	10%	0%
In school but employed	1%	2%	2%	0%	0%
Total Count	**107**	**46**	**40**	**10**	**11**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

15.1.2 MEASURES OF HEALTH & WELL-BEING

Self-Rating of Well-Being by Group Identity

Respondents were asked to rate their current state of health and well-being. Most rated their health state as 'good' (70%), while 26% described their health condition as satisfactory. However, 4% described their health as 'poor'. 'Woman living with HIV' represented the largest segment of individuals who rated their health as 'good' (76%), followed by women with disability (73%) and sex worker (68%) (Table 11).

Table 11: Distribution of respondents by self-rating of well-being by group identity

Rating	Total	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Women with Disability
Good	70%	76%	68%	50%	73%
Satisfactory	26%	22%	28%	40%	27%
Poor	4%	2%	4%	10%	0%
Total count	**107**	**46**	**40**	**10**	**11**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

Being on Medication by Group Identity

Respondents were asked whether they were on medication. The majority said that they were not on medication (53%) when compared to 44% who said that they were on medication. Three percent (3%) did not provide an answer to the question posed to them.

Women living with HIV were the largest segment of respondents who reported that they were on medication (83%) when compared to sex workers (10%), lesbian (30%) and women with disability (18%) (Table 12).

Table 12: Distribution of respondents by being on medication by group identity

Are you currently on medication?	Total	Woman Living with HIV	Sex Worker	Lesbian/Bi sexual	Women with Disability
Yes	44%	83%	10%	30%	18%
No	53%	17%	88%	60%	73%
No answer	3%	0%	2%	10%	9%
Total count	**107**	**46**	**40**	**10**	**11**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

Frequency of Medication Adherence Pattern by Group Identity

Of the respondents who reported missing medication, 38% indicated that they failed to take their medication 1-2 times per week while 13% noted that they have never forgotten to take their medication. However, 16% said that they missed their medication every day, while 17% stated that they missed their medication 3-5 times per week. Another 17% failed to provide an answer to the question posed to them.

Lesbians represented the largest group of respondents to report that they missed their medication every day (67%), followed by sex worker (25%) and women living with HIV (13%) (Table 13).

Table 13: Distribution of respondents by frequency of medication adherence pattern by group identity

Frequency of medication adherence pattern	Total	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Women with Disability
Never	13%	13%	25%	0%	0%
1-2 times per week	38%	40%	25%	33%	50%
3-5 times per week	17%	16%	25%	0%	0%

Missed every day	16%	13%	25%	67%	0%
No answer	17%	18%	0%	0%	50%
Total count	**47**	**38**	**4**	**3**	**2**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

Engagement of Sexual Activity by Group Identity

Respondents were asked to indicate whether or not they engaged in sexual activity in the last month. The results showed that 65% of respondents said that they engaged in sexual activity in the last month when compared to 35% who reported that they did not engage in sexual activity in the last month. Lesbians represented the biggest percentage of respondents who engaged in sexual activity in the last month (90%), followed by sex worker (88%) and women living with HIV (46%) (Table 14).

Table 14: Distribution of respondents by engaging in sexual activity in the past month by group identity

Sexual Activity	Total	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Women with Disability
Yes	65%	46%	88%	90%	36%
No	35%	54%	13%	10%	55%
No answer	1%	0%	0%	0%	9%
Total count	**107**	**46**	**40**	**10**	**11**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

Condom Use in Last Five Times Engaged in Sexual Activity by Group Identity

Of respondents who engaged in sexual activity in the last month, most reported that they 'always' used a condom in the last five instances of sexual activity (61%). However, 9% said that they 'never' used a condom. Thirteen percent (13%) said they used a condom 'most times' in the last five sexual encounters while 17% said they 'sometimes' used a condom (Table 15).

Table 15: Distribution of respondents by using a condom the last five times engaged in sexual activity in the past month by group identity

Frequency of Condom Use	Total	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Women with Disability
Always	61%	76%	69%	0%	50%
Most times	13%	10%	17%	0%	25%
Sometimes	17%	10%	14%	44%	25%
Never	9%	5%	0%	56%	0%
Total count	**69**	**21**	**35**	**9**	**4**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

STI check in the past 12 months by group identity

The survey sought to ascertain the percentage of respondents who have had an STI check in the past 12 months. The results showed that 77% reported that they have had an STI check in the past 12 months. However, 23% said they have not had an STI check in the past 12 months. The disaggregation of the data showed that the majority of women with disability have not had an STI check in the past 12 months when compared to 33% of women living with HIV, 7% of sex workers and 10% of lesbians (Table 16).

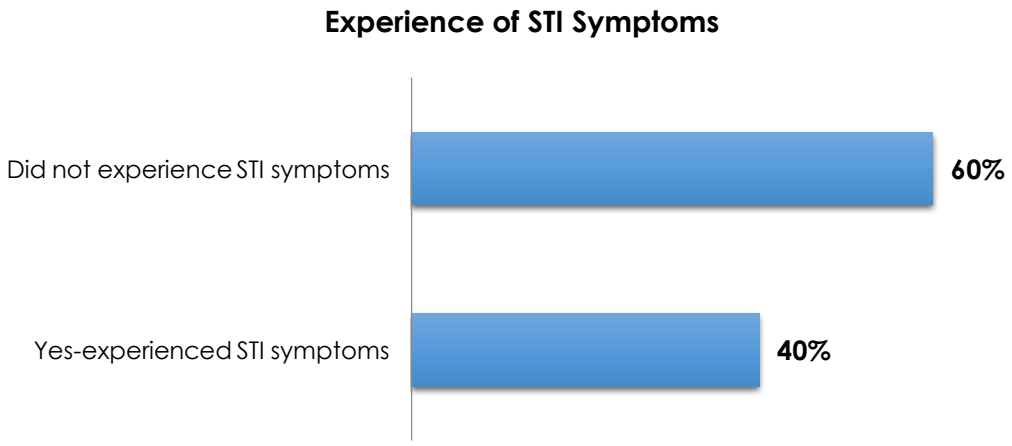
Table 16: Distribution of respondents by ever had an STI check in the past 12 months by group identity

Response	Total	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Women with Disability
Yes	77%	67%	93%	90%	45%
No	23%	33%	7%	10%	55%
Total count	**107**	**46**	**40**	**10**	**11**
Total Percent	**100%**	**100%**	**100%**	**100%**	**100%**

Experience of STI Symptoms in the Last 12 Months

Respondents were asked whether or not they have experienced any symptoms of STI in the genital area over the past 12 months. Four in ten respondents reported that they experienced at least one of the STI symptoms assessed. The other six in ten said that they did not experience any of the STI symptoms (Figure 3).

Figure 3: Distribution of respondents by experience of STI symptoms in the last 12 months



Experience of STI Symptoms in Last 12 Months by Group Identity

The survey found that sex workers had the highest percentage of respondents who reported experiencing at least one STI symptom in the past 12 months (45%), followed by women living with HIV (39%) and women with disability (36%). Lesbians represented the smallest percentage of individuals to report experiencing at least one STI symptom in the last 12 months (Table 17).

Table 17: Distribution of respondents by ever experience any STI symptoms in last 12 months by group identity

Response	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Women with Disability
Yes	39%	45%	30%	36%
No	61%	55%	70%	64%
Total count	**46**	**40**	**10**	**11**
Total Percent	**100%**	**100%**	**100%**	**100%**

Reported cases of experiencing STI symptoms

The survey found that discharge was the most common STI symptom experienced (22%), followed by genital itching (18%) and foul order (15%). The least common symptom was jointl sores and blister (6%) (Table 18).

Table 18: Reported cases of experiencing STI symptoms in the last 12 months

STI symptoms	% of total sample
Discharge	22%
Genital inching	18%
Foul order	15%
Burning urination	12%
Sores in the genital	6%
Blisters	6%

Response to STI Symptoms

Respondents who reported experiencing STI symptoms in the last 12 months were asked what actions they took when symptoms occurred. The results showed that 48% visited JASL while 18% visited public clinic facilities. Seven percent (7%) bought medication at pharmacy, while 2% visited private doctor. There was no reported case of respondents buying medication from street vendor. However, 7% stated that they did nothing when the STI symptom (s) occurred (Table 19).

Table 19: Distribution of respondents by action taken when experiencing STI symptoms in last 12 months by group identity

When you experienced these symptoms did you?	Yes	No	Did not answer	% of total
Buy medicines at pharmacy	7%	91%	2%	100%
Buy medicine from street vendor	0%	98%	2%	100%
Visit herbalist	0%	96%	4%	100%
Visit public clinic	18%	77%	5%	100%
Visit private doctor	2%	91%	7%	100%
Visit JASP	48%	45%	7%	100%
Visit elsewhere	2%	91%	7%	100%
Do nothing	7%	77%	16%	100%

15.1.3 VIOLENCE AGAINST WOMEN

Attitudes towards Violence against Women

Respondents provided their perspectives on the acceptability of a woman's partner demonstrating violence towards her. The survey assessed eight manifestations of violence including withholding financial support. These were:

1. Yell, curse or insult her
2. Push, shove or grab her
3. Slap, punch, kick, bite, or shake her
4. Choke her
5. Threaten with a knife, gun or other weapon
6. Throw acid or burn her
7. Stab or Shoot her
8. Withhold financial support

The results showed that at least 95% of respondents said it was 'never acceptable' for a woman's partner to demonstrate any of the aforementioned violent activities towards her. However, 5% indicated that it was acceptable for a woman's partner to yell, curse or insult her whether occasionally (2%) or rarely (3%). In addition, 3% noted that it is acceptable for a woman's partner to push, shove, grab or slap, punch, kick, bite or shake her (Table 20).

Table 20: Distribution of respondents by attitudes towards violence against women

Perceptions towards Violence against women	Yes, Normally	Yes, Occasionally	Yes, Rarely	No, Never	Don't Know	% of Total
Yell, curse or insult her	0%	2%	3%	95%	1%	100%
Push, shove or grab her	0%	2%	1%	97%	0%	100%
Slap, punch, kick, bite, or shake her	0%	1%	2%	97%	0%	100%
Choke her	0%	1%	1%	97%	0%	100%
Threaten with a knife, gun or other weapon	0%	0%	0%	100%	0%	100%
Throw acid or burn her	0%	0%	1%	99%	0%	100%
Stab or Shoot her	0%	1%	0%	99%	0%	100%
Withhold financial support	0%	1%	1%	95%	3%	100%

Experiences of Violence against Women

Although at least 95% of respondents said it was unacceptable for a woman's partner to demonstrate violence towards her, the result showed 36% of respondents experienced at least one form of violence in the last 12 months. However, the majority of respondents stated that they have never experienced any form of violence in the last 12 months. Eight percent (8%) of the sample failed to provide an answer to the question posed to them (Figure 4).

Figure 4: Distribution of respondents by experiencing at categories of violence assessed

Experience Violence in the last 12 months by Group Identity

The disaggregation of data showed that 60% of lesbians reported that they experienced violence in the last 12 months, followed by 35% of women living with HIV and 28% of sex workers. Women with disability represented the smallest segment of respondents who experienced violence in the last 12 months (Table 21).

Table 21: Distribution of respondents by ever experience violence in the last 12 months by group identity

Response	Woman Living with HIV	Sex Worker	Lesbian/ Bisexual	Women with Disability
Yes	35%	28%	60%	18%
No	54%	67%	30%	82%
No answer	11%	5%	10%	0%
Total count	46	40	10	11
Total Percent	100%	100%	100%	100%

Types of Violence Experienced

The most common form of violence respondents said they experienced was 'threats/verbal abuse from partner' (36%), followed by 'physical violence from partner' (25%) and violence by 'police or other authority figure' (22%). Nineteen percent (19%) of respondents who reported experiencing violence mentioned receiving 'threats of violence/verbal abuse from another household member' while 17% reported being a victim of physical abuse from another household member'.

There was no reported case of rape, threats from rapist, violence from rapist, stalking, human trafficking or forced prostitution.

However, 11% of respondents who experienced violence in the last 12 months reported being a victim of sexual violence from partner, withholding of finances and other domestic violence including towards their child (Table 22).

Table 22: Description of violence experienced

Violence Type	% of respondents who experienced violence
Threats of Violence/verbal abuse from Partner	36%
Physical Violence from Partner	25%
Violence by police or other authority figure	22%
Threats of violence/ verbal abuse from another household member	19%
Physical violence from another household member	17%

Other Domestic Violence (incl. violence towards your child)	11%
Sexual Violence from Partner	11%
Withholding finances/ taking finances	11%
Sexual harassment (bullying, coercion, intimidation)	6%
Sexual violence from another household member	0%
Rape	0%
Threats from the rapist or family members	0%
Violence from rapist or family members	0%
Stalking	0%
Human Trafficking	0%
Forced Prostitution	0%

Reactions to Violence

Respondents who experienced violence were asked to describe their reaction to the violence that they experienced. The data showed that 27% said they visited the police station. Twenty-four percent (24%) spoke to a friend or relative about the incident. Another 24% did nothing at all. However, 18% visited a social service agency, while 6% said they sought legal advice. Three percent (3%) sought health care (Table 23).

Table 23: Distribution of respondents by response to violence experienced

Reactions to violence	Yes	No
Go to the police	27%	73%
Go to social service agency	18%	82%
Seek health care	3%	97%
Speak with a friend/relative	24%	76%
Seek legal advice	6%	94%
Do nothing	24%	76%

Other reactions of abuse victims towards violence experienced were to:

- Cry
- Contact JASL
- Contact INDECOM
- Curse the perpetrator
- Attend group meeting

Services Offered by Social Service Agency to Victim of Violence

The results showed that when victims of violence visited social service agency, 83% said they received counselling services. Another 83% said they received health care. However, only 17% received a police referral while 50% reported that they received legal advice. Another 17% received referral to another social service agency (Table 24).

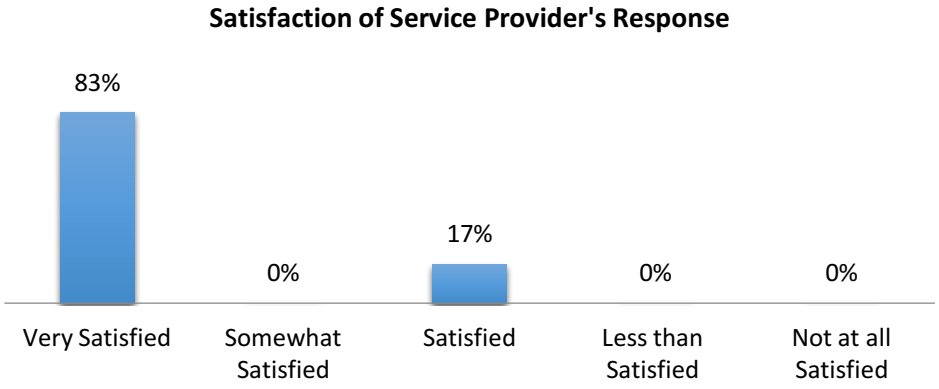
Table 24: Distribution of respondents by services social agency offered when visited due to violence experience

Services	Yes	No
Counselling	83%	17%
Health Care	83%	17%
Referral to police	17%	83%
Legal advice	50%	50%
Referral to another social service agency	17%	83%

Satisfaction with Social Service

Respondents who visited a social service agency in reaction to exposure to violence were asked to indicate their satisfaction with the service provider's response to their situation. The results showed that 100% of victims said they were satisfied, with 83% noting that they were 'very satisfied', while 17% indicating that they were 'satisfied' (Figure 5).

Figure 5: Distribution of respondents by satisfaction with the service providers' response to your situation



15.2 PSYCHOLOGICAL IMPACT OF VIOLENCE ON VICTIMS

The survey sought to ascertain the psychological impact of violence on victims. Respondents were asked to state whether they experienced any of the following as a result of exposure to violence:

1. *Feeling suicidal*
2. Anxious, fearful or depressed
3. Angry
4. Unable to sleep
5. Weight loss, physical illness or sickness

Feeling suicidal

The result showed that a combined total of 41% of respondents who experienced violence reported that they had suicidal thoughts, with 14% saying the thoughts occurred regularly, 19% noting occasionally while 8% indicating rarely. However, 44% said they have never had any suicidal thoughts, while 14% said they were not sure.

Anxiety/Depression

Report of anxiety/depression was more common than suicidal thoughts as a combined total of 69% of victims of violence acknowledged that they suffered from the disorder. However, 19% of respondents said that they had never felt anxious/ depressed, while 11% said they were not sure if they felt anxious/depressed.

Angry

A combined total of 72% of victims said they felt angry as a result of the violence that they experienced. This consisted of 31% who said they felt angry regularly, while another 31% said they were occasionally angry because of the violence that they experienced. However, 8% said they were rarely angry, while 14% said they did not feel angry. Another 14% said they were not sure whether they were angry.

Sleep Disorder

With respect to sleeping pattern, approximately four in ten victims of violence reported that they were unable to sleep. However, half of the respondents reported that their sleeping pattern was not affected by the violence that they experienced. Thirteen percent (13%) said they were not sure.

Weight loss, physical illness or sickness

Thirty-nine percent (39%) of respondents who reported being a victim of violence in the last 12 months revealed that they suffered from weight loss, physical illness or sickness due to the violence. However, 44% said they were not affected like their counterparts, while 17% stated that they were not sure of the impact of the violence on their weight (Table 25).

Table 25: Distribution of respondents who experienced violence by frequency of physiological disorder

Disorder	Yes, Regularly	Yes, Occasionally	Yes, Rarely	No, Never	Don't Know / Unsure
Feeling suicidal	14%	19%	8%	44%	**14%**
Anxious , fearful or depressed	31%	31%	8%	19%	**11%**
Angry	36%	28%	8%	14%	**14%**
Unable to sleep	17%	19%	0%	50%	**13%**
Lost weight, physical illness or sickness	**19%**	**17%**	**3%**	**44%**	**17%**

Prolonged Symptoms of Violence

Respondents indicated the symptoms of violence that they were experiencing that extended beyond a two week period. The results showed that sadness was the most common symptom (53%), followed by hopelessness (36%) and isolation (36%). Other symptoms included unusual eating habits (31%), sleeping disorder (17%) and suicidal thoughts (8%) (Table 26).

It is worth highlighting that suicidal thoughts dissipated among the majority of victims who reported having suicidal thoughts after two weeks. However, suicidal thoughts persisted beyond two weeks for a small group of the victims (8%).

Table 26: Distribution of respondents by symptoms experienced beyond a 2 week period

Symptoms of violence that extended beyond a 2-week period	Yes	No	Don't Know / Unsure
Sad	53%	36%	**11%**
Hopeless	36%	53%	**11%**
Separated from people	36%	53%	**11%**
Unusual Eating habits	31%	58%	**11%**
Suicidal	8%	81%	**11%**
Unable to sleep	**17%**	**72%**	**11%**

Support Coping Mechanism

The result showed that close friend was the most common support mechanisms with whom victims of violence usually discussed challenges/problems, followed by family members (42%) and members of support group (23%). The least common was a counsellor (7%), followed by significant other/spouse (18%). Thirteen percent (13%) stated that they did not discuss their challenges/problems with anyone (Table 27).

Table 27: Distribution of respondents support coping mechanism

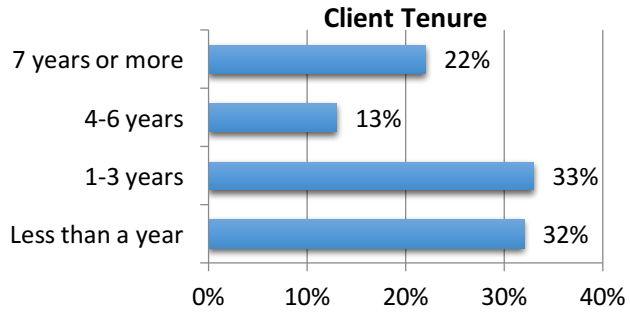
Description of support network	Yes	No
Close friends	48%	**52%**
Family	42%	**58%**
Significant other/spouse	18%	**82%**
Support group member	23%	**77%**
Counsellors	7%	**93%**
No one	**13%**	**87%**

15.2.1 **PERSPECTIVES ABOUT CHANGES IN HEALTH AND WELLBEING**

Client Tenure

The data showed that one third of respondents said that they have been a client of JASL for 1-3 years. However, 32% said they have been clients of JASL for less than a year when compared to 22% who said they have been receiving services from JASL for seven years of more. The remainder said they were clients of JASL for about 4-6 years (Figure 6).

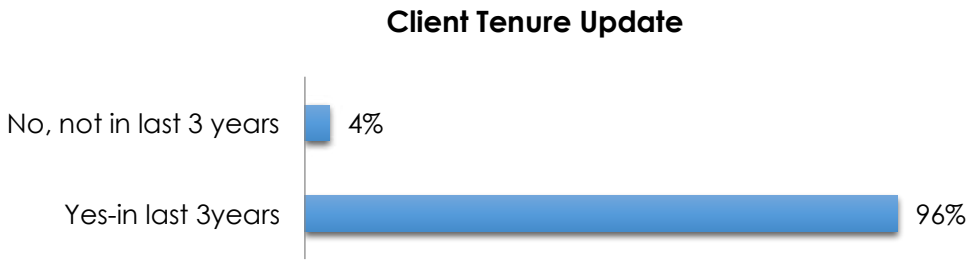
Figure 6: Distribution of respondents by client tenure at JASL



Client Tenure Update

When respondents were asked to indicate whether they have accessed services through JASL within the last 3 years since November 2013, 96% responded in the affirmative. However, 4% said they have not accessed services through JASL within the last 3 years since November 2013 (Figure 7).

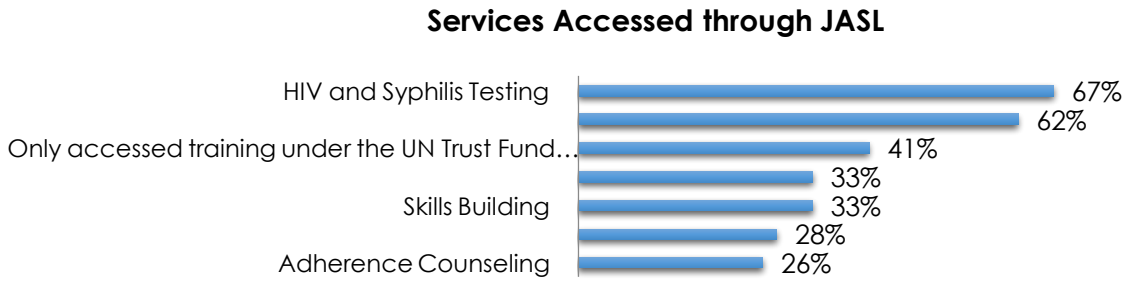
Figure 7: Distribution of respondents by access of services at JASL in last three years



Services Accessed from JASL

The survey sought to determine the services that respondents received from JASL. The results showed that HIV and Syphilis testing was the most common service respondents received (67%), followed by pap smear test (62%). However, 41% of respondents said they only accessed training under the UN Trust fund VAW project. Other services that respondents stated that they accessed through JASL included: Voluntary Counselling and Testing (33%), skills building (33%), nutrition (28%) and adherence counselling (26%) (Figure 8).

Figure 8: Distribution of respondents by services accessed through JASL



Perceptions of Expanded Services

Respondents were asked to indicate their perceptions about the expanded service options available at JASL. The 79% indicated that the changes provided 'better options' to clients. Fifty-six percent indicated that the changes allowed for a 'one stop shop'. However, 2% said that they feel uncomfortable because persons who

are not women living with HIV would have access to the same space as them. Despite that particular view, there was no reported case of respondents believing that the space is not confidential anymore (Table 28).

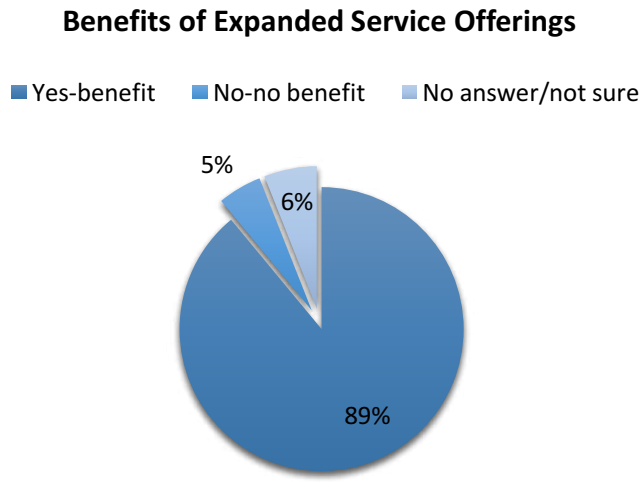
Table 28: Distribution of respondents by perceptions about expanded services that are offered by JASL

Perceptions	% Distribution
Better options	**79%**
One stop shop	**56%**
I feel uncomfortable because persons who are not HIV positive have access to the same space	**2%**
I feel uncomfortable because persons who are not LBTs have access to the same space	**0%**
The space is not confidential anymore; too many persons have access	**0%**

Reported Benefits of Expanded Service Offering

The survey asked respondents whether access to expanded services on Violence against Women and Sexual Reproductive Health services provided by JASL has benefited them. The data showed that 89% responded in the affirmative while 5% said no. However, 6% revealed that they were not sure/did not answer the question posed to them (Figure 9).

Figure 9: Distribution of respondents by reported benefit associated with JASL's expanded service offering VAW and sexual reproductive health



Benefits of accessing JASL Services

Respondents were asked to state the benefits of accessing services from JASL. The most common benefit respondents highlighted was access to doctors. It was not only the access to doctors, but also how they were

treated by the doctors and the level of confidentiality they felt in visiting the doctors and confiding in them. This was followed by receiving medication and personal development (9%).

Personal development represented the following unedited verbatim:

- I'm a calmer person since going to different group for discussions. I have grown
- I had how self-esteem and since going to the class I learn to function in a crowd
- Empower me to speak to other abused HIV persons
- I have been empowered by the persons at JASL and I always take my medication
- Before coming I used to think about suicide, now since coming here my self-esteem has grown. I am no longer thinking that way
- They teach us how to stand up for ourselves and how to deal with discrimination

Other common benefits respondents indicated were as follows: being able to do a Pap smear test (8%), receiving training (8%) and receiving information on Violence Against Women (8%) (VAW).

Other benefits emerging out of the data less than 8% of instances are shown in table below

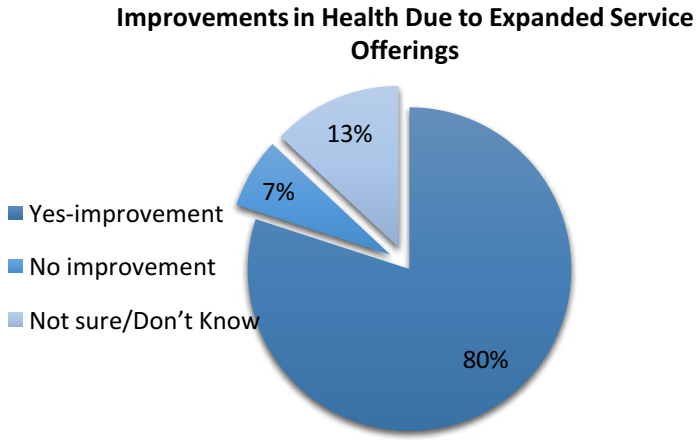
Table 29: Benefits of accessing services from JASL

Benefits	Percentage
Knowing HIV Status	6%
Receiving condoms	3%
Receiving HIV prevention message	6%
Accessing doctors	18%
Receiving financial support	5%
Being trained/ improving skills	8%
Receiving lubricants	1%
Getting groceries	4%
Receiving medication	12%
Doing Pap smear test	8%
Seeing condom demonstration	1%
Receiving information on VAW	8%
Growing as a person (personal development)	9%
Receiving counselling/emotional support	7%
Access to nutritionals	3%
Improved health	2%
Total	100%

Improvements in Health due to Expanded Service Offerings

Consistent with the data on benefits of expanded service offerings, the data showed that 80% of respondents acknowledged that access to expanded services on Violence against Women and Sexual Reproductive Health services resulted in improvement in their health. However, seven percent (7%) said there was no improvement in their health due to changes in service offerings. Thirteen percent (13%) said they were not sure about the question posed to them (Figure 10).

Figure 10: Distribution of respondents by reported improvement in health due to JASL's expanded service offering in VAW and sexual reproductive health



Improvement in Health

Respondents who reported that access to expanded services on Violence against Women and Sexual Reproductive Health services resulted in improvement in health were asked to share the ways in which their health has improved. Respondents used the opportunity to express improvements in their sexual and reproductive health practices whilst indicating improvements in their health. The most common improvement was respondents that the pain/symptoms associated with their condition has decreased (31%). This was followed by respondents being better able to protect themselves from STI/HIV (25%). Other improvements included better adherence to taking medication as prescribed (11%), better attendance as it relates to clinic visits (9%) and improved mental health (9%). In addition, there was also an improvement in self-esteem and growth income earning potential (Table 2).

The category of decreased in pain/symptoms encapsulated the following verbatim:

- Health is positive; good; I'm not getting a cold or getting sick every minute because i have meds
- Health improve[cd4 dropped to 134 before JASL it reach 1500 now]
- [The programme] improved my health condition as immune system went down to six. However, now it is at 350. JASL brought me back. Stigmatization caused me to run from my parish.

- Was having knee and back pain but JASL has assisted. They offer vitamins for free
- My health was poor and since coming my health has improved

Improved mental health included:

- [The programme] stabilized my life. I was very stressed and depressed before JASL now i look very normal
- Since visiting, sleepless nights that I've been having stopped

Better adherence to taking medication entailed the following comments:

- I get my regular check-ups and make sure I'm taking my medication
- I never use to take my medication and since coming to JASL and getting counselling I have started to treat myself better
- I take better care and when I do check-ups I'm always on time to get my check-ups

Increased self-esteem represented the following verbatim:

- I'm more confident and my self-esteem has grow
- Counselling has allowed me to know more about myself

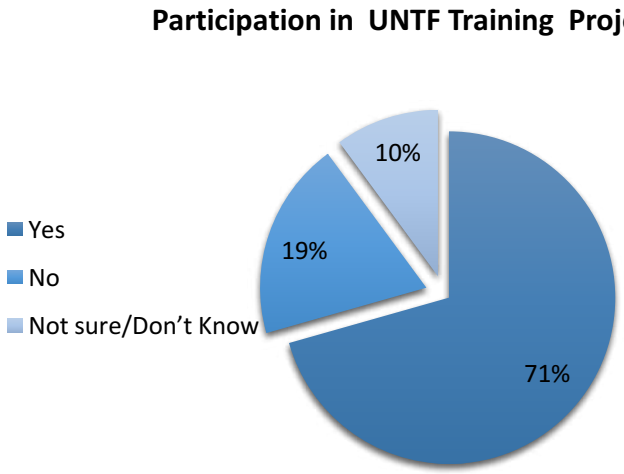
Table 30: Shows ways in which respondents' health improved

Improvements	Percent
Better adherence to taking medication as prescribed	11%
Better attendance to scheduled clinic visit	9%
Improved mental health	9%
Better able to protect self from STI/HIV	25%
Increased self-esteem	9%
More aware of STI/HIV	2%
Decreased in pain/symptoms	31%
Increased in income earning potential	2%
Total	100%

15.2.2 PERCEIVED ABILITY TO APPLY KNOWLEDGE AND SKILLS GAINED IN TRAINING TO RESPOND TO HIV AND VAW ISSUES

Respondents were asked to indicate whether or not they participated in the training conducted by JASL under the UN Trust Fund Project. The analysis revealed that seven in ten respondents in the survey reportedly participated in the aforementioned training project. However, approximately two in ten said that they did not participate in the training while one in ten said that they were not sure whether or not they participated in the training (Figure 11).

Figure 11: Distribution of respondents by participation in UNTF training project conducted by JASL



Training Type

The survey captured the name of the training in which respondents said they participated. Legal literacy was the most common type of training (61%), followed by advocacy (38%) and facilitation (26%) (Table 31).

Table 31: Distribution of respondents by training type

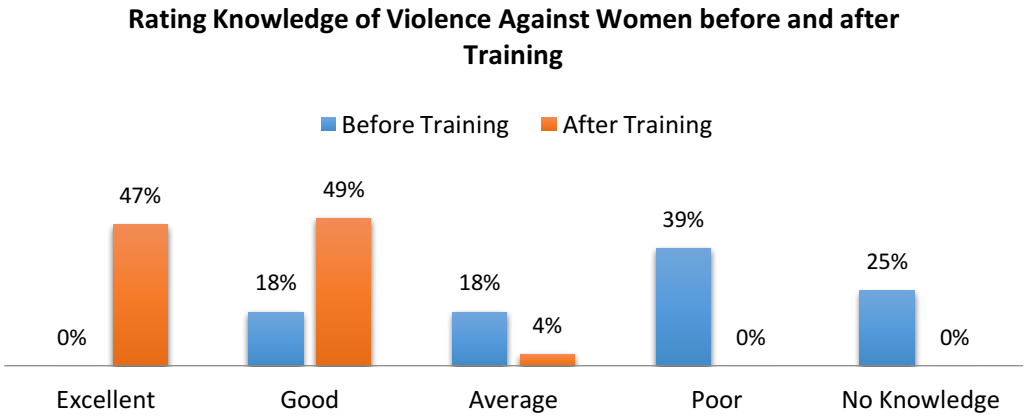
Training Type	Yes	No
Legal literacy	61%	39%
Advocacy	38%	62%
Facilitation	26%	74%

Skills and Knowledge Before and after Training_ Violence against Women

Respondents were asked to rate their knowledge of different forms of violence against women before and after the training. The result showed that the ratings respondents gave varied significantly before and after the training as the percentage of respondents who rated their knowledge as 'poor' before participating in the training was 39%. The value moved to 0% after participating in the training. In addition, the percentage of respondents who said they did not have any knowledge of the different forms of violence before the training was 25%. This value dropped to 0% after the training. The percentage of respondents who rated their knowledge of the

aforementioned area as excellent was 0% before the training. The percentage rose to 47% after the training. Similarly, the percentage of respondents who rated their knowledge as 'good' before the training was 18%. The percentage increased to 49% after the training, representing a 31% increase (Figure 12).

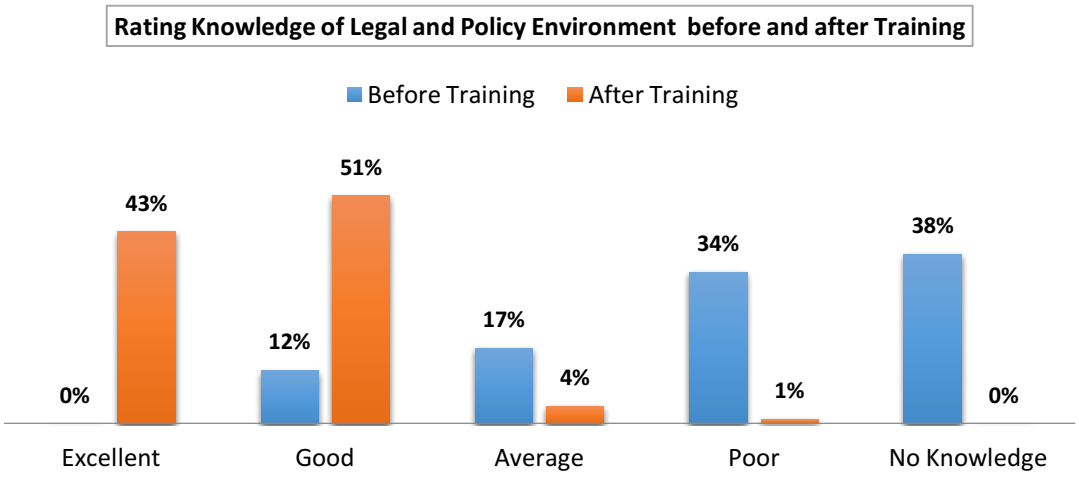
Figure 12: Rating knowledge of different forms of violence against women before and after training by JASL



Rating of knowledge / skills in understanding legal and policy environment

Respondents were asked to rate their knowledge in **the legal and policy environment relating to VAW and HIV and the protection it provides as well as the gaps that exist in it**. Similar to the pattern highlighted above, the result showed that the ratings respondents provided varied significantly before and after the training. The percentage of respondents who rated their knowledge as 'poor' was 34%. The value moved to 1% after the training. In addition, the percentage of respondents who said they did not have any knowledge of the area being discussed before the training was 38%. This value dropped to 0% after the training. Further, the percentage of respondents who rated their knowledge of the aforementioned area as excellent before the training was 0%. The percentage rose to 43% after the training. Similarly, the percentage of respondents who rated their knowledge as 'good' before the training was 12%. The percentage increased to 51% after the training (Figure 13).

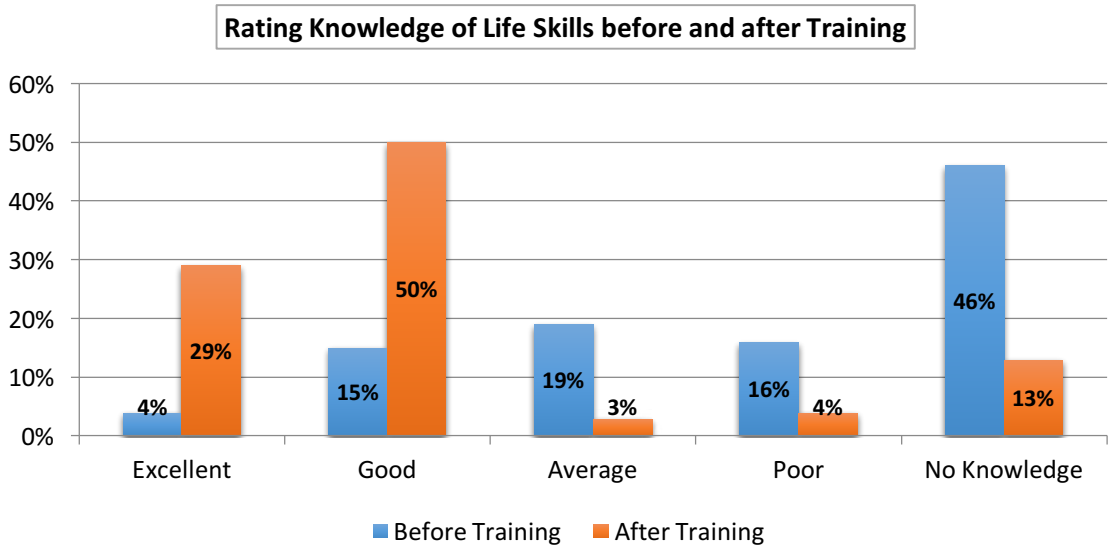
Figure 13: Rating of knowledge / skills in understanding legal and policy environment before and after exposure in the training by JASL



Rating of knowledge / skills in Life Skills

Respondents were asked to rate their knowledge in **life skills**. Consistent with the pattern highlighted above, the result showed that the ratings respondents provided varied significantly before and after the training. The percentage of respondents who rated their knowledge as 'poor' was 16%. The value plummeted to 4% after the training. In addition, the percentage of respondents who said they did not have any knowledge of the area being discussed before the training was 46%. This value dropped to 13% after the training. Further, the percentage of respondents who rated their knowledge of the aforementioned area as excellent before the training was 4%. The percentage rose to 29% after the training. Similarly, the percentage of respondents who rated their knowledge as 'good' before the training was 15%. The percentage increased to 50% after the training (Figure 14).

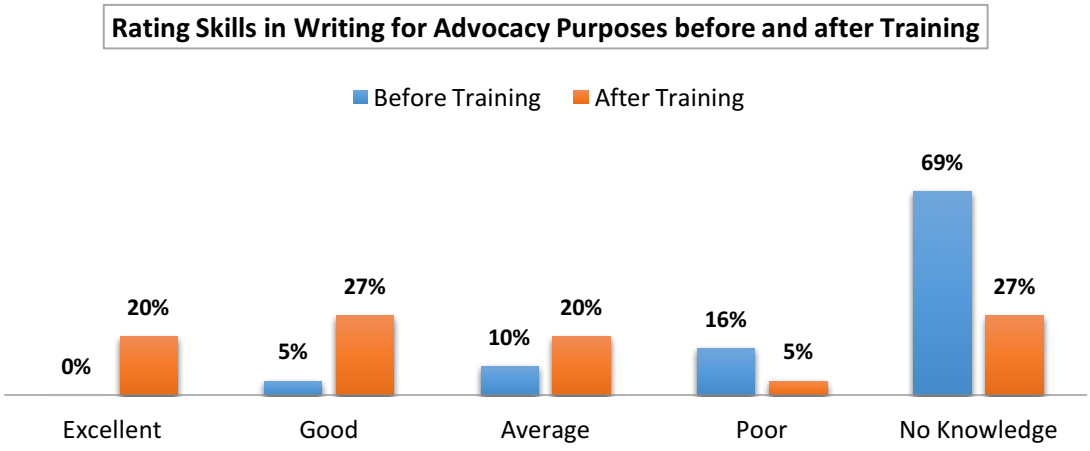
Figure 14: Rating of knowledge in life skills before and after exposure in the training by JASL



Rating of knowledge / skills in Writing Letters for Advocacy Purposes

Respondents were asked to rate their **skills in writing letters for advocacy purposes**. Consistent with the pattern highlighted above, the result showed that the ratings respondents provided varied significantly before and after the training. The percentage of respondents who rated their knowledge as 'poor' before the training was 16%. The value plummeted to 5% after the training. In addition, the percentage of respondents who said they did not have any knowledge of the area being discussed before the training was 69%. This value dropped to 27% after the training. Further, the percentage of respondents who rated their knowledge of the aforementioned area as excellent before the training was 0%. The percentage rose to 20% after the training. Similarly, the percentage of respondents who rated their knowledge as 'good' before the training was 5%. The percentage increased to 27% after the training (Figure 15).

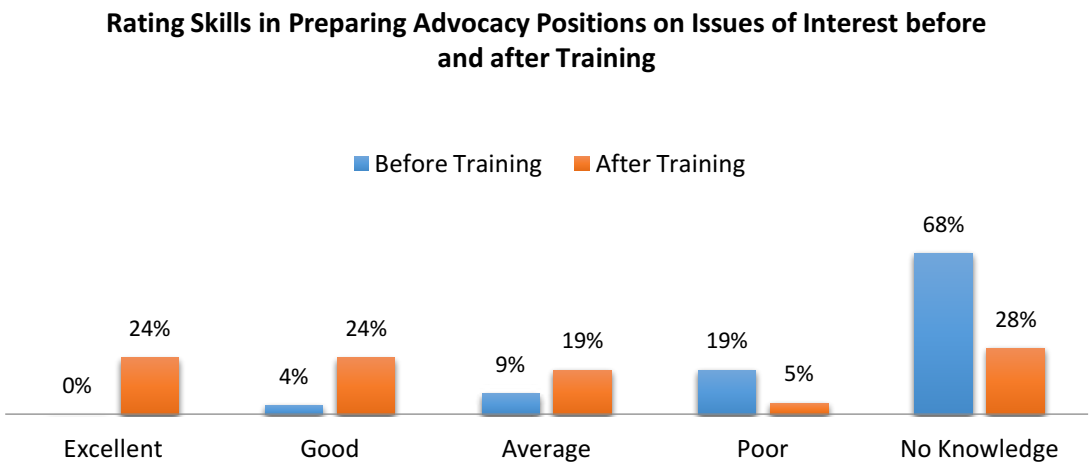
Figure 15: Rating of knowledge / skills in writing letters for advocacy purposes before and after exposure in the training by JASL



Rating of knowledge / Skills in Preparing Advocacy Positions around Issues of Interest

Respondents were asked to rate their skills in **preparing advocacy positions around issues of interest**. The percentage of respondents who rated their knowledge as 'poor' before the training was 19%. The value plummeted to 5% after the training. In addition, the percentage of respondents who said they did not have any knowledge of the area being discussed before the training was 68%. This value dropped to 28% after the training. Further, the percentage of respondents who rated their knowledge of the aforementioned area as excellent before the training was 0%. The percentage rose to 24% after the training. Similarly, the percentage of respondents who rated their knowledge as 'good' before the training was 4%. The percentage increased to 24% after the training (Figure 16).

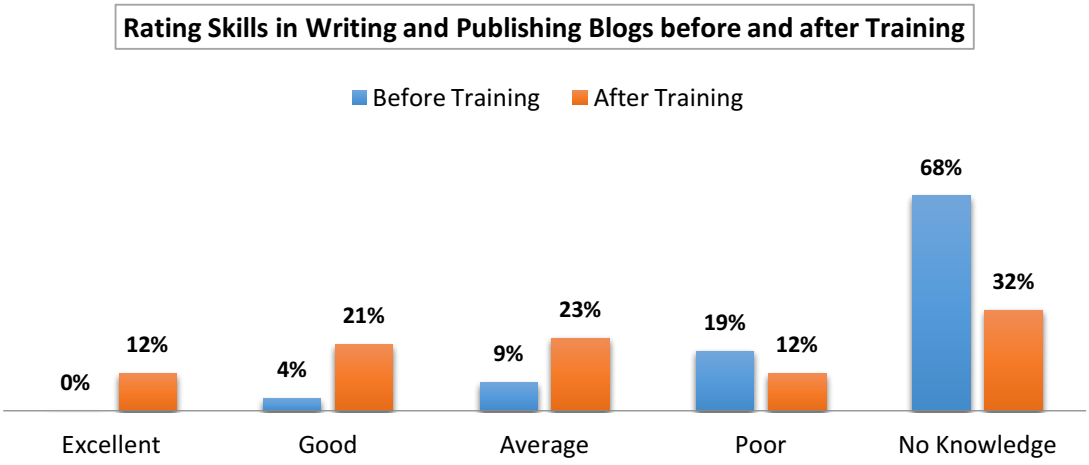
Figure 16: Rating of knowledge / skills in preparing advocacy positions around issues of interest before and after exposure in the training by JASL



Rating of knowledge / Skills in Writing and Publishing blogs

Respondents were asked to rate their **skills in preparing advocacy positions around issues of interest**. The percentage of respondents who rated their knowledge as 'poor' before the training was 19%. The value plummeted to 12% after the training. In addition, the percentage of respondents who said they did not have any knowledge of the area being discussed before the training was 68%. This value dropped to 32% after the training. Further, the percentage of respondents who rated their knowledge of the aforementioned area as excellent before the training was 0%. The percentage rose to 12% after the training. Similarly, the percentage of respondents who rated their knowledge as 'good' before the training was 4%. The percentage increased to 21% after the training (Figure 17).

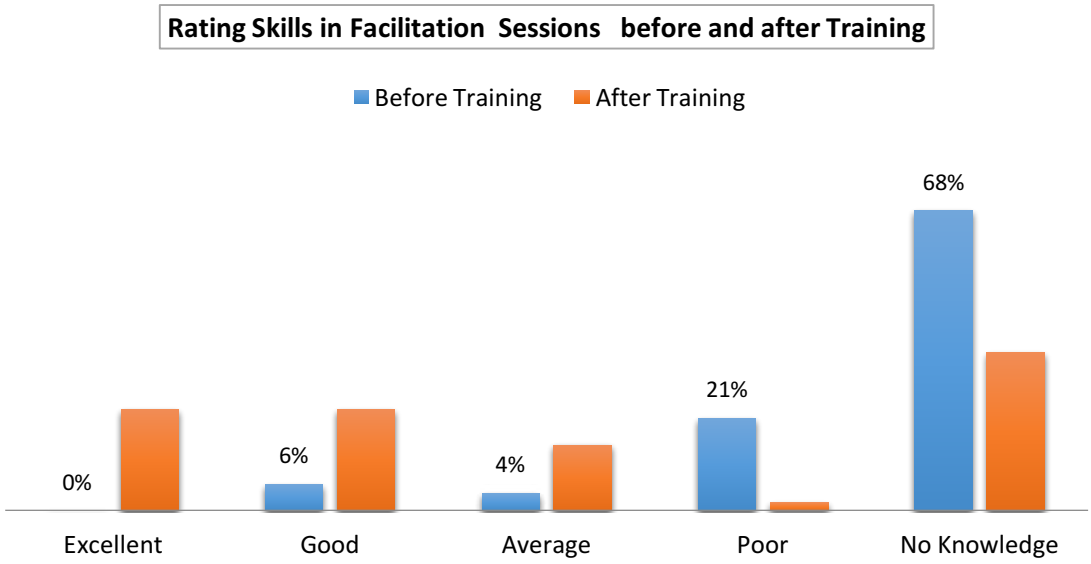
Figure 17: Rating of knowledge / skills in writing and publishing blogs before and after exposure in the training by JASL Writing and publishing blogs



Rating of knowledge / Skills in Facilitation of Sessions

Respondents were asked to rate their **skills in facilitating sessions**. The percentage of respondents who rated their knowledge as 'poor' before the training was 21%. The value plummeted to 2% after the training. In addition, the percentage of respondents who said they did not have any knowledge of the area being discussed before the training was 68%. This value dropped to 36% after the training. Further, the percentage of respondents who rated their knowledge of the aforementioned area as excellent before the training was 0%. The percentage rose to 23% after the training. Similarly, the percentage of respondents who rated their knowledge as 'good' before the training was 6%. The percentage increased to 23% after the training (Figure 18).

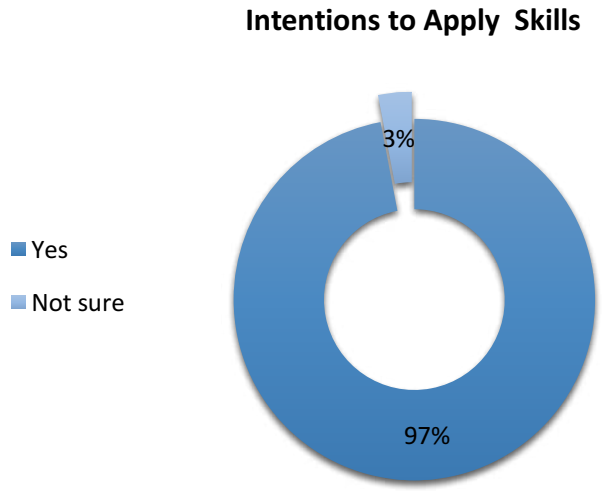
Figure 18: Rating of knowledge / skills in facilitation sessions before and after exposure in the training by JASL Writing and publishing blogs



Intentions to Apply Skills

Respondents were asked to indicate whether they intend to apply the knowledge and skills gained from the training to better respond to HIV & VAW issues. The majority of respondents responded in the affirmative (97%). Three percent (3%) said they were not sure on whether they planned to apply skills and knowledge gained from the training (Figure 19).

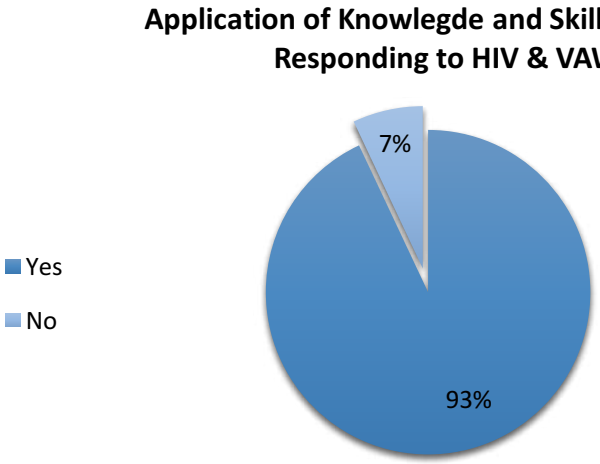
Figure 19: Do you intend to apply the knowledge and skills gained from the training to better respond to HIV & VAW issues?



Application of Knowledge and Skills

Consistent with the data disclosed above, the majority of respondents indicated that they have already applied the knowledge and skills gained from the training to better respond to HIV & VAW issues (93%). However, 7% of respondents said they were yet to apply the knowledge and skills gained from the training to respond to HIV and VAW issues (Figure 20).

Figure 20: Application of knowledge and skills gained from the training to better respond to HIV & VAW issues



Areas in which knowledge and skills have been applied

Respondents who said they have already applied the knowledge and skills gained from the training were asked to indicate how they have applied same. The results showed that educating women about their rights was the

most common activity area (86%), followed by the provision of outreach to women affected by abuse and violence (35%) and participating in peaceful marches (27%).

Other activity areas mentioned by 10% or more of respondents included: facilitating or participating in sensitization sessions including community leaders and healthcare workers (14%), attending community meetings (13%) and volunteering at organizations that deal with marginalized communities (Table 32).

Table 32: Please share with us ways in which you have used or applied the knowledge or skill obtained from the training

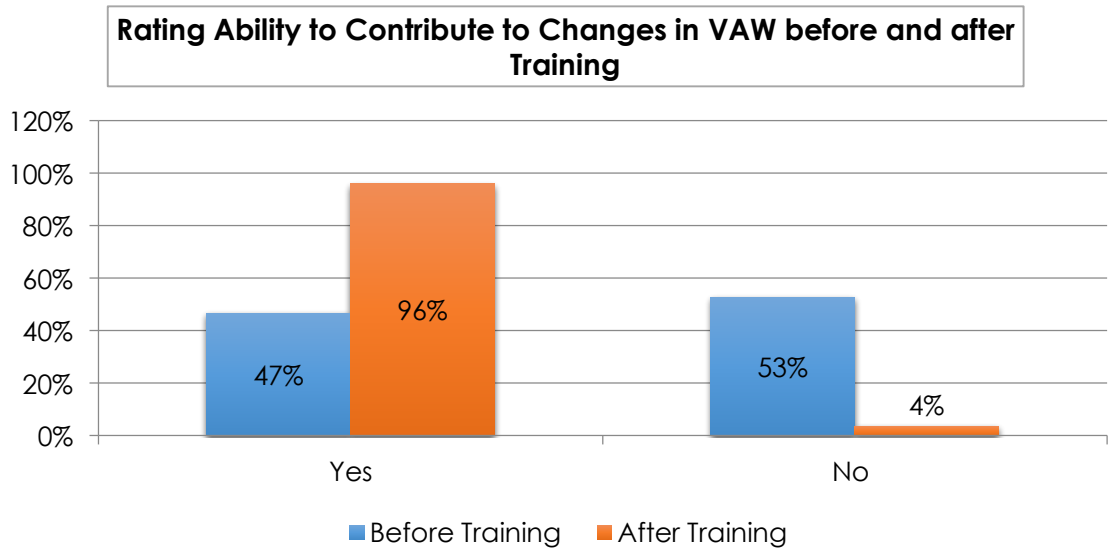
Areas	% Distribution
Educate women about their rights	86%
Provide outreach to women affected by abuse and violence including assistance to find support groups, counseling, advice, programmes or go to the police / get a lawyer	35%
Participating in peaceful Marches	27%
Attending individual counselling sessions	16%
Led / facilitated or participated in sensitization sessions including community leaders and healthcare workers	14%
Attending community Meetings	13%
Volunteered at organizations that deal with marginalized communities	13%
Wrote letters/blogs	9%
Contributed to advocacy positions for your group (LBT/SW/WLD/WLHIV)	9%
Signed any petition around VAW/HIV issues	8%
Seek legal advice for yourself	5%
Made more reports to the police	3%

15.2.3 PERCEIVED CONTRIBUTION TO CHANGES IN PROGRAMMES, POLICIES AND DECISIONS AS A RESULT OF LEGAL LITERACY TRAINING

Perceived Ability to Impact Policies and Programmes

Respondents were asked to indicate their perception on their ability to contribute to changes in programmes, policies or decisions that relate to VAW before and after the training. The results showed that 47% of stated that they could impact polices or programs before participating in the training. However, 96% reported that they had the ability to impact policies or programmes after participating in the training, representing a 49% increase (Figure 21).

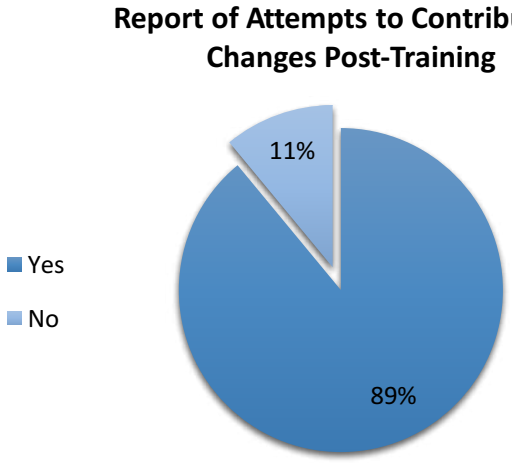
Figure 21: Rating ability to contribute to changes in programmes, policies or decisions that relate to VAW before and after the training



Reports of Attempts to Contribute to Changes in VAW and HIV

Respondents were asked to indicate whether they have made any attempts to contribute to changes in programmes, policies and decisions related to VAW and HIV since being exposed to training in some of the laws and policies that deal with these issues. The results showed that 89% of respondents said they have made attempts to contribute to changes violence against women and HIV matters since participating in the training. However, 11% said that they have not made any attempts to contribute to changes to the matter being discussed (Figure 22).

Figure 22: Report of attempts to contribute to changes in VAW and HIV since being exposed to training



Activities Executed to Cause Change in VAW and HIV

Respondents were asked to share the attempts that they have made to contribute to changes in policies, programmes and decisions relating to VAW and HIV. The results showed that outreach to other women through education and sensitization were the most common initiatives (83%), followed byparticipated in peaceful marches/protests (36%) and facilitating/participating in sensitization sessions including community leaders, healthcare workers, police officers, leaders in government (20%) (Table 33).

Table 33: Distribution of respondents by attempts to contribute to changes in policies, programmes and decisions relating to VAW and HIV

Initiatives	% Distribution
Outreach to other women through education and sensitization	83%
Participated in Peaceful Marches/Protests	36%
Led / facilitated or participated in sensitization sessions including community leaders , healthcare workers, police officers, leaders in government	20%
Joining forces together with other women to prevent abuse at the community level	14%
Signing petitions on VAW-HIV issues	14%
Forming women's groups and lobbying to change policy	11%
Engaging the media through articles and press release relating to VAW	3%

15.2.4 PERSPECTIVES ON QUALITY OF SERVICES RECEIVED FROM INSTITUTIONS (POLICE, JUDICIARY, CSOs) TO RESPOND TO VAW-HIV

Respondents were asked whether they accessed services relating to violence or HIV provided by any of the following institutions within the last 12 months.

- Jamaica Constabulary Force
- Judiciary
- CSOs
- Healthcare Facilities

The result showed that 66% of respondents said they accessed services from CSO in the last 12 months. Thirty two percent (32%) received services from a health care facility, while 23% received services from the Jamaica Constabulary Force. Fourteen percent (14%) stated that they accessed services from the judiciary in the last 12 months (Table 34).

Table 34: Services accessed related to violence or HIV in the last 12 months

Institution	Yes	No
Jamaica Constabulary Force	23%	77%
Judiciary (Court, Judges DPP)	14%	86%
CSOs (e.g. JASL, Eve for Life, JN+, JCW+, J-FLAG, CVC, NFPB, etc.)	66%	34%
Healthcare facility (hospital, health centre, etc)	32%	68%

Rating Service Quality

Respondents were asked to rate the quality of the service received from the institutions. The data showed that CSOs received the highest favourability rating compared to the other institutions with 76% and 9% of respondents rating the service quality as excellent and good respectively. The judiciary received the second best rating with 54% of respondents rating the service as excellent and 23% rating same as good. However, the Jamaica Constabulary force received the lowest favourability rating with 10% of respondents rating the service as excellent and 14% rating same as good (Table 35).

Table 35: Rating the quality of violence or HIV related services institution provided in the last 12 months

Institution	Excellent	Good	Acceptable	Poor
Jamaica Constabulary Force	10%	14%	29%	**48%**
Judiciary (Court, Judges, DPP)	54%	23%	8%	**15%**
CSOs (e.g. JASL, Eve for Life, JN+, JCW+, J-FLAG, CVC, NFPB, etc.)	76%	9%	15%	**0%**
Healthcare facility (hospital, health centre, clinic, etc)	**33%**	**21%**	**21%**	**17%**

Reasons for Services being Poor

The reasons for respondents rating the service provided by the aforementioned institutions as poor are shown below. The most common reasons were being denied service, experiencing discrimination and verbal abuse (Table 36).

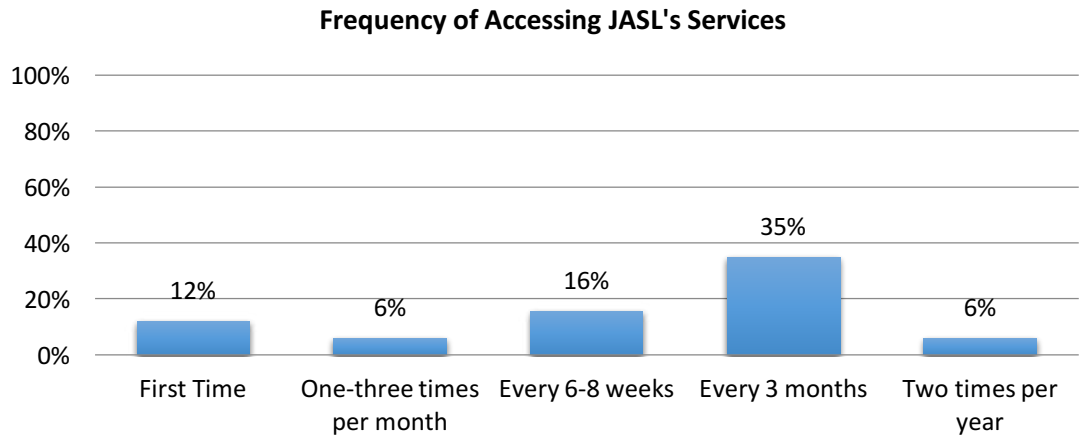
Table 36: Reasons for services being poor

Response	% Distribution
I was denied service	29%
I experienced discrimination	29%
I experienced verbal abuse	29%
I was not attended to in a timely manner	14%
My issue was not addressed	14%
I was ridiculed (mocked, laughed at)	14%

15.2.5 **CLIENT SATISFACTION**

Respondents were asked to indicate the frequency at which they accessed services from JASL. The data showed that 12% accessed JASL services for the first time. However, 35% said they accessed the services every three months. Sixteen percent (16%) accessed the services every 6-8 weeks. Six percent (6%) stated that they accessed the services 1-3 times per month. The remainder said they accessed the services of JASL two times per year (Figure 23).

Figure 23: Distribution of respondents by frequency of accessingJASL's services



Services Accessed in last 12 months

The survey found that the most common service respondents accessed in the last 12 months at JASL was doctor's visit (67%), followed by Pap smear (57%), HIV testing and Counselling (54%) and other STI testing (48%). Other common services accessed included: condoms and lubricant (47%), life skills sessions (31%), and pulling blood for CD4/Viral Load Testing (Table 37).

Table 37: Services accessed in the past 12 months

Service	% Distribution
Doctor	67%
Pap Smear	57%
HIV Testing and Counseling	54%
Other STI Testing	48%
Condom & Lubricant Collection	47%
Support Group/ Life Skills Session	31%
Counseling W=with Psychologist	27%
'Drawing' Blood for Cd4/Viral Load Testing	24%
Sessions with Nutritionist	17%
Adherence Counselling	17%

Referrals for Diagnostic Tests (Ultrasound, Ct Scans, MRI, Etc)	4%
Home and Hospital Visits	2%

Service area at JASL requiring improvement

Respondents were asked to indicate the service area that required improvement. The most common service area for improvement was doctor (16%), life skills sessions and registration (13%) (Table 38).

Table 38: Service area at JASL requiring improvement

Service Area	% Distribution
Doctor	16%
Support Group/ Life Skills Session	16%
Registration	13%
Counselling with Psychologist	9%
Sessions with Nutritionist	3%
Adherence Counselling	3%
Case Manager	6%
Nurse	6%
Hive Testing and STI Testing	0%

Rating of Service Point Contacts at JASL

The survey sought to assess the following service areas of JASL:

- Receptionist
- Case manager
- Nurse
- Doctor
- Psychologist
- Adherence Counsellor
- Nutritionist

The findings showed that a minimum of 89% of respondents rate the services provided by each of the above staff as above average or excellent. Doctors received a favourability rating of 98% (above average and excellent), followed by psychologist (96%) and nurse (95%). Nutritionist received a favourability score of 94% followed by Case Manager (93%), Rreceptionists (89%) and adherence Counsellor (89%) (Table 39).

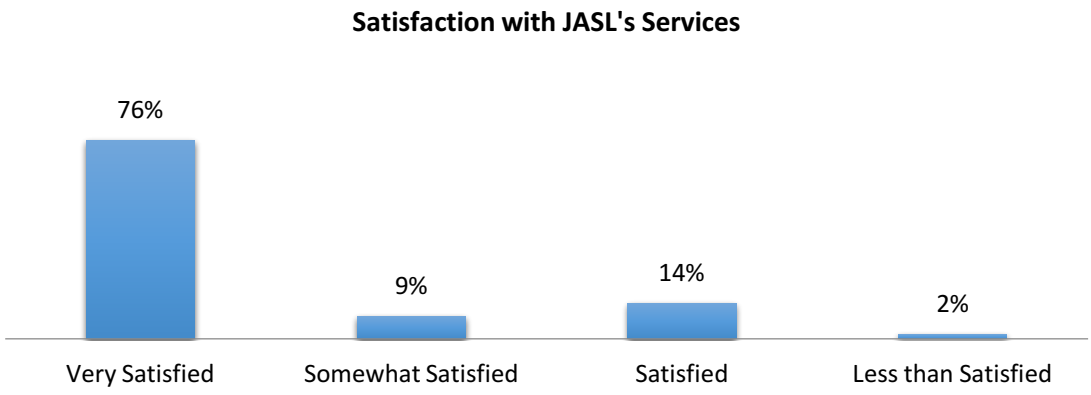
Table 39: Rating of staff at JASL

Service Point Contacts	Poor	Below Average	Average	Above Average	Excellent
Receptionist	0%	4%	7%	18%	**71%**
Case Manager	0%	0%	7%	17%	**76%**
Nurse	1%	0%	4%	11%	**84%**
Doctor	1%	0%	1%	10%	**88%**
Psychologist	0%	0%	4%	11%	**85%**
Adherence Counsellor	3%	2%	5%	9%	**80%**
Nutritionist	**0%**	**2%**	**5%**	**9%**	**85%**

Satisfaction levels with the services provided at JASL

The survey assessed the satisfaction levels of JASL clients with the entity's services. The results showed that 98% of respondents said they were satisfied. This total consisted of 76% who said they were very satisfied, 14% who noted that they were satisfied and 9% who stated that they were somewhat satisfied. However, 2% indicated that they were less than satisfied (Figure 24).

Figure 24: Distribution of respondents by satisfaction levels with the services provided at JASL



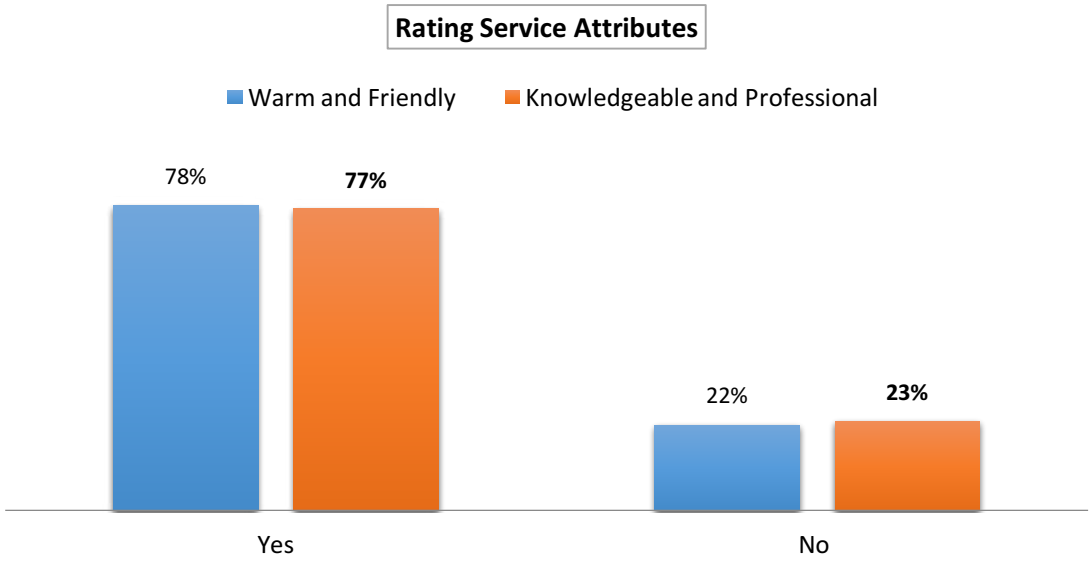
Rating Customer Service Attributes

The survey sought to assess service attributes by asking respondents to indicate whether services from JASL was:

- warm and friendly
- staff was knowledgeable and professional

The results showed that 78% of respondents said the service was warm and friendly. However, 22% disagreed. In addition, 77% of respondents said the staff was knowledgeable and professional. However, 23% disagreed (Figure 25).

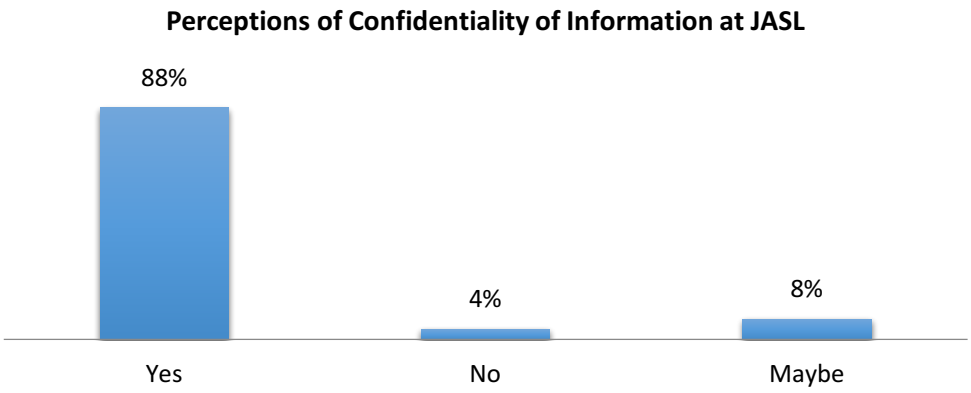
Figure 25: Rating of customer service attributes



Perception of Confidentiality

Respondents were asked to state whether they believed that private information shared at this facility remained confidential except where reporting is required by law. The data showed that 88% of respondents said 'yes', while 4% stated 'no' and 8% indicated 'maybe' (Figure 26).

Figure 26: Perceptions of confidentiality of information at JASL



Qualitative interviews were conducted with 24 individuals across the following four groups:

1. Legal Officers
2. Police Officers
3. Government Officials
4. Civil Society Organizations

Most of the interviewees were police officers (33%), followed by members from the civil society (29%). The smallest group of individuals was government officials (17%), followed by legal officers (21%) (Table 40)

Table 40: Distribution of interviewees by job broad job title

Groups	Frequency	Percent
Legal Officers	5	21%
Police Officers	8	33%
Government Officials	4	17%
Civil Society	7	29%
Total	**24**	**100%**

Benefits of Training through JASL

Interviewees were asked to state whether there were any benefits obtained from participating in the training through JASL. All the legal officers reported that there were benefits. This perspective was shared by all the police officers, government officials and individuals from civil society groups who participated in the study.

Benefits they highlighted included:

- Increased awareness of HIV and VAW related matters
- Better appreciation for individuals living with HIV and victims of gender-based violence. One legal officer reported that:

  "I learnt that you guys existed, and the things I learnt about VAW and HIV were very informative. I know to talk to these persons without stigma"

Outcomes of JASL Training

The study explored issue of whether there have been any perceived changes in:

- How the judiciary system and the Jamaica Constabulary Force interact with women in the context of gender based violence?
- Policy environment relating to violence against women in vulnerable sub-populations (i.e., Sex Workers, Lesbian, Bisexuals and Transgender, Women Living with Disability & Women Living with HIV)?

The data showed that participants acknowledged that changes have occurred, particularly with respect to interaction between service providers and members of the vulnerable communities. Members of the Civil Society Organizations indicated that their organizations benefited from the JASL training in the following ways despite the fact that some of the staff who were trained no longer work at the entity:

- Victims of violence have exited abusive relationships
- Women are better able to plan and manage money
- Capacity in presentation and facilitation of staff members was strengthened

Despite the aforementioned changes, police and legal officers revealed that changes have not occurred at the policy level.

Post-Training Sensitization

Individuals were asked whether any efforts were made to sensitize their colleagues about what was taught in the training. Most of the participants in the police and legal officer samples responded in the affirmative. The format in which the sensitizations were executed included:

- Weekly meetings
- Mounting of posters
- Word of mouth
- Distribution of pamphlets

It was reported by police, legal officers and government officials that between 5-50 persons were reached per sensitization session. In addition, government officials revealed that no programmes were developed as a result of the training with JASL. However, they said information obtained from the training has been incorporated into existing initiatives and activities. One of these includes the strategic placement of information on VAW on doors and waiting areas in offices. Participants mentioned that the outcomes of their sensitization sessions include the following:

- Being more aware of HIV and VAW

- Being more sensitive to members of the vulnerable community
- Applying the knowledge in the conduct of their duties to improve their interaction with members of the vulnerable community including the taking of report from them without discrimination or stigma. It is important to note that although the aforementioned statement emerged out of the data, most police officers were of the perspective that there has not been any improvement in the way in which their colleagues interact with vulnerable women during the statement collection process.

The impacts members of the police force indicated of the aforementioned sensitization sessions are as follows:

- Reduction in reported cases of abuse when compared to the previous year
- Employment created for women
- New partnerships with entities to offer Voluntary Counselling and Testing (VCT)

Development of Policies/Protocols/Guidelines

Interviewees were asked to indicate whether there have been any policies or guidelines developed at couching service providers on issues related to violence against women including those living with HIV. The result showed that it was a fifty-fifty split in responses among members of the police force. Members of Civil Society Organizations reported that their organizations have developed policies and protocols at the community level that were aimed at addressing violence against women. However, all of the legal officers reported that no such policies/protocols have been developed, while most of government officials disagreed with the legal officers.

The following methods were employed by CSOs to develop protocols/guidelines:

1. Consultation with stakeholders including police, judges and media houses
2. Legal experts were commissioned to draft documents
3. Conflict resolution strategies and approaches would be researched and implemented into activities
4. Research on secondary data including publications released by JASL

Interviewees referenced the following international and national documents when asked to specify the protocols that were available to coach service providers on issues related to violence against vulnerable women:

- Human Rights Treaty
- National Policy on Gender Equality
- National Strategic Action Plan for Gender-based violence
- Diversity Protocols of the Jamaica Constabulary Force
- Ethics and Integrity Policy of the JCF
- Statement to the Minister of Justice for inclusion in the Sexual Offences Act
- Position paper on VAW and gender-based violence

- Police Public Integration Policy
- Protocol governing interaction between vulnerable women and service providers including police and health care workers

Most legal officers and police officers said they do not believe the above protocols and guidelines were being implemented by service providers. However, most government officials and representatives of CSOs disagreed to indicate that the guidelines and protocols were being implemented. They noted that their entity is in compliance with the protocols and the implementation is conducted with sensitivity to vulnerable women.

Impact of Protocols/Guidelines Developed

Respondents were asked to indicate whether policies/protocols and guidelines that were developed has caused any changes in the way service provider undertake their jobs. The results showed a split in perspectives, as some police, legal officers and government officials reported that there have been changes in the aforementioned area. However, others said they have not noticed any changes due to the development of protocols/policies and guidelines.

With respect to the adaption of new and sensitive techniques to policing, including the introduction of sign language interpretation in report taking, members of the police highlighted the following information:

There is at least one station with an officer trained to speak mandarin and basic training is provided to police. However, the training provided in sign language to police is inadequate to allow for properly implementation in the taking of report. This inadequacy results in the process time to take report from the hearing impaired longer when compared to other groups of individuals.

Despite the reported nominal impact of policies/protocols and guidelines on the way service providers execute their tasks, positive changes have occurred according to interviewees. These include:

- Increased accountability
- Increased sensitivity in interacting with vulnerable women and reduction in discrimination in the interaction process
- Increased compliance to human rights regulation
- Increase in sensitization sessions
- Better reporting restructure being established in entities
- Better decision making among vulnerable women including victims of VAW and those living with HIV
- Increase in field work and outreach activities
- Diversity in service package to include: report taking , investigation and counseling for civil society organization
- Better quality training to police officers

The following changes have occurred with respect to CSOs:

- Extension of opening hours of health care centers and pharmacies
- Removal of fees that were required to access particular services
- Increase in the number of workshop participants

Watch Dog Agencies and Activities to Protect Vulnerable Women from Injustice against Service Providers

The study found that mechanisms exist to ensure that service providers interact with members of key population in the way that is set out in the policies or guidelines governing violence against women. These mechanisms include:

- Strong monitoring and reporting in organizations
- Activities of INDECOM

In addition, service providers share the guidelines among its members through:

1. Court sessions
2. Letters
3. Staff meetings
4. Orientation
5. Understudying
6. Email correspondence

Members of the police force also reported that the following activities were implemented to ensure that women who experienced violence from key population were made aware of their rights during the reporting process with members of the JCF:

1. Introduction of proper management and supervision strategies
2. Implementation of confidentiality protocol in the collection of statements from individuals including vulnerable women
3. Briefing of members before operation on human rights issues
4. Compliance with internal and external regulations including the Diversity Protocol of JCF and the Human Rights Declaration
5. Hosting of community meetings
6. Recording complaints of abuse of women in station diary for follow-up
7. Training of new recruits in rights of women and sensitization sessions conducted on domestic abuse by Division Training Officers

The above information is consistent with other related information as most police officers and legal officers reported that education and training programmes on violence against women and HIV related topic among police officers were consistent. They also reported that a comprehensive/up-to-date registry of agencies for referrals to support vulnerable women in cases of abuse exists.

Monitoring and Reporting Systems for Vulnerable Women

The study found that there is no formal mechanism in organizations for government officials and members of the police force to identify vulnerable women (LBTs, SWs, WLD, and WLHIV) in routine reporting operations in the respective organizations. Interviewees reported that they typically identify vulnerable women through conversation with them, where they pay particular attention to the following factors:

- Attire of women
- Physical appearance

It was also found that service providers did not disaggregate data collected on violence against women into key sub-groups, with the exception of CSOs. CSOs reported that their data was disaggregated by key sup-groups. However, police, legal officers and government officials reported that identification of vulnerable women may emerge from outcomes of referral or counseling session conducted by other organizations.

It is useful to note that all interviewees reported that their respective organizations have structured data production systems. All the systems shared the following common processes and characteristics:

- Data is collected from clients at all service delivery points using structured forms
- Question and answer session is used as the platform to complete the structured form
- Proper record keeping activities in the court system
- Special units processed completed forms and transform the data into information
- Information is released from special unit to all elements of the organization for planning and service improvement

The result of the data capturing and analysis systems of service providers feed into its organizational operations and projects whilst providing information to keep stakeholders aware of the current issues affected vulnerable women.

Representatives of CSOs said that the following programmmes were in place to facilitate redress in issues related to violence against women:

- Report/referral to police
- Flyer distribution with key contact information for victims to contact when in need
- Referrals to the redress Unit located on JN+ office location
- Referrals to JASL

16 BENEFICIARY DATA SHEET (ANNEX 4C)

	Number of Beneficiaries Reached	
Primary Beneficiary Group	**At the Project Goal Level**	**At the Outcome Level**
Sex Workers	100	4461
WLHIV	368	437
LBTs	515	718
Women Living with Disabilities	107	85
Secondary Beneficiaries		
Police	60	58
Judges	30	36
CSOs	20	21
Government Officials	10	
Indirect Beneficiaries		
Persons who signed petition		232
Reached by paid Facebook advertisements		328,550

17 ENDLINE QUESTIONNAIRE

PARISH OF INTERVIEW: _____

END LINE ASSESSMENT – UN TRUST FUND TO END VIOLENCE AGAINST WOMEN PROJECT - *EXPANDING GAINS TO DECREASE AND PREVENT VIOLENCE AGAINST WOMEN IN THE CONTEXT OF HIV AND AIDS* , 2016

Good Day,

My name is _____ and I was contracted by JASL to conduct an evaluation of the UN Trust Fund to End Violence against Women Project that ended November 30, 2016. This survey is one of the activities that will be done during the evaluation exercise. You were selected by JASL for participation in the survey because you have benefitted directly from the UN Trust Fund to End Violence Against Women Project. In order to assist us, we require 30 minutes of your time in order to complete to gather information about your feedback on the programme and other information relating to your wellbeing.

Participation in this survey is voluntary and you may stop at anytime should you experience any form of discomfort. All information provided will be kept confidential. You are not required to give your name on the survey questionnaire. To maintain privacy, collected questionnaires will be stored in a locked cabinet accessible only to the Researcher and other data entry personnel that forms part of the Research Team.

You must be 16 or older and you must not have already participated in this survey.

If you are willing to participate in this survey please initial the consent form. **RESPONDENT MUST INITIAL CONSENT FORM**.

No.	Question	Coding Categories
Q1	ASK EVERYONE: What is your age/ age range?	16-19 years - 1 20-25 years - 2 26-30 years - 3 31-35 years - 4 36-40 years - 5 41-45 years - 6 46-50 years - 7 51 years and older - 8
Q2	How do want your gender to be identified?	(BORN FEMALE; AS IDENTIFY FEMALE) CIS GENDER FEMALE 2

		(BORN MALE; IDENTIFY AS FEMALE) TRANSGENDER FEMALE 1 (BORN FEMALE; IDENTIFY AS MALE) TRANSGENDER MALE 3
Q3	Under the UNTF project, which of these communities did you identify as a member?	WOMAN LIVING WITH HIV 1 SEX WORKER 2 LESBIAN or BISEXUAL WOMAN 3 WOMAN LIVING WITH DISABILITY 4 PREFER NOT TO DISCLOSE 5

SOCIO-DEMOGRAPHIC CHARACTERISTICS AND EMPLOYMENT

Q4	In what parish do you currently live? Or, Do you live outside Jamaica? **CIRCLE CODE**	KINGSTON 1 ST ANDREW 2 ST CATHERINE 3 ST THOMAS 8	ST. MARY 4 ST ANN 5 PORTLAND 7	WESTMORELAND 9 HANOVER 10 ST JAMES 13 TRELAWNY 14	ST ELIZABETH 6 CLARENDON 11 MANCHESTER 12 OUTSIDE JAMAICA 15
Q5	What is your current relationship status?	SINGLE; NOT IN A RELATIONSHIP 1 I HAVE A PARTNER BUT WE DON'T LIVE TOGETHER (VISITING) 2 COMMON - LAW RELATIONSHIP 3 MARRIED 4 DIVORCED 5 SEPARATED 6 WIDOWED 6			

Q6	Do you have any children?	NO CHILDREN 1 YES, I HAVE CHILDREN 2 If yes, please state how many _____
Q7	Who else lives in the same home with you? (**Check all that apply**)	PARTNER 1 CHILDREN 2 OTHER RELATIVES 3 NO ONE ELSE 4 SPECIFY OTHER _____
Q8	What is the highest level of school you have completed? **FILL IN NUMBER OF YEARS FOR EACH; PERSONS DO NOT HAVE TO COMPLETE THE VARIOUS LEVELS.**	None/ no formal school: 1 primary school (1-6):_____2 Secondary school (7-13):_____3 Tertiary – Certificate (number of years): _____4 Tertiary – Associate Degree (number of years)____ 5 Tertiary – Bachelor's Degree (number of years)____ 6 Tertiary – Master's Degree (number of years)_____ 7 Other _____8
Q9	Are you currently ….....?	EMPLOYED -FULL-TIME 1 EMPLOYED -PART-TIME 2 SELF EMPLOYED 3 UNEMPLOYED 4 IN SCHOOL BUT NOT EMPLOYED 5 IN SCHOOL BUT ALSO EMPLOYED 6

MEASURES OF HEALTH & WELL-BEING		
Q10	How would you rate your current state of health and well-being?	Good 1 Satisfactory 2 Poor 3
Q11	Are you presently on any medication?	Yes 1 No 2
Q12	**(If answer to Q11 is NO, then skip to Q14)**Some persons find it difficult to adhere to their medication, have you ever missed your medication?	Yes 1 No 2
Q13	How often do you miss your medication?	Very good adherence (never) 1 Good adherence (1 to 2 times per week) 2 Poor adherence (3 to 5 times per week) 3 Very poor adherence (misses all the time) 4

Q14	In the past month have you engaged in sexual activity?	Yes 1 No 2
Q15	**(If the answer to Q14 was NO, then go to Q16)** If Yes - Of the last 5 times you engaged in any sexual activity did you use a condom ……?	Always/every time (5 out of 5 times) 1 Most times (3-4 out of 5 times) 2 Sometimes (1-2 out of 5times) 3 Never (0 out of 5 times) 4
Q16	Have you had an STI check in the past 12 months?	Yes 1 No 2

Q17	Have you experienced any of the following symptoms in the genital area over the past 12 months? **(skip to Q19, if no symptoms**)	Discharge 1 Burning urination 2 Foul odour 3 Sores on the genital 4 Blisters on the genital 5 Genital Itching 6 No symptoms 7
Q18	When you experienced these symptoms did you ……..?	Buy medication from a street vendor 1 Buy medication from a pharmacy without a prescription 2 Visit a herbalist or obeah man 3 Visit a public clinic or hospital 4 Visit a private doctor 5 Visit Jamaica AIDS Support for Life 6 Visit elsewhere for treatment 7 Did nothing _8 If elsewhere, specify ……

ATTITUDES TOWARDS VIOLENCE AGAINST WOMEN

	Is it acceptable at any time for a woman's partner to do this to her ……..?	Yes, Normally	Yes, Occasionally	Yes, Rarely	No, Never	Don't Know / Unsure
Q19	a. Yell, curse or insult her	1	2	3	4	99
	b. Push, shove or grab her	1	2	3	4	99
	c. Slap, punch, kick, bite, or shake her	1	2	3	4	99
	d. Choke her	1	2	3	4	99
	e. Threaten with a knife, gun or other weapon	1	2	3	4	99

	f. Throw acid or burn her	1	2	3	4	99
	g. Stab or Shoot her	1	2	3	4	99
	h. With-hold financial support					
EXPERIENCES OF VIOLENCE AGAINST WOMEN						
Q20	Have you experienced any of the following types of violence against women in the last 12 months? (**check all that apply**) (**skip to 27 if never experienced)**	Threats of Violence/verbal abuse from Partner 1 Physical Violence from Partner 2 Sexual Violence from Partner 3 Threats of violence/ verbal abuse from another household member 4 Physical violence from another household member 5 Sexual violence from another household member 6 Other Domestic Violence (incl. violence towards your child) 7 Rape 8 Threats from the rapist or family members 9 Violence from rapist or family members 10 Stalking 11 Sexual harassment (bullying, coercion, intimidation) 12 Human Trafficking 13 Forced Prostitution 14 Violence by police or other authority figure 15 Withholding finances/ taking finances 16 Never experienced any of the above 17					

Q21	When you experienced this violence did you ……? **(Check all that apply)**	Go to the police 1 Go to a social service agency 2 Seek health care 3 Speak with a friend or relative 4 Seek legal advice 5 Did nothing 6 Other 7 Specify _____
Q22	**(Skip to Q 24 if did nothing in Q 21)** If you visited any social agency what were the services offered to you?	Counselling 1 Health care 2 Referral to the police 3 Legal advice 4 Referral to another support service 5
Q23	How satisfied were you with the service providers' response to your situation?	Very satisfied 1 Somewhat satisfied 2 Satisfied 3 Less than satisfied 4 Not at all satisfied 5

Q24	Have you ever experienced any of the following as a result of the violence you experienced?	Yes, Regularly	Yes, Occasionally	Yes, Rarely	No, Never	Don't Know / Unsure
	a. Feeling suicidal	1	2	3	4	99
	b. Anxious , fearful or depressed	1	2	3	4	99
	c. Angry	1	2	3	4	99
	d. Unable to sleep	1	2	3	4	99
	e. Lost weight, physical illness or sickness	1	2	3	4	99
Q25	What symptoms are you currently experiencing that extends beyond a 2 week period: **(check all that apply)**	Feeling sad 1 Feeling hopeless 2 Feeling lonely and separated from other people 3 Change in eating habits 4 Thoughts of suicide 5 Sleeping badly 6				
Q26	I have …….. with whom I can usually discuss my challenges/problems.	CLOSE FRIEND(S) 1 FAMILY MEMBER(S) 2 SIGNIFICANT OTHER/SPOUSE 3 SUPPORT GROUP MEMBER (S) 4 COUNSELOR 5 NO ONE 6 OTHER 7 SPECIFY ……..				

PERSPECTIVES ABOUT CHANGES IN HEALTH AND WELLBEING

Note to Interviewer (Read the Passage below to respondents and remind them about it in between the questions):

Before 2013, JASL's main focus was around:

1. HIV Testing and Counselling (HTC) also known as VCT or Voluntary Counselling and Testing

2. Testing for other STIs

3. Clinical sessions with a sessional/part-time doctor; sessional/part-time nurse

- There were also auxiliary services related to the three main focus areas mentioned above. These included:

a. Phlebotomy (blood "drawing") for viral load and CD4 testing

b. Referrals for diagnostic tests such as ultrasound, CT- Scan, etc.

c. PLHIV Life Skills and Support Group sessions

d. Home and hospital visits

Between 2013 and 2016, during the implementation of the UN Trust Fund Project, the following services were either added or strengthened.

Added

1. Screening for gender-based violence (GBV)

2. Nutritional Assessments & Counselling - All PLHIV clients should have a baseline session with the sessional Nutritionist.

3. Counselling around Family Planning

Strengthened/Upgraded

4. Full time nurses - Over the years JASL's nurses were part-time or sessional. They are fulltime now.

5. Full time Adherence Counsellors – Previously, there was never an individual employed specifically to do adherence counseling. This service was provided on an ad hoc basis by various treatment staff. All PLHIV clients should see the Adherence Counsellor.

6. Full time Psychologist – Previously, there was never a full time Psychologist. Counselling services were provided by part-time or sessional Psychologists or Counselors. There was also no official incorporation of counseling for gender-based violence (GBV). All PLHIV clients should see the Psychologist.

7. Pap smear – Previously this used to be done ad hoc. It has now been streamlined as part of the suite of services and all doctors working at JASL should offer and provide this service for all women accessing the clinic. The nurses too should keep track of when Pap smears for female clients are due.

8. Nutritional support provided based on meal plans designed by Nutritionist – Nutritional support was previously given ad hoc and broad-based, and not based on individual assessments done by a nutritionist.

9. Treatment Literacy Sessions – These used to be included as a component of Support Group sessions. **However, this is now a stand-alone service**

Q27	How long have you been a client at JASL?	***One Response Only*** Less than 1 year 1 1-3 years 2 4-6 years 3 7 years and longer 4

Q27b	Have you accessed services through JASL within the last 3 years (since November 2013)?	Yes 1 No 2
Q28	Please state the services that you have accessed **(If respondent selected option 7 only, skip q29 and continue at q 30)**	***Multiple Responses Allowed*** HIV and Syphilis Testing 1 Pap Smear 2 Voluntary Counseling Testing (VCT) 3 Nutritionist 4 Adherence Counseling 5 Skills Building / Life Skills session 6 Only accessed training under the UN Trust Fund VAW Project 7 Other (please state) 8 _____
Q29	How do you feel about the expanded services that are offered by JASL?	***Multiple Responses Allowed*** The services provide me with better options relating to my health 1 It is a one-stop shop for everything (health of mind and body) 2 I feel uncomfortable because persons who are not HIV positive have access to the same space 3 I feel uncomfortable because persons who are not LBTs have access to the same space 4 The space is not confidential anymore; too many persons have access 5 Other (please state) 6 …… …… ……

		…… ……
Q30	Has access to these expanded services on Violence Against Women and Sexual Reproductive Health services provided by JASL benefited you?	Yes 1 No 2
Q31	Has access to these expanded services on Violence Against Women and Sexual Reproductive Health services resulted in improvement in your health?	Yes 1 No 2
Q32	What were some of the benefits of accessing these services?	**Ask only if answer to Q30 is 'yes'** …… …… …… ……
Q33	What are the ways in which your health has improved since being exposed to these expanded services on Violence Against Women and Sexual Reproductive Health services?	**Ask only if answer to 31 is 'yes'** …… …… …… …… ……
PERCEIVED ABILITY TO APPLY KNOWLEDGE AND SKILLS GAINED TO RESPOND TO HIV AND VAW ISSUES		
Q34a	Have you participated in training conducted by JASL under the UN Trust Fund Project?	Yes 1 No 2
Q34b	Please specify the training in which you were involved?	Life skills 1 **Legal literacy** (understanding legal terms, the laws & policies related to VAW and HIV, the protection it provides for women and girls as well as the gaps that exist in the protection) 2

		Advocacy (learnt how to write letters, participate in peaceful marches/protests, meet with people in government, write blogs, make posts in social media) 3 **Facilitation skills** development on how to lead sessions with healthcare 4 workers and community leaders					
Q34c	How would you rate your knowledge / skills in the following areas ***before*** you were exposed to the training by JASL	**Assessment Areas**	**Excellent**	**Good**	**Average**	**Poor**	**No knowledge**
		Understanding of the different forms of violence against women					
		Understanding of the legal and policy environment relating to VAW and HIV and the protection it provides as well as the gaps that exist in it					
		Life skills					
		Writing letters for advocacy purposes					
		Preparing advocacy positions around issues affecting your group (LBT/SW/WLD/WLHIV)					
		Writing and publishing blogs					
		Facilitating sessions					

Q34d	How would you rate your knowledge / skills in the following areas ***after*** being exposed to the training by JASL	**Assessment Areas**	**Excellent**	**Good**	**Average**	**Poor**	**No knowledge**
		Understanding of the different forms of violence against women					
		Understanding of the legal and policy environment relating to VAW and HIV **and the protection it provides as well as the gaps that exist in it**					
		Life skills					
		Writing letters for advocacy purposes					
		Preparing advocacy position papers around issues affecting your group (LBT/SW/WLD/WLHIV)					
		Writing and publishing blogs					
		Facilitating sessions					
Q35	Do you intend to apply the knowledge and skills gained from the training to better respond to HIV & VAW issues?	**Ask only if answer to Q34a is 'yes'** Yes 1 No 2					
Q36	Have you applied the knowledge and skills gained from the training to better respond to HIV & VAW issues?	**Ask only if answer to Q34a is 'yes'** Yes 1 No 2					

Q37	Please share with us ways in which you have used or applied the knowledge or skill obtained from the training?	Made more reports to the police 1 Seek legal advice for yourself 2 Provide outreach to women affected by abuse and violence including assistance to find support groups, counseling, advice, programmes or go to the police / get a lawyer 3 Educated women about their rights 4 Volunteered at organizations that deal with marginalized communities 5 Led / facilitated or participated in sensitization sessions including community leaders and healthcare workers 6 Raised public awareness about about HIV and VAW related issues through: Attending individual counseling sessions 7 Attending community Meetings 8 Participating in peaceful Marches 9 Wrote letters/blogs 10 Contributed to advocacy positions for your group (LBT/SW/WLD/WLHIV) 11 Signed any petition around VAW/HIV issues 12 Other (please state) 14 …… …… …… …… ……
PERCEIVED CONTRIBUTION TO CHANGES IN PROGRAMMES, POLICIES AND DECISIONS AS A RESULT OF LEGAL LITERACY TRAINING		

Q38a	Before the training did you believe that you were able to contribute to changes in programs, policies or decisions that relate to VAW?	Yes 1 No 2
Q38b	Since the training do you believe that you are now able to contribute to changes in programs, policies or decisions that relate to VAW?	Yes 1 No 2
Q39	Have you made any attempts to contribute to changes in programmes, policies and decisions related to VAW and HIV since being exposed to training in some of the laws and policies that deal with these issues?	Yes 1 No 2
Q40	Please share with us the attempts that you have made to contribute to changes in policies, programmes and decisions relating to VAW and HIV	**Ask only if answer to Q39 is 'yes'** Led / facilitated or participated in sensitization sessions including community leaders , healthcare workers, police officers, leaders in government 1 Outreach to other women through education and sensitization 2 Forming women's groups and lobbying to change policy 3 Joining forces together with other women to prevent abuse at the community level 4 Engaging the media through articles and press release relating to VAW 5 Signing petitions on VAW-HIV issues Participated in Peaceful Marches/Protests 6 Other (please state) 7 …… …… ……
PERSPECTIVES ON QUALITY OF SERVICES RECEIVED FROM INSTITUTIONS (POLICE, JUDICIARY, CSOs) TO RESPOND TO VAW-HIV		

Q41	Have you accessed services related to violence or HIV provided by any of the following institutions within the last 12 months? **Circle the appropriate response**	**Institution**	**Yes**	**No**
		Police	1	2
		Judiciary (Court, Judges DPP)	1	2
		CSOs (e.g. JASL, Eve for Life, JN+, JCW+, J-FLAG, CVC, NFPB, etc.)	1	2
		Healthcare facility (hospital, healthcentre, etc)	1	2

Q42	Please rate the quality of the service received from the institutions **Circle the appropriate response**	**Institution**	**Excellent**	**Good**	**Acceptable**	**Poor**
		Police	4	3	2	1
		Judiciary (Court, Judges, DPP)	4	3	2	1
		CSOs (e.g. JASL, Eve for Life, JN+, JCW+, J-FLAG, CVC, NFPB, etc.)	4	3	2	1
		Healthcare facility (hospital, healthcentre, clinic, etc)	4	3	2	1

Q43	If the service was poor, please state the reason for your answer	I experienced discrimination 1 I was not attended to in a timely manner 2 My issue was not addressed 3 I was ridiculed (mocked, laughed at) 3 I was denied service 4

		I experienced verbal abuse 5 Other (please state) 6 …… …… ……
	CLIENT SATISFACTION SURVEY	
Q44	How often do you access services from Jamaica AIDS Support for Life (JASL)?	FIRST TIME 1 ONE TO THREE TIMES PER MONTH 2 EVERY 6-8 WEEKS 3 EVERY 3MONTHS 4 TWO TIMES PER YEAR 5 OTHER 6 SPECIFY …… …….
Q45	Which of the services have you access within the past 12 months?	DOCTOR 1 HIV TESTING AND COUNSELLING 2 OTHER STI TESTING 3 CONDOM & LUBRICANT COLLECTION 4 PAP SMEAR 5 SUPPORT GROUP/ LIFE SKILLS SESSION 6 COUNSELLING WITH PSYCHOLOGIST 7 SESSIONS WITH NUTRITIONIST 8 ADHERENCE COUNSELLING 9 'DRAWING' BLOOD FOR CD4/VIRAL LOAD TESTING 10 REFERRALS FOR DIAGNOSTIC TESTS (ULTRASOUND, CT SCANS, MRI, etc) 11 HOME AND HOSPITAL VISITS 12 OTHER 13

		SPECIFY …… ……						
Q46	When you access services at this facility the waiting time is generally _____	LESS THAN 30 MINUTES 1 BETWEEN 30 & 60 MINUTES 2 MORE THAN 1 HOUR 3						
Q47	When you access services from JASL, the service provider (e.g. receptionist, case manager, nurse, doctor, psychologist, adherence counselor, nutritionist, other) was ……	WARM AND FRIENDLY 1 KNOWLEDGEABLE AND PROFESSIONAL 2 UNPROFESSIONAL AND IMPOLITE 3						
Q48	On a scale of 1- 5 How would you rank the services in the following areas ……..with **5 – excellent, 4 – above average, 3 –average, 2 – below average and 1 – poor.**	RECEPTIONIST	1	2	3	4	5	N/A
		CASE MANAGER	1	2	3	4	5	N/A
		NURSE	1	2	3	4	5	N/A
		DOCTOR	1	2	3	4	5	N/A
		PSYCHOLOGIST	1	2	3	4	5	N/A
		ADHERENCE COUNSELLOR	1	2	3	4	5	N/A
		NUTRITIONIST	1	2	3	4	5	N/A
		OTHER	1	2	3	4	5	N/A
Q49	How satisfied are you with the services provided at JASL?	VERY SATISFIED 1 SOMEWHAT SATISFIED 2 SATISFIED 3 LESS THAN SATISFIED 4 NOT AT ALL SATISFIED 5						

Q50	Do you believe that private information shared at this facility remains confidential except where reporting is required by law?	YES 1 NO 2 MAYBE 3
Q51	Which area of service at JASL do you think requires improvement?	REGISTRATION 1 CLINICAL CARE – NURSE 2 CLINICAL CARE – DOCTOR 3 CASE MANAGER 4 COUNSELLING - PSYCHOLOGIST 5 ADHERENCE COUNSELLING 6 NUTRITIONIST 7 SUPPORT GROUPS/LIFE SKILLS 8 HIV/STI TESTING 9 OTHER 10 If Other, specify ……

THANK YOU FOR YOUR PARTICIPATION.

18 INTERVIEW GUIDES (KEY INFORMANTS)

Key Informant Interview Guide
Government Officials
(Ministries, health organizations, agencies)

Name of Interviewee:

Position Title:

Organization:

Interview Date: Interview Location:

Telephone Number: Email:

1. Are there any benefits from the training obtained through JASL?
   - ☐ Yes
   - ☐ No
2. If yes, what are these benefits?

3. Have there been any changes in the policy environment relating to violence against women in vulnerable populations (SWs, LBTs, WLD, WLHIV)?
   - ☐ Yes
   - ☐ No

4. What are these changes?

5. Were there any programmes developed resulting from the training with JASL?
   - ☐ Yes
   - ☐ No

6. What are these programmes / activities and please describe each?

7. How many persons have been reached through these programmes?

8. Has there been any impact created by these programmes?
   - ☐ Yes
   - ☐ No

9. If yes, what is the impact?

10. Are these programmes a permanent part of your organization?
    - ☐ Yes
    - ☐ No
11. If not, what factors do you believe are required to make the programmes permanent?

12. Have there been any policies, protocols or guidelines developed at the national / institutional level aimed at service providers on issues related to violence against women and HIV?
    - ☐ Yes
    - ☐ No

13. How were these developed?

14. Was there any reference made to the research published by JASL in the development of these policies?
    - ☐ Yes
    - ☐ No

15. What are the policies, protocols or guidelines?

16. Are the policies/protocols/ guidelines being implemented?
    - ☐ Yes
    - ☐ No

17. How are they being implemented?

18. Has the policies/protocols/guidelines changed the way in which service providers carry out their jobs?
    - ☐ Yes
    - ☐ No

19. Please describe how this has changed the way in which service providers carry out their jobs:

20. Are the policies / protocols / guidelines standardised for example, across service delivery points for example healthcare facilities, across police stations etc.?
    - ☐ Yes
    - ☐ No

21. How have they been shared with employees or implementers on the ground?

22. Are there any means of ensuring that service providers interact with key populations in the way that is set out in the policies or guidelines governing violence against women?
    - ☐ Yes
    - ☐ No
23. What are the things put in place to ensure that this is done?

24. What mechanism is in place to identify vulnerable women (LBTs, SWs, WLD, WLHIV) during service delivery?

25. Is key population-disaggregated data collected on violence against women?
    - ☐ Yes
    - ☐ No

26. How is the data used?

27. Describe your systems for data collection.

28. Are there any plans in place to improve the situation of vulnerable groups of women at greater risk of violence and HIV, for example women living with disabilities?)
    - ☐ Yes
    - ☐ No
29. If yes, what are these plans?

30. Are there plans to retrofit healthcare facilities and police stations to improve their ability to access services?)
    - ☐ Yes
    - ☐ No

31. Are there any plans to diversify methods of identifying suspects, example for the visually impaired?
    - ☐ Yes
    - ☐ No

Ask Health Care Professional only / Or People who Work in Health Care

32. How has the availability of this research data affected the way in which service is delivered as it relates to the protection of women and girls affected by violence (eg, is there sign language interpretation provided by healthcare workers tending to the hearing impaired and deaf)?

33. What provisions are made for each of the key groups of women ?(LBT, SW, WLD, WLHIV) in your programmes?

34. Is there a comprehensive/up-to-date list of referrals of agencies for referrals?
    - ☐ Yes
    - ☐ No

35. Is there a comprehensive/up-to-date list of referrals of agencies for referrals?
    - ☐ Yes
    - ☐ No

36. Is there consistent education and training on VAW and HIV for staff?
    - ☐ Yes
    - ☐ No

Legal Officers

(DPP, Judges and others)

Name of Interviewee:

Position Title:

Organization:

Interview Date: Interview Location:

Telephone Number: Email:

1. How many members of the judiciary were sensitized to respond to VAW and HIV; and treat with similar urgency as other acts of violence?_____

2. Are there any benefits from the training obtained through JASL?
   - ☐ Yes
   - ☐ No

3. If yes, what are these benefits?

4. Have there been any changes in how the judiciary system interact with women in the context of gender based violence?
   - ☐ Yes
   - ☐ No

5. What are the changes?

6. Were there any efforts made to sensitize other members of the judiciary system about what was taught in the training?
   - ☐ Yes
   - ☐ No

7. How did the sensitization take place?

8. How many members of the judiciary were reached by the sensitization sessions?

9. Has there been any impact?
   - ☐ Yes
   - ☐ No

10. What has been the impact?

11. Have there been any policies, protocols or guidelines developed the legal / court system aimed at service providers on issues related to violence against women and HIV?
    - ☐ Yes
    - ☐ No

12. How were these developed?

13. Was there any reference made to the research published by JASL in the development of these policies?

- ☐ Yes
- ☐ No

14. What are the policies, protocols or guidelines?

15. Are the policies/protocols/ guidelines being implemented?
    - ☐ Yes
    - ☐ No
16. How are they being implemented?

17. Has the policies/protocols/guidelines changed the way in which service providers carry out their jobs?
    - ☐ Yes
    - ☐ No

18. Please describe how this has changed the way in which service providers carry out their jobs:

19. How have they been shared with employees or implementers on the ground?

20. Are there any means of ensuring that service providers interact with key populations in the way that is set out in the policies or guidelines governing violence against women?
    - ☐ Yes
    - ☐ No
21. What are the things put in place to ensure that this is done?

22. What mechanism is in place to identify vulnerable women (LBTs, SWs, WLD, WLHIV) during service delivery?

23. What improvements, if any, have been made to the way in which service is delivered to women affected by violence?

24. Has service delivery expanded in this regard?
    - ☐ Yes
    - ☐ No
25. How has it expanded? (are you servicing new geographic regions or offering additional services? If yes, please explain).

26. Is there a comprehensive/up-to-date list of agencies for referrals available for vulnerable women (for example safe houses or organizations through which they can access support?
    - ☐ Yes
    - ☐ No

27. Is there consistent education and training on violence against women and HIV for police officers?
    - ☐ Yes
    - ☐ No

Police

Name of Interviewee:

Position Title:

Organization:

Interview Date: Interview Location:

Telephone Number: Email:

28. How many police officers were trained to identify various forms of violence experienced?_____

29. Are there any benefits from the training obtained through JASL?
    - ☐ Yes
    - ☐ No

30. If yes, what are these benefits?

31. Have there been any changes in how law enforcement officers interact with women in the context of gender based violence?
    - ☐ Yes
    - ☐ No

32. What are the changes?

33. Were there any efforts made to sensitize other members of the police force about what was taught in the training?
    - ☐ Yes
    - ☐ No

34. How did the sensitization take place?

35. How many police officers were reached by the sensitization sessions?

36. Has there been any impact?
    - ☐ Yes
    - ☐ No

37. What has been the impact?

38. Has there been any improvement in the way in which officers interact with vulnerable women (LBTs, SWs, WLD, WLHIV) during the statement collection process?
    - ☐ Yes
    - ☐ No

For example, does the officer discriminate or does he/she take time to understand what led up to the display of violence against the complainant?

39. If yes, please explain the improvements that have been made:

40. Have there been any policies, protocols or guidelines developed aimed at coaching the police on issues related to violence against women?
    - ☐ Yes
    - ☐ No

41. If yes, how were these developed?

42. If yes, was there any reference made to the research published by JASL in the development of these policies?
    - ☐ Yes
    - ☐ No

43. Describe the policies, protocols or guidelines that were developed?

44. How have they been shared among members of the police force?

45. Are they being executed?
    - ☐ Yes
    - ☐ No

46. How has the availability of this research data affected the way in which service is delivered as it relates to the protection of women and girls affected by violence (eg, is there sign language interpretation provided by officers taking reports)?

47. Has this changed the way in which law is enforced and how?
    - ☐ Yes
    - ☐ No
48. Are there any means of ensuring that police officers interact with key populations in the way that is set out in the policies or guidelines governing violence against women?
    - ☐ Yes
    - ☐ No
49. What are the things put in place to ensure that this is done?

50. Are there any means of ensuring that women who experience violence from key populations are aware of their rights during the reporting process with the police?
    - ☐ Yes
    - ☐ No
51. What are things put in place to ensure that this is done?

52. What mechanism is in place to identify vulnerable women (LBTs, SWs, WLD, WLHIV) in routine reporting?

53. Is key population-disaggregated data collected on violence against women?
    - ☐ Yes
    - ☐ No

54. How is the data used?

55. Describe your systems for data collection.

56. Is there a comprehensive/up-to-date list of agencies for referrals available for vulnerable women (for example safe houses or organizations through which they can access support?
    - ☐ Yes
    - ☐ No

57. Is there consistent education and training on violence against women and HIV for police officers?
    - ☐ Yes
    - ☐ No

Civil Society Organizations

Social Service Provides (CSOs)

Name of Interviewee:

Position Title:

Organization:

Interview Date: Interview Location:

Telephone Number: Email:

1. Has this organization developed any policies, protocols or guidelines developed at the community level aimed at addressing violence against women?
   - ☐ Yes
   - ☐ No
2. How were these policies / protocols or guidelines developed?

3. Was there any reference made to the research published by JASL in the development of these policies, protocols or guidelines?
   - ☐ Yes
   - ☐ No
4. What are the policies, protocols or guidelines?

5. How have the policies, protocols or guidelines disseminated?

6. Are they being executed (incorporated in day to day activities)?

- ☐ Yes
- ☐ No

7. How are the policies / protocols or guidelines being executed?

8. What are the programmes in place to facilitate reporting (redress system) on issues related to violence against women?

9. What improvements, if any, have been made to the way in which service is delivered to women affected by violence?

10. Has service delivery expanded in this regard?
    - ☐ Yes
    - ☐ No

11. How has it expanded? (are you serving new geographic regions or offering additional services?

12. What are the regions being served?

13. What services have been added?

14. Is key population-disaggregated data collected on violence against women?
    - ☐ Yes
    - ☐ No

15. How is this data used?

16. Describe your systems for data collection.

17. Is there a comprehensive/up-to-date list of referrals of agencies for referrals?
    - ☐ Yes
    - ☐ No
18. Is there consistent education and training on violence against women and HIV for staff?
    - ☐ Yes
    - ☐ No
19. How many organizations had key representatives trained in legal literacy and policy frameworks relating to violence against women and HIV? _____
20. Was technical assistance provided to develop a train-the-trainer workshop?
    - ☐ Yes
    - ☐ No
21. Has the train the trainer been implemented?
    - ☐ Yes
    - ☐ No

22. What are the results of the train the trainer workshop?

23. Are there any benefits from the training obtained through JASL ?
    - ☐ Yes
    - ☐ No
24. What are these benefits, if any?

25. Were there any programmes developed resulting from this training?
    - ☐ Yes
    - ☐ No
26. What are these programmes / activities?

27. How many persons have been reached through these programmes?

28. Are the programmes implemented a permanent part of service delivery for this organization?
    - ☐ Yes
    - ☐ No
29. If yes, please explain how.

30. Has there been any impact?
    - ☐ Yes
    - ☐ No

31. What is the impact?

32. How has civil society organizations in health and social services responded to the needs of women and girls affected by HIV who received services?

33. Have there been any changes in your organization's mandate / service delivery portfolio?
    - ☐ Yes
    - ☐ No

34. What are these changes?
35. If you have a redress system, was technical assistance provided to improve this system?
    - ☐ No redress system in place
    - ☐ Yes redress system in place and we received assistance
    - ☐ Yes redress system in place but didn't receive any assistance

36. Was violence against women reporting integrated into the existing HIV redress system?
    - ☐ Yes
    - ☐ No

37. What are the results to date?

38. What are the key factors required to improve sustainability prospects of this programme (that is the incorporating of violence against women in the existing HIV redress system)?

39. Was there a communication plan designed to include a media campaign?
    - ☐ Yes
    - ☐ No
40. Were violence against women and HIV champions engaged as key message bearers?
    - ☐ Yes
    - ☐ No

41. What communication messages were developed?

42. What were the various communication channels used to convey violence against women-HIV messages?

43. Were position papers on key advocacy issues around the connection between VAW and HIV developed and disseminated?
    - ☐ Yes
    - ☐ No
44. What were these key advocacy issues?

45. In what ways were the position papers utilized?

JASL Staff

What is the JASL protocol for the clinical management of clients affected by VAW and how is it implemented?

Was JASL's intake clinic form modified to capture data on clients affected by HIV and are at risk for or experiencing VAW?

Is the JASL client intake form used consistently at all locations?

How is the data on the form utilized (especially data related to VAW)?

How many women accessed clinical services from November 1, 2012 to November 30, 2013?

How many women accessed clinical services during these years?

- Dec 1, 2013 – Nov 30, 2014
- Dec 1, 2014 – Nov 30, 2015
- Dec 1, 2015 – Nov 30, 2016

Were there HIV, SRH and VAW service categories expanded at all three JASL clinics and if so, what was expanded?

How many women have been provided with additional services in SRH and VAW during the project period?

How many community mobilizers have been trained?

How many women affected by HIV and VAW have been referred by community mobilizers to the 5 specific health facilities (3 JASL clinics and 2 partner clinics)

Has knowledge transfer taken place to other members of the clinic team?

Are there any written policies and procedures that guide the operations of clinic staff? What are these?

Are these any quality assurance mechanisms/ what are they and how is performance monitored and evaluated?

Was JASL's clinic staff trained at the five specific health facilities to identify additional HIV, SRH and VAW health-related services? If so, how many of JASL's clinic staff was trained?

High Level Interview Questions

1. What were the _____ of the project implementation process?
2. Strengths:

3. Weaknesses:

4. Opportunities:

5. Threats:

6. Are there any post project sustainability planning? **Yes** **No**
7. What are they?

8. What Key factors are required to improve sustainability prospects?

9. Are there any capacity building programmes in place or planned for to enhance the capability of implementers to handle similar projects?

Yes No

10. Please describe these:

11. Are there constraints experienced during the implementation of capacity building initiatives? **Yes No**

12. What are the constraints:

13. Is JASL taken through a strategic planning process? **Yes No**

14. How frequently_____

15. When was the last strategic plan done?_____

16. Please describe the strategic planning process:

17. How was work organized for this project?

18. How did project planning take place?

19. What were the project management structures that were put in place?

20. Please describe the accounting controls that were put in place to manage the implementation of the project:

21. What are the key lessons learnt from the project?

22. If you should do anything differently about this project, what would it be?

19 LIST OF PERSONS AND INSTITUTIONS INTERVIEWED OR CONSULTED AND SITES VISITED

A total of 140 stakeholders were consulted inclusive of primary beneficiaries, secondary beneficiaries and JASL employees. From this number, 109 primary beneficiaries were engaged during the endline survey, 26 primary stakeholders engaged and 5 JASL employees. For confidentiality purposes, the identity of participants will not be divulged (especially for primary beneficiaries). The relevant positions of persons and entities who participated in assessments which represent secondary beneficiaries and JASL employees will be provided. In this regard, please find below a list of stakeholders consulted:

Primary Beneficiaries

- 46 PLHIV
- 40 SWs
- 10 LBTs
- 11 Women and girls with disabilities
- 2 persons who preferred not to disclose group identification

JASL Staff Members

- Project Coordinator
- Programme Development Manager
- Finance and Procurement Manager
- M&E Officer
- Policy and Advocacy Officer

Secondary Beneficiaries

- Executive Director, JFLAG
- Director of Public Education and Training and Executive Director, JFLAG and WE-Change respectively
- Project Assistant, JCW
- Regional Redress Officer, JN+
- Vice President, JN+
- Regional Coordinator, JCW
- Field Contractor, Red Cross
- Administrator (Treatment Care & Support Office), NERHA
- Assistant Director, Office of the DPP
- Rural Sociologist, Bureau of Gender Affairs
- Inspector, JCF (CISOCA)
- 8 Police Officers (ranked at constable, corporal and sergeant levels)
- Crown Counsel, Office of the DPP
- Representative, Ministry of Justice
- Lawyer, Office of the DPP
- Legal Intern, Office of the DPP
- Assistant Director of Government Prosecutions, Office of the DPP

20 LIST OF SUPPORTING DOCUMENTS REVIEWED

The supporting documents reviewed during the evaluation process include:

1. A Situational Analysis on VAW/G and HIV: Reporting and Response Mechanisms in Jamaica (NFPB Research Study, 2015)
2. Project Cooperation Agreements with CSOs and TORs (JFLAG, JCW, JN+, CVC)
3. CSO Work Plans
4. UNTF Project Proposal
5. Community Mobilizers' Contracts (Including Peer Links)
6. Project Coordinator's Contract
7. Clinic Staff Training Agenda and Presentations
8. Facilitators' Reports (Sensitization Sessions)
9. Sensitization Session Reports and Attendees' List
10. Workshop Registration Lists (Attendance for staff, primary and secondary beneficiaries)
11. Sensitization Session Presentations
12. Workshop Curriculum and Presentations (for all sessions)
13. Project correspondents (advocacy and response letters to targeted government stakeholders)
14. Pre and post-test evaluation questionnaires
15. Workshop evaluation questionnaires
16. Train the Trainer Workshop Outline, Presentation and Reports
17. Project Progress Reports (Year 1, 2 and 3)
18. Project Financial Reports and Budget
19. Baseline Survey Report
20. Project Implementation Plan and Logical Framework
21. Project Results Monitoring Plan (pre-Endline version)
22. Community Mobilizers' Reports
23. Project Coordinator's Reports
24. CSO Partner Reports
25. Community Mobilizers' Workshop Reports
26. Project Partner Meeting Reports
27. Judges and Police Workshop Reports and Signing Lists
28. Workshop Activity Reports
29. Media Reports (Facebook Analytics)
30. Media Files (Audio-Visual Media Advertisements, Newspaper Articles, Memes and Posters)
31. Mid Term Review Meeting Reports
32. Joint Civil Society Advocacy Plan
33. Beneficiary Advocacy Letters

21 CV OF EVALUATOR

Attached as separate file.