

Gender Development Project Review Report

Kenya and Indonesia

STOP AIDS NOW!

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Colophon

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Abbreviations

ACK Eldoret/Nakuru/Western	Anglican Church of Kenya
ARVs	Antiretroviral drugs
CAI	Community AIDS International
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
C-MEDA	Community Mobilization, Empowerment and Advancement.
GDP	SANI's Gender Development Project
HSHC	Help Self Help Centre
IDCCS	Interdiocesan Christian Community Services
IPPI	Ikatan Perempuan Positif
KANCO	Kenya AIDS NGO Consortium
KCSN	Kenya Coffee Solidarity Network
KEFEADO	Kenya Female Advisory Organization
LBK-UB	Lembaga bhakti kemanusiaan umat beragama
LP3AP	Pengkajian Pemberdayaan Perempuan dan Anak Papua
MDM	Médecins du Monde
PKBI-Y	Program Keluarga Berencana- Yogyakarta
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission of HIV
RSHR	Reproductive and sexual health and rights
SANI	STOP AIDS NOW!
SKP	Sekretariat Keadilan dan Perdamaian Keuskupan Papua
TAPWAK	The Association of People Living with AIDS in Kenya
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day
WCC Balqis	Women's Crisis Centre Balqis
WIFIP	Women in the Fishing Industries
WOFAK	Women Fighting AIDS in Kenya
WSP-K	Women's Shadow Parliament-Kenya
YPKM	Yayasan Pengembangan Kesehatan Masyarakat Papua
YWCAA	Young Women's Campaign Against AIDS

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1 Summary of the Review

Insofar as the Review can be understood as seeking to answer the question of whether a second phase of the GDP was necessary or desirable, counterparts and SAN! partners were unanimous in their support of continuing the GDP into the next funding cycle. All also agreed a longer implementation period would be essential for producing enough useful lessons. Below is an overview of the key outcomes of the review and core challenges ahead.

Positive effects on attitudes, behaviors and norms of individuals and communities

Evidence counterparts provided suggests the GDP has promoted more egalitarian gender-based attitudes, behavior and norms and an increase in awareness of and concern for women's rights. We can assume, based on the assumptions of the GDP, it has therefore contributed to a more enabling social environment for reducing HIV/AIDS infections rates. Changes have taken place both at individual and community levels.

Counterparts shared many examples of how community leaders, such as teachers, cultural custodians and government officials, who were involved in activities became more outspoken on such negative practices as wife inheritance, early marriage and violence against women, all of which make women more vulnerable to HIV. Their changes in attitude have had a palpable effect on the attitude and behavior of their constituencies towards such issues.

Another significant change that has come about is the increase in knowledge and awareness of Project beneficiaries. This increase has led to greater denunciations against violence against women, more individuals undergoing HIV testing, and higher condom uptake and negotiation. These changes have also led to further tangible behavior changes, such as greater sharing of domestic duties and changes in gender roles. While not all these changes are attributable only to the GDP project, counterparts say the activities of the GDP have significantly contributed to these changes. The gender equality and rights-based approach of the Project has resulted in effects, such as an increase in dialogue and advocacy in beneficiary communities around women's rights, including the right to inherit and own land.

There is also evidence there is a greater increase in dialogue in target communities regarding sex, HIV and condoms. Young people and women are more willing to talk about sex, sexual health issues and HIV/AIDS more openly. This change toward increased dialogue and openness appears to be linked to a rise in self-confidence, especially among women. The rise in self-confidence is reflected in an increase of women in leadership positions as well as seeking and aspiring to leadership roles.

Knowledge and implementation capacity of counterparts improved

In general, partners appreciate the holistic approach of the GDP, and there is emerging evidence it has made their activities more effective and has led to changes in approaches to their work in other projects on development issues, such as economic well-being. It has enabled some organizations to see how HIV and gender cut across all activities that concern day-to-day life spheres: economic, health, food security. Due to this broadening it has led organizations to work with and come into contact with a much broader group of people and organizations.

The GDP has also influenced how counterparts address gender in their own organizations. Some of the counterparts say the implementation of the GDP brought to light the importance of taking their internal gender policy more seriously, and to be more sensitive to gender in staff appointments.

There is also a greater recognition of the need to pay attention to the participation of men and women in decision-making in their organizations, but also within the projects they support.

Useful approaches that combat resistance and stigma

While working with men and boys in most activities, partners reported the complimentary roles (played by men and boys) in pursuing women's rights. This has helped in fighting the negative attitudes and perceptions that gender issues are about women only, by increasing the understanding of the role both men and women can play in championing gender equality. Although traditional stereotypes and cultural beliefs on the role of women were cited as setbacks to some initiatives, most partners reported significant reductions of negative attitudes when men and women work together.

Some counterparts explained that the use of tangentially relevant entry points for dialogue with communities has helped lead groups into discussions on HIV/AIDS they normally would have resisted outright. Entry points currently used by counterparts include such issues as economic empowerment, education and religion. The use of such entry points has also helped persuade men and boys involved in activities.

Integrating activities that address the economic well-being of beneficiaries also helped enhance the effectiveness of activities. Because the struggle for day-to-day survival is so great in many of the communities in which the counterparts work, the ability and willingness of communities to devote time to discussion groups or other awareness raising activities are limited. Poverty needs to be addressed in parallel directly by the counterparts or through other partner organizations.

Finally, the involvement of community leaders such as teachers, cultural custodians and government officials in projects has been key to the greater impact and sustainability of the changes the GDP is seeking to achieve. Such leaders have the influence to promote and/or implement change and the legitimacy and respect of communities to influence their thinking and behavior. If the hearts and minds of leaders are changed, the hearts and minds of communities are then easier to change, and structural change is more likely to come about.

Key challenges ahead

The overall goal of the GDP is "to add value to HIV/AIDS and gender policies of its partners by identifying local level strategies and interventions for HIV prevention that integrate promotion of egalitarian attitudes, behaviors and norms and women's rights".¹ In interviews, SAN! Dutch partners underscored that, while the Project may have added value for counterparts, it has not yet produced sufficient lessons in order really to add value to their programs. The greatest challenge ahead, therefore, is to be able to produce information on which types of interventions and strategies being implemented in the GDP at the local level are the most promising. So far, we are confident there is a positive effect, but it is hard to say exactly how it is being produced. Counterparts must also be able to evaluate the effect of their activities and drawing out lessons learned for themselves and between themselves. This is also an outcome of the GDP which requires more attention. It is therefore imminently clear that developing stronger M&E mechanisms, promoting capacity and tools to enhance learning between counterparts and even across regions requires more investment.

¹ From the GDP logical framework that can be found in the GDP project plan, September 29, 2006

The other area that poses considerable challenges is enabling counterparts to network in order “to contribute to creating an enabling broader social and legal environment for women and girls.”² The review’s findings suggest the coalitions in Indonesia have made use of relevant global events for raising awareness and visibility about issues regarding the vulnerability of women and girls to HIV/AIDS. In Papua, a coalition activity has resulted in drafting of a local ordinance currently under consideration by the local parliament. While these results are by no means insignificant, the visions and plans for lobby and advocacy of the coalitions are still weak. Communication within the coalitions has been inconsistent and at times ineffective, and therefore the potential of the coalitions can be said to have been insufficiently tapped. As mentioned above, a mechanism for learning and innovation, a key pillar of the GDP, needs implementation in the GDP’s next phase, including in relation to the work of the coalitions.

Furthermore, counterparts both in Kenya and Indonesia continue to struggle to implement activities due to the opposition, resistance and stigma they face in their communities and from authorities. The Project faces specific challenges in Papua, where a generalized epidemic is in the making, but where testing remains low, and the population is only now becoming aware of HIV. In addition, the NGO sector remains relatively weak there, with the operations of organizations in constant threat of being shut down because of the central government’s efforts to crack down on human rights activism in the area. These factors, among others, conspire to making it difficult for counterparts to be effective. These political and cultural realities in Papua, but also to a certain degree in Java and Kenya, make it essential for the GDP to invest further in building counterparts’ knowledge and understanding of human rights, gender and HIV AIDS issues, as well as supporting them to create educational tools and approaches that are relevant to their specific contexts.

² Idem

2 Introduction and background

2.1 The Gender Development Project

In response to the urgent need to address the increased vulnerability of women and girls to HIV/AIDS through innovative and evidence-based approaches, STOP AIDS NOW! initiated the Gender Development Project under the program, “Development of a strengthened response to HIV/AIDS in developing countries”, supported through the 2005-2008, “Thematische Medefinanciering” (TMF) or “Theme based Co-funding” cycle of the Dutch Ministry of Foreign Affairs. SAN! is a partnership of five Dutch donor organizations, Aids Fonds, Cordaid, Hivos, ICCO, and Oxfam-Novib. The SAN! mission is, “working together towards a world without AIDS.”

One of the key objectives of SAN! is to add value to the HIV/AIDS-focused activities of its partners. To that end, SAN! implements “development projects” in collaboration with the local groups its partners fund (also referred to as “counterparts”). The objectives of the development projects are:

- Learning from and innovation of existing strategies and methods;
- Developing new strategies and methods; and
- Establishing new forms of cooperation and partnership.

There are currently four development projects on different issues: orphans and vulnerable children; HIV/AIDS in the workplace; youth and prevention; and gender.

The Gender Development Project (GDP) seeks to add value to the HIV/AIDS and gender policies of the partners of STOP AIDS NOW! by identifying promising local level strategies and interventions for HIV prevention that integrate promotion of egalitarian gender based attitudes, behaviors and norms and women’s rights. It seeks to reach this goal by bringing together community-based and non-governmental organizations focusing on HIV/AIDS, human rights, women’s rights and development to:

- Collaborate to adapt, implement, and evaluate individual and community level HIV prevention strategies and interventions that integrate “gender transformative” approaches developed from a women’s rights perspective.
- Network together to contribute to creating an enabling social and legal environment for women and girls.

In keeping with the other SAN! development projects, the GDP takes place in two countries, one with a generalized epidemic and another with a nascent or concentrated epidemic. This particular two-country choice allows for interesting comparisons and provides opportunities for actors in the AIDS response in the low prevalence country to learn from the experiences of their counterparts in the high prevalence country. In the case of the GDP, the countries of implementation are Kenya (throughout all eight provinces except North Eastern Province) and Indonesia (Java and Papua).

2.2 Setting up the GDP, early milestones and setbacks

The Gender Development Project was designed from May through September 2006, with local partner selection and invitation taking place during the same time period. This design process took place in consultation with SAN! and SAN! partners. The first introductory workshop took place in Nairobi in December 2006, and in February and March 2007 in Jakarta and Jayapura (Papua). The workshops trained the participants on the issues and the approach of the GDP. They also included a local needs assessment to confirm the appropriateness and accuracy of the content and the approach of the GDP. The workshops facilitated establishment of local coalitions in each project

location (Kenya, Java and Papua), and the selection of a local organization to be “Coalition Coordinator”. The Coalition Coordinator serves as the principal liaison with SAN!, manages the GDP locally, and coordinates the activities of the coalition. In Java, the Coalition Coordinator is Koalisi Perempuan Indonesia. In Papua, it is Forum Kerjasam LSM Papua, and in Kenya, Women Fighting AIDS in Kenya (WOFAK). In Kenya, groups participating in the workshop established a steering committee to serve as a decision making body for the Kenyan coalition. The steering committee also plays an advisory role in relation to SAN! and WOFAK and provides oversight for the local GDP, in particular in relation to governance issues.

Once the aforementioned local structures were in place for operating the Project, local groups interested in participating were invited to submit proposals for HIV prevention activities that integrate promotion of gender equality and women’s rights. In the design phase of the GDP, SAN!’s Dutch partners emphasized the need to ensure local groups could integrate the GDP in what they were already doing, rather than have to take on the additional burden of adding an entirely new program. In keeping with that request, as part of their proposal development process, local partners were asked to propose GDP activities at the individual and community levels that corresponded or fit into what they are already doing. As a result, GDP activities vary widely, ranging from HIV counseling and provision of legal services for cases of violence, to campaigning and advocacy activities. Once the proposal process was completed, including negotiation on the content of approved activities and budgets, local implementation began toward the end of 2007, approximately September in Kenya and November in Java.

A major setback in the GDP was the election crisis in Kenya. It began in the run up to the elections in December and ended with the formation of a coalition government at the end of February 2008, leaving more than 1,000 people dead and countless rapes and acts of violence as well as property damage in its wake. As a result, local project activities were put off in most places; most local partners were not able to take up activities for approximately five months, from December to April 2008. Beneficiaries of some groups participating in the GDP became internally displaced, homeless and hungry. Others became victims of rape, and organizations themselves were threatened with eviction from their office locations because of ethnic clashes. Ironically, one of the major activities to be cancelled was the coalition’s planned participation around the campaign, “16 Days of Activism against Gender based Violence.”

2.3 Rationale and focus of the review

SAN!’s 2009-2010 follow up to, “Development of a strengthened response to HIV/AIDS in developing countries” is the program “Strengthened response to HIV/AIDS”. This second program is receiving funding from the Dutch Ministry of Foreign Affairs’ “Medefinancieringsstelsel” (MFS) or “Co-funding system”. While the MFS proposal provided for a project on gender, it did not go into highly specific detail about what the content of the project should be. It was clear, however, that as we were entering this new funding phase, the GDP had run too little time to have met its objectives. At the point at which the TMF cycle would end, Kenyan groups would only have been constructively active in the GDP for about 10 months. Indonesian groups, which had started later than their Kenyan counterparts, would have been contributing to the GDP for just as long. Therefore, as SAN! was developing its work plan for the next funding cycle, it was clear the GDP should continue into that new phase.

The transition to the new funding cycle could not be ad hoc, however, and would need to be based on the lessons that could thus far be drawn from the GDP. To that end, SAN! set out to do a review of the GDP. The review was intended to evaluate the effectiveness of the Gender Development Project (GDP) during the TMF cycle and identify lessons, successes, challenges, and needs. Effectiveness, in this context, refers to the extent the strategies, structures, methods, and activities of the GDP contributed towards the achievement of the main goal of the Project. Based on the findings of the review, aspects of the Project would be (dis)continued, improved upon or

enhanced. Furthermore, while the initiation of the review was admittedly driven by an external stimulus, namely the shift in funding cycles, it should be viewed as an important step in a joint learning process for SAN!, including SAN! partners, and local counterparts.

This report summarizes the results of the review described above. Following the overall summary of the review, the report is organized around the following key focus areas: 1) the successes and challenges of the overall approach of the GDP; 2) the effects of project activities on beneficiaries; 3) the relevance and effectiveness of capacity building investments; 4) the effects of mainstreaming of GDP issues and approaches on counterpart organizations; 5) the effectiveness of networking within the project; 6) the relevance and utility of the GDP's monitoring and evaluation system; and 7) overall project management.

2.4 Review methodology

The SAN! GDP Project Coordinator conducted the review³. A consultant based in The Netherlands⁴ helped develop a survey, a framework for a set of self-evaluation workshops held with the GDP counterparts in both Indonesia and Kenya in June and July 2008, respectively, and reviewed and edited this report for accuracy and objectivity. The surveys were designed to provide information on the issues to highlight and treat as priorities in the workshop sessions, but they also were valuable sources of information in themselves. The workshops were intended to seek information on the lessons partners have drawn from the GDP, evaluate the achievements and challenges of the GDP, and assess current needs at the local level. The workshops were an opportunity to delve more deeply into the issues emphasized in the surveys, as well as provide reinforcement training on monitoring and evaluation and on the themes of the Project.

The workshops and the surveys examined the following main parameters: experiences with the approach and strategy of the GDP; successes and challenges in implementing the GDP activities with beneficiaries and the broader community (including experiences in involving men and boys, and in involving women living with HIV); capacity building in the GDP; the impact of the Project on the counterparts, in particular with regard to mainstreaming of gender, HIV, and/or human rights issues; the quality of the networking among counterparts; the monitoring and evaluation of the Project; and the management of the Project at the level of SAN! and of the local coordination.

The review also involved interviewing the SAN! partners to get their views on the GDP. Issues examined in the meetings included: the relevance and added value of the GDP for SAN! partners; the performance of the Dutch working group; and further cross-cutting issues or activates to integrate in the upcoming second phase of the GDP.

While this review, as we hope this report reflects, yields a treasure of information on lessons and experiences, it does suffer from several limitations. First, the stream of information flows from the local groups rather than directly from the local beneficiaries. The only notable exception worth mentioning is that the workshop in Papua which was part of this review did include some beneficiaries from the community. The lack of sufficient involvement of community beneficiaries in this review means the review cannot control for desires to satisfy donor expectations. The up shot of this is that the local groups may have reported more positively on certain issues than they might otherwise have done so, even despite their best intentions.

Second, while most of the groups were supererogatory in completing the surveys created for this review and participating actively in the workshops, the information they provided is often incomplete. Many make claims they do not explain or substantiate. The result of this lacuna in the information provided is that one should not accept several of the claims cited in this report at face

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⁴ Kim Brice, www.kimbrice.info

value. Furthermore, the lack of sufficient explanation behind the statements workshop participants made places constraints on our capacity to learn from this review.

Third, attribution remains problematic. Much of what the groups have stated as part of this review begs the question of whether the change they perceive among their beneficiaries, for example, is due to the specific content, approach and/or strategy of the GDP. Or is participating in the GDP simply allowing them to increase the work on the HIV, gender equality or women's rights issues on which they were already working, and with more people? In most cases, the fact that several groups emphasize that it is the integrated/holistic approach of the GDP that has really made a significant impact somewhat tempers this concern. Nevertheless, one is left wondering exactly *how* and *why* the holistic approach of the GDP is the driver behind the perceived change.

Despite the above reservations, we feel this review has been a useful initiative. It provides a global sense for the successes and challenges of the Project, and some insight into specific practices and experiences. It also succeeds in indicating the sorts of questions and areas of exploration that future reviews and evaluations of the GDP should address.

3 Lessons from the ground: Key review findings

3.1 The successes and challenges of the overall approach of the Project

3.1.1 The relevance and effectiveness of the GDP's integrative/holistic approach

Groups in all Project locations appreciate the GDP's approach to addressing HIV and promoting gender equality and women's rights concurrently. The approach has led groups to realize the existence of the strong linkages among the three issues. Some claim it has led to a paradigm shift in their understanding of HIV. During the workshops in Java and Papua, some participants mentioned that prior to exposure to the GDP's approach, they thought of HIV as mostly a health/public health issue, but now they perceive it as a social issue as well.

The fact that the approach of the GDP is a holistic one allows the groups to connect the GDP to the other issues they and their communities confront. Some groups, like ACK Western, explain this effect of the GDP by the fact that the issues it addresses, "cut across all activities that concern day-to-day life." This move is such that if a group does not see a ready way to introduce HIV into its activities with its beneficiaries, for example, it is able to do so by connecting to one of the other GDP issues first.

Communicating about the integrative approach to beneficiaries, especially in Indonesia, remains a challenge for some groups. Groups in Indonesia report that, first, the community finds it difficult to see how HIV is connected to gender inequality. Second, community members can be readily put off by discussions of HIV, especially when they turn to talk of sex (which they do inevitably, since after all, talking about HIV without talking about sex is akin to talking about malaria while avoiding all mention of mosquitoes!). Third, the community, groups explain, tends to view HIV as a disease and does not perceive readily its social implications. Fourth, emphasis on gender equality can be viewed as too threatening to the patriarchal social structure to be acceptable. This issue has arisen in both countries. In Kenya, ACK Nakuru, complained that the focus on women's rights does a disservice for enhancing gender equality, as it isolates men and boys and creates resistance to change. Kenya Coffee Solidarity Network (KCSN) relates that, "the GDP activities at times tend to collide with the thinking of the broader society. The egalitarian approach is seen as giving women more powers..." Indonesian groups, in Papua in particular, express similar views on their experiences with their beneficiaries.

Groups like Lembaga Gemawan (Indonesia), KEFEADO (Kenya), and C-MEDA (Kenya) have discovered successful strategies to address difficulties around introducing and/or discussing GDP issues with their beneficiaries. Lembaga Gemawan (LG) explains that introducing HIV as a theme in their village women's discussion sessions in the rural area in Kalimantan in which the group works proved very difficult. The women did not view HIV as an issue that should be of any concern to them. In fact, according to LG, AIDS organizations that have in the past tried to raise awareness on HIV were readily sent away. After some time, however, LG has been able to broach HIV by using other issues as entry points, in particular, economic empowerment, education, and religious issues. In the end, LG views it as an advantage for working on HIV within their community that they are not an AIDS specific organization.

KEFEADO works with schools, setting up debate and drama clubs with young persons to address GDP issues. The organization has found that addressing HIV directly, because of the implications around discussing sexual issues, is not possible at first with young people. KEFEADO's approach can be roughly summarized as starting off by initiating discussions around school-related problems, then easing into personal and family problems, and finally, broaching relationship and sexual issues, including HIV.

C-MEDA (Kenya) has found that it is easier to implement the GDP's approach by targeting both male and female participants from the beginning. This finding is in keeping with what several other groups have discovered about male involvement, as we shall see below. When discussions turn to the more sensitive GDP issues, the men already feel committed to the activities. This commitment makes a difference as it helps overcome the cultural barriers to discussing HIV, women's rights, and gender equality. Although the groups have not articulated the reason behind this shift in acceptance, one can presume it lies in the extra control men are able to exercise over social discourse.

Use of the integrative approach is arguably weakest in Papua, despite the fact that the groups argue there is value in working on the issues in an integrated manner. Of the participating organizations few claim to be able to work on women's rights, gender equality and HIV at the same time. We can extrapolate from comments the groups made in the surveys and workshops that challenges around being able to implement the integrated approach lie in: first, lack of sufficiently qualified peer educators and "kaders"⁵ to address the issues correctly; second, problems applying tools SAN! has provided in work with the community, because they are not adapted (or even possibly readily adaptable) to the local culture—which can be subdivided into many different sub-cultures each of which can be said to be highly unique⁶; third, while HIV is becoming a major problem in Papua, and generating the attention of a variety of local and international actors in the public health and aid sectors, ignorance and confusion (and as we shall see below, the ensuing stigma) regarding HIV is rife in the local population.

Examples of Papuan groups that have succeeded in implementing the integrated approach are YPKM, Primari and LP3AP. The two first groups are health-specific groups, while the third one is an organization focusing on rights issues, in particular, the rights of women and children. In keeping with Lembaga Gemawan, mentioned above, these groups have used other themes, like reproductive health and economic rights to work on GDP issues.

⁵ Community health worker. Often also function as peer educators.

⁶Some groups like Yasanto have had very little difficulty adapting the materials provided. So, it is not clear whether the other groups that make this claim have made the same level of effort as Yasanto or whether it has to do with the specific populations with which they work—which might be very different from those on which Yasanto focuses.

3.1.2 Flexibility in the GDP

In its collaboration with its counterparts SAN! has emphasized the groups should adapt the framework of the GDP to suit their ways of working, including integrating the GDP within their already existing activities, and adapting the GDP to the local context and cultures in which they implement their activities. Groups report highly positively on this aspect of the Project. They argue it contributes to their feelings of ownership over the Project, eliminating any feelings the GDP is “donor-driven”; as KCSN puts it, “SAN! has allowed us to translate realities and local situations into homegrown solutions.”

Groups also report that integrating the GDP into the issues or activities on which they are already working has desirably broadened the scope of their work, and therefore the impact of that work. (Also see section 5 on mainstreaming.) Groups are able to work on more issues as a result of the GDP, and this has enabled them to engage with their communities in more varied ways. In the experience of some groups, such as Syarikat (Java), working on peace and reconciliation—specifically around the 1965 massacre of alleged communists and communist sympathizers, a subject that to this very day remains highly taboo in Indonesian society—is made easier because of the GDP. Syarikat is able to use HIV and health issues as connecting themes to engage their community on a dark and painful part of their history. While the ability to make these connections is indeed partly due to the holistic approach of the GDP, it is also due to the fact that the GDP allows for the local groups to adapt the GDP to suit their particular circumstances.

It remains to be seen if any of the groups has “abused” the flexibility of the GDP. In other words, it is hard to say whether any group has adapted the GDP to its local context and circumstances in such a way that its GDP activities are no longer recognizable as such. Thus far, there is no evidence from the Review to that effect. The only groups that could perhaps be characterized as working too far outside the framework of the GDP could be the ones in Papua. As most of them point out, they are not yet able to apply the integrated approach fully. The different Papuan groups have different types and levels of organizational capacity, work with communities that are not all equally receptive to the GDP’s issues, have different priorities in relation to the urgent needs of their communities, etc. In light of these considerations, the flexibility of the GDP can also be viewed as a disadvantage of the design of the Project. Furthermore, as we shall see in more detail in the section on monitoring and evaluation below, the flexibility of the GDP, because of the diversity in the types of activities it allows, poses significant challenges for evaluating the effects⁷ of the activities of the local groups.

3.2 The outcomes of the Project’s activities: overall successes and challenges

3.2.1 Empowerment at the level of individuals and communities

Increase in knowledge: Impact on violence against women, testing, and condom uptake and negotiation

In relation to violence against women

All the groups report increases in knowledge on the part of women with regard to their rights and HIV. In some cases, this increase in knowledge, according to the groups, has led to changes in attitudes regarding violence against women. Community Aid International (CAI, Kenya) reports their beneficiaries tell them they refuse to tolerate domestic violence any longer, and they understand economic independence can help avoid or escape situations of domestic violence. In addition, CAI tells us men involved in the activities are realizing “women are human beings and not property”. According to the Kenya Human

⁷ Understood here as what follows from results and outcomes. It should be viewed in relation to short and mid-term objectives, as opposed to “impact” which can be related to long term objectives.

Rights Commission survivors of domestic violence among their beneficiaries have opened up about their relationships and situations and asked for support. TAPWAK (Kenya) explains that several of the women with whom they take on counseling and dialogue sessions on gender and HIV report now being more willing to say "no" to sex, and think rape in marriage should be illegal. And as the PLWHA support group, Yayasan Pita (Indonesia), puts it their HIV positive women members who have experienced domestic violence now dare to say, "I don't like it. I won't be tortured."

Some groups claim that reporting of violence has increased. In the experience of KCSN, "for the first time a rape case was taken to court". Until now, cases of rape had been handled domestically. KCSN attributes this change to an increase in knowledge on women and girls' rights and a new assertiveness on the part of women participating in the GDP to pursue their human rights. CAI states that women participating in their activities are reporting more cases to the police. Kenya AIDS NGO Consortium (KANCO) also reports that more cases of sexual violation are being reported to the Chief's office since they have taken up GDP activities. Médecins du Monde in Jakarta reports a decline in domestic violence in the informal Jakarta housing settlements in which they run a clinic. One cannot take these statements at face value, however. It is incumbent upon us to ask about the basis for them, and for the moment it is not clear whether the counterparts are grounding them on concrete evidence, such as police records.

Furthermore, some organizations like Dupoto-e-Maa (Kenya), which is working with Maasai women, report that some harmful cultural practices have declined. Dupoto states they have seen a reduction in the number of reported cases of early and forced marriages, and more girls are now refusing to get circumcised.

In relation to testing

Since the GDP focuses on changing attitudes and perceptions in favor of gender equality (in relation to HIV prevention), specific objectives for HIV testing have not been incorporated into the Project. Nevertheless, some feedback from counterparts on HIV testing did emerge in this review. According to Women in the Fishing Industries Project (WIFIP, Kenya), many more community members have come out for testing than in the past. WIFIP feels the GDP community work on HIV has helped to reduce stigma enough to facilitate testing. KANCO and ACK Western have also seen an increase in the number of people accessing VCT services. According to KHRC, through the GDP discussions on HIV/AIDS women have realized the importance of PMTCT services, and more women are accessing PMTCT services as a result.

In relation to condom uptake and negotiation

Some organizations, such as KANCO and Médecins du Monde (Jakarta) report increased uptake of condoms. KANCO's condom dispenser is getting more use, and more beneficiaries show correct use of condoms during demonstrations. KANCO also reports more women claim they now have more say in their bedrooms regarding sex with their partners. According to TAPWAK, several women have reported insisting on proper usage of condoms with their partners, and for the Anglican Church of Kenya Eldoret (ACK Eldoret), more men are now agreeing to use condoms. According to WIFIP there has been increase in condom uptake, with more community members coming to WIFIP to ask for condoms. And KCSN tells us more young people are taking condoms from the organization.

Solidaritas Perempuan (Java, Indonesia) has not seen an increase in condom distribution or uptake per se, but their beneficiaries tell them they are now informing their husbands before they leave to take up migrant labor posts that they the need to use a condom when

they are abroad. SP views this as major progress in their efforts to empower women to negotiate condom use. Papuan groups have not reported such progress, unfortunately. In fact, In Biak, Papua, Yayasan Beatrix⁸ reports that the negotiation power of the HIV positive women with whom they work is too poor to even consider use of either male or female condom.

Increase in dialogue regarding sex, HIV and condoms

A number of organizations both in Kenya and in Indonesia argue their GDP activities have helped open up dialogue on sexual issues as well as HIV and HIV prevention in their communities, including among beneficiaries of different sexes and age groups. In Kenya, KEFEADO has found their GDP activities have helped open up discussions on sex in schools. Students are able to express their views about sex more openly. In fact, a student from Ayueyo Secondary School has become enthusiastic enough to want to sensitize fellow boys on sexual issues. According to TAPWAK, women have come out to articulate issues never discussed before on gender, HIV/AIDS and sex during the dialogue sessions. TAPWAK views this change as an indication that women are now able to confront their husbands' decisions more and are therefore now more empowered. WIFIP's youth have broken the silence on sexual and gender issues and are now at their own initiative conducting weekly debates on them. And for KCSN, communities that viewed any discussion of sex as a total taboo are now having open discussions on HIV/AIDS and sex.

In Indonesia, Médecins du Monde, Jakarta, reports that women have gained more self-confidence in talking about sexual health issues. In addition, they understand how important their role is in maintaining the family's health, so they now accept that talking about these issues with family members is essential. LBK-UB claims that the young adults involved in their interfaith community are now open to discuss gender and HIV/AIDS. Rahima reports that the women teachers of Islam in the *pesantren* (Islamic schools)⁹ with which they work used to refuse to even mention the word "condom". Now, they are not only willing to talk about them, they will actually handle them and discuss HIV and safer sex issues.

Dialogue on sexual issues and condoms remains a challenge in Papua, but there are indications the situation for some groups could be improving. In general, the Papuan groups report their activities are viewed somewhat askance by community members because of the fact that sessions address taboo subjects. For LP3AP, an organization based in Jayapura focusing on promoting the rights of women and children, the local community, especially women and girls, are ashamed to talk about reproductive health. Slowly, however, with the patient building of trust and comprehension, LP3AP claims that women are more understanding of the fact that they have reproductive and sexual health rights. Some Papuan groups suggest using art and performances to improve the community's knowledge levels and understanding of the issues, as well as promote dialogue.

Potential change in the position of women

Given that the Project seeks to promote gender equality in the context of HIV prevention, this review sought to collect information about results related to improving the position of women. Local groups in Kenya and Indonesia reported changes in relation to such matters as property rights, women's leadership, and sharing domestic duties and gender roles.

In relation to property rights

The GDP objectives do not call for increased respect for women's property rights. Nevertheless, changes in relation to that issue or closely related issues in a community can be viewed as indicative of changes in relation to the position of women in that community.

⁸ Rumsram's implementation partner in the GDP

⁹ Similar to a "madrasah Islamia".

Therefore, information on increased respect for women's property rights that has emerged from this review is interesting to mention here.

KHRC reports their beneficiaries are now realizing that women's rights are human rights. In particular, the men in the community now realize women have the right to inherit and own land. ACK Western reports that women are now allowed to inherit property, and widows know the procedures to follow if they are denied their property rights. Naturally, this information is not much to go on, but it indicates that the dialogue and training sessions taking place in the GDP are relevant for specific culture-bound challenges¹⁰ to the equal treatment of women.

In relation to women's leadership

According to the Anglican Church of Kenya Eldoret (ACK Eldoret), women are now being given leadership roles in the Church, for example as lay pastors. According to Dupoto there has been change in attitude toward women's roles, with a good number of women now in school committees and participating in local *barazas* (chiefs' community forums). In addition, some are considering presenting themselves for community council positions. Similarly, in Indonesia, Lembaga Gemawan reports that some women in their village discussion sessions have become bold enough to run for local elections. IDCCS (Kenya) also reports an increase in women's participation on various committees, and ACK Western reports that women are now recognized and incorporated in leadership positions. It is not clear from ACK Western, however, what the exact nature of these positions is. According to Solidaritas Perempuan (Indonesia), the female migrant workers (primary beneficiary group for SP) have formed a group to advocate for improved legislation to protect the rights of female migrant workers.

In relation to sharing of domestic duties and changes in gender roles

ACK Eldoret reports that according to their beneficiaries participating in their GDP activities men and women are sharing decision making roles more, and this has resulted in women now being able to keep the proceeds from their business ventures, specifically agricultural activities. According to Dupoto, the men are starting to assist their women in their domestic duties, and women are now retaining the earnings they have made from their money-making activities, such as their herding, rather than immediately handing their earnings over to their husbands. Yayasan Pita also claims to be seeing increased equality in family life, with men sharing more domestic work. PKBI-Y, the family planning association in Yogyakarta, sees a change in the bargaining position of women, with more women seeing gender based discrimination at the core of their vulnerability to HIV.

"Changes in gender roles" can mean many different things. While we have just mentioned changes in relation to divisions of domestic labor and increased empowerment for women with regard to use of financial resources, one of the ways in which gender roles can change also concerns how people perceive their sexual roles in relation to gender. In fact, when dealing with HIV issues, and more specifically negotiation for being able to reject sex or have safer sex, how people perceive their gender defined roles in their sexual relations is a matter of utmost importance. Unfortunately other than input from Gaya Nusantara, this review has not been able to cull much information on the subject. It will be important to do so in the future. Gaya Nusantara reports that the college students with which they engage in discussion sessions have changed their concept of a sexual relationship. While they

¹⁰ While barriers to fulfillment of women's property rights exist throughout the world and for different reasons, the barriers that affect the beneficiaries of the GDP are largely cultural (and concretized through community or customary law).

viewed men as the lead in the relationship they now understand that women can take charge and refuse sexual intercourse.

Despite the above encouraging results, groups remind us that patriarchy still remains strong. Indeed, as we saw above, KCSN and others have met with barriers in trying to use the integrated approach, precisely because of fears on the part of men regarding challenges to the patriarchal structure. In the experience of the groups, men view talk of gender equality as an affront to their position and power. Indeed, according to Papuan groups, it is important to challenge gender norms in a creative way that is adapted to the local cultures.

3.2.2 Outcomes of specific approaches to project implementation

Involvement of community leaders such as teachers, cultural custodians¹¹ and government officials

Most notably in Kenya, the involvement of various community leaders has proven beneficial to the implementation of GDP activities. Counterparts report that their involvement has helped enhance community ownership over the Project. Women's Shadow Parliament-Kenya, for example, explains that before they began their GDP activities, cultural custodians were inclined to deny that some customs have a negative impact on women. Their attitudes have since changed. Some of the custodians have now for the first time spoken publicly about the harmfulness of practices like wife inheritance and early marriage on young women, and how they make women vulnerable to HIV. The importance of this change cannot be underestimated since, according to WSP-K, in the past, for example, widows were told they had no choice with regard to being inherited, and wife inheritance was left to the in-laws. Now, women are being educated on their rights (Awareness raising on widows rights is being done at funerals, chiefs Barazas and other public forums/events.), and encouraged to make their own decisions. Widows who decide not to be inherited are encouraged to join support groups like Maendeleo Ya Wanawake and start businesses to improve their economic situation. In addition, as a result of the involvement of leaders, community engagement has spread, with other community members now welcoming change. Most parents are now demanding girl child education, for example.

Some groups, such as YWCAA (Kenya) also report that one of the consequences of the engagement of community leaders has been that it has helped men and boys become more involved. No information emerged from this review, however, as to why this might be the case. It may be that men feel more comfortable becoming involved in activities on subjects they feel are controversial if the activities have prior social approval from figures they respect or view as more socially powerful than themselves. This explanation is speculative, however. Given the increasing recognition of the importance of male involvement in RSHR issues and service provision, it would be useful to investigate the implications of the involvement of community leaders for motivating men to become involved in reducing the vulnerability of women and girls to HIV and gender equality.

Attempts at engaging community leaders in Indonesia have met with uneven results. The reasons behind the differences in outcomes for different groups are not obvious. Nevertheless, were one to venture a guess based on the reporting of the local groups there appears to be a breakdown between the types of community leaders willing to let themselves be persuaded to support the GDP and its issues. In particular, faith-based leaders seem to be more readily willing to endorse the GDP's activities than government officials. Rahima, an organization working for women's rights in Java from an Islamic perspective, has been doing dialogue sessions with women teachers at *pesantren*. The women teachers have supported the GDP to such an extent that Rahima has been able to double the number of *pesantren* with which they work, as well as start working with several

¹¹ Meaning "persons of social prominence expected to be knowledgeable about and uphold cultural traditions."

Islamic study groups. LBK-UB, a faith-based organization also working in Java that brings religious leaders from the Hindu, Islamic, and Christian faiths together, reports they have not faced difficulties in engaging their beneficiaries from the interfaith community in addressing HIV and women's vulnerability to HIV.

An important qualification is in order here, however. The faith based leaders in question are surely more progressive compared to some of their counterparts. From what we know from Rahima regarding the general background of their work, the religious leaders willing to work with the organization—in light of its focus on promoting women's rights and its anti-fundamentalist stance in a country where radical Islam has gained ground—are by definition more open to the GDP. Radical religious groups in Indonesia, as elsewhere, are not particularly tolerant of interfaith or ecumenical work, as they are not tolerant of groups that deviate from their own dogmas or belief systems.¹² Therefore, again, the religious leaders working with LBK-UB are necessarily also going to be more open to new ideas and change.

The Papuan groups have expressed the greatest complaints with regard to engaging government officials. They argue they face weak coordination and support from the local government for their GDP activities. In particular, they argue they have not received sufficient support from the local government in developing a local regulation on HIV to help secure rights to proper health care services and protect the rights of people living with HIV.¹³ However, some Indonesian organizations participating in the GDP have met with success in engaging the cooperation and even support of government officials. WCC Balqis, working on women's rights and violence against women in Cirebon, has succeeded in working with the local secretary for the Ministry of Women's Empowerment, for example. LBK-UB, mentioned above, has been involved with the health officials to form a regional AIDS control commission (Komisi Penanggulangan AIDS Daerah or KPAD), and Lembaga Gemawan (LG) is working to encourage the regional government to facilitate and build a service network for target groups in villages. According to LG, there is currently only one VCT location to serve 19 sub-districts.

Experiences with involving women living with HIV

Self-confidence and empowerment

According to Yayasan Pita, one of the strongest successes they have seen in their GDP activities has been the empowerment of HIV positive women who have suffered from violence. According to the group, the women have developed the courage to speak out and oppose violence against women, including HIV+ women, and have developed improved self-confidence. Similarly, for Yakita (Java), which takes on skills training and dialogue sessions with women belonging to the injection drug use community—many of whom are HIV positive—the GDP activities have helped the women living with HIV become more self-confident and hopeful. A direct result of this attitude change has been that more of the women have joined the activities.

WSP-K argues that the women living with HIV among their beneficiaries are now managing their health better, living more positively, working with WSP-K to educate other community members, and taking decision-making roles. Yakita reports similar findings. The women have experienced changes in perception of the importance of their health. With their increased self-confidence, they have become more concerned about their health, including expressing increasing interest in using a condom with their HIV positive as well sero-discordant partners.

¹² As reflected in the call from the fundamentalist organization Islamic Defender Front (Hizbut Tahrir Indonesia or FPI-HTI) to ban Ahmadiyah, an Islamic religious group that does not follow the prophet Muhammed.

¹³ The development of a draft regulation was a coalition activity in 2007.

Lack of organizational preparedness

For some, the GDP is the first time they work with PLWHA, as is the case with the Solidaritas Perempuan. According to SP, involving PLWHA has enriched the organization's perspective. Yet, in general, non-AIDS specific organizations seem to have found it difficult to engage people living with HIV. For WCC Balqis deficiencies in program facilities and human resources make it difficult to meet the needs of PLWHA. Support from other organizations is necessary to engage PLWHA better. Also, they claim to have had difficulties in persuading PLWHA to come forward. However, to the extent that Balqis has been able to engage PLWHA, the PLWHA with whom they work are apparently becoming more confident through their GDP activities and more concerned about their health.

LBK-UB echoes WCC Balqis's concerns. They state that they have not yet been able to involve PLWHA, since according to the organization, PLWHA involvement requires a programming vehicle, like a support or counseling program. In other words, there has to be means of attracting people living with HIV, and organizations like LBK-UB that do not normally work on HIV do not have access to the PLWHA community. Indeed, LBK-UB reports that after their World AIDS Day public activities, a person living with HIV came forward to the organization about his status. So, apparently, there are those who know their status, but who feel no reason or ability to engage with the rest of the community on HIV. LBK-UB argues that PLWHA involvement demands collaboration with AIDS organizations, but unfortunately, according to them there are no AIDS organizations in their intervention area. This highlights the need to engage with national level organizations to start local support groups or AIDS related activities where these are missing.

Additional barriers to involvement: Poverty and stigma

Some Indonesian groups, such as Balqis and Yakita, see poverty as a major barrier to involving women living with HIV. HIV positive women are sometimes unable to pay for transport to attend sessions, or they are unable to afford to hire someone to care for their small children. Some organizations argue that if we want to be able to engage women living with HIV meaningfully, the women need revolving business grants to improve their livelihoods. Help Self Help Centre (Kenya), training HIV positive women and their partners working on succession rights and property issues in the Mt. Kenya area, agrees on the importance of economic empowerment for HIV positive women, and plans to start a revolving fund for their benefit.

From this review, we have seen that stigma plays a major role in Papua. It is perhaps most severe there. Ikatan Perempuan Positif (IPPI) a PLWHA support group in Papua, which is not a counterpart but participates in GDP activities through the coalition, reports having had trouble persuading their own members to participate in any public activities because of issues around HIV-related shame. Members even find it difficult to share information with other IPPI members. Primari's (Papua) experiences support IPPI's claims. In their work on reproductive health promotion they tell us that those who know their HIV+ status or suspect they are positive are not willing to come forward.

Stigma is severe enough to pose a deterrence risk for the organizations to pursue their work. The staff of organizations in Papua complain that when they try to mobilize people living with HIV to participate in activities, the community and even their own families tend to suppose they are HIV positive. Perhaps worst of all is an incident reported by LP3AP, of a mother who burnt her own child after she discovered her child was HIV positive.

Some Papuan groups have fared better, however. The Catholic organization, SKP (Papua), has been able to create visibility for themselves and for the GDP activities among women

living with HIV. Now, for the first time HIV positive women are involved in the organization's activities.

While in general HIV-related stigma is not as severe in Kenya as in Papua, Kenya is certainly not spared. A number of Kenyan groups relate that most women living with HIV still find it difficult to declare their status publicly due to high levels of stigma and fear of uncertainty. ACK Eldoret has involved one man and three women living with HIV as peer educators. They have proven very supportive in the implementation of activities, and are now playing a key role in training other community members. Nevertheless, it is still difficult to get HIV+ women involved because of fear their status may become known.

KCSN reports that stigma runs high in the Taita ethnic community in which they work in the Coast province. Nevertheless, they feel they have managed to breakthrough the high levels of stigma, since now more people are gradually going public about their HIV status. KCSN attributes this change to the formation of support groups of women living with HIV/AIDS. As a result of the support groups, women have gained confidence, found support, are able to speak out in a collective voice, and resist intimidation due to increased awareness of their rights. An additional benefit of the support groups has been that the women living with HIV are now acting as community resource persons and leaders in disseminating information and facilitating GDP activities. C-MEDA also reports a reduction in stigma amongst women, and more men are joining the support groups of PLWHA and going public on their HIV status.

Despite C-MEDA's experience, it seems women are still more willing to disclose their status than men, and are more willing to work with groups. Furthermore, women are at times forced to share their ARVs or other drugs with their husbands because the latter fear having to seek medical attention. Thus while women have been viewed as the primary victims of HIV-related stigma, perhaps insufficient attention has been paid to how men living with HIV are suffering from the burden of negative social attention.

Perhaps the most positive change in relation to stigma has been for the groups in Java. Lembaga Gemawan, WCC Balqis and LBK-UB all report a reduction in stigma of PLWHA. Community members tell these groups they are no longer afraid of people living with HIV and that they know PLWHA have the same rights as other people. For LBK-UB, religious clerics among their beneficiaries have come to talk about HIV and no longer dismiss people living with HIV as mere sinners.

Experiences with involving men and boys

In general, groups report that involving men is difficult but when achievable, highly enhances the activities and their success. After initial difficulties in engaging men, TAPWAK tells us, "We have learnt that involving men alongside women brings more impact". They have succeeded in being able to get more male partners to participate in their discussion sessions. The results of this higher participation have been highly promising. The men participating say they view the sessions as an "eye opener", and now understand that their gender discriminatory behaviour is linked to cultural beliefs, rather than say, the natural order of things. Some men go so far as to acknowledge there is violence against women in their communities, and now recognize that needs to change.

HSHC points out that male involvement has made it easier for the organization to support women to defend their succession and property rights. Engaging men has also increased awareness of women's rights within the community, with men beginning to appreciate the role of women in society. The organization has also seen a general attitude shift on the part of men (and women) toward understanding gender roles and responsibilities. According to HSHC, their experience has taught them they should have been involving men in their activities since the beginning.

As WSP-K puts it, the organization was formed to empower women, but the GDP has encouraged them to include men not only at the policy making level but also at the program implementation level. The participation of men, they argue, has helped heighten community ownership over activities.

In Java, some of the organizations have found they initially had difficulties engaging men because men did not view gender issues as relevant to them. Instead, they viewed gender issues as identical with women's issues. In the organizations' experiences once men realized gender issues are relevant to them too it became easier to engage them in activities. In Papua, male participation is very limited. A key problem that arises with engaging men in the activities is that when men are involved they dominate the discussions, either to give ideas, recommendations, or respond to the issues. The women tend to be more passive. In addition the men sometimes take a cynical attitude toward the activities. Some groups, such as Yasanto, an HIV specific group in Manokwari, say their solution to this problem has been to conduct separate discussions with men and women.

4 Capacity building support within the GDP

SAN! has taken on a number of capacity building efforts with the coalition coordinators as part of the coordination of the GDP. Efforts have included the following:

- Organizing workshops to train local groups on: the concept of gender and engaging men in gender equality; HIV/AIDS and the vulnerability of women and girls to HIV; and human rights, women's rights and key international human rights legal tools. Due to the involvement of a consultancy group (TAABCO) as a partner organization in the Kenyan version of the Project, the Kenyan groups have benefited from two extra training workshops;
- Providing a packet of documents to groups on the issues of the GDP, including reports on lessons from "gender transformative" projects;
- A set of sample exercises on GDP issues, borrowed and adapted from the Men as Partners (MAP) program of the US-based EngenderHealth, and from the India-based Men's Action for Stopping Violence against Women (MASVAW). The exercises are meant for the groups to use for their discussion and training sessions with their beneficiaries;
- The SAN! GDP newsletter sent to the groups includes lists of current resources on gender, human rights, including RSHR and women's rights, violence against women, HIV, etc; and
- Encouragement of groups to engage in cross-capacity building, e.g., AIDS-specific organizations providing staff HIV training to more generalist, development organizations. Such mutual training has culminated in support for creating an "experts' database" which groups could access to find which ones among them are working on particular issues and whom they can contact to provide training or technical assistance.

The GDP groups agree the information and training SAN! has provided has been useful but insufficient. It is not clear, however, how much use groups have made of the materials provided them. It seems very few have used the theme-based exercises from MAP, for example. Those that have used them have found them useful, however.

Groups feel that locally adapted manuals and tools are lacking. Some argue they need them to train their own implementers, and others want them for working directly with their communities. Groups in Papua see an urgent need for more training materials, especially on gender issues. They feel some of their peer educators have not been sufficiently well trained, but it is not easy to train them properly in the absence of a toolkit. According to Primari, practical training tools, facilitating

techniques and auxiliary instruments are needed for implementing the GDP with their communities. Some groups have also called for visual media instruments such as film and video for working with beneficiaries.

Groups have unanimously asked SAN! to do more to increase sharing lessons and information with each other. The potential of the coalitions has not fully been exploited to this end, they argue: coalitions should be oriented more toward sharing of experiences. In addition, the fact that the activities of the coalition take place at the national level makes it difficult for experiences to be shared. Some groups, therefore, feel there should be more collaboration at the local level. Also, SAN! should facilitate exchange visits for exchanging information and sharing knowledge.

Groups agree the capacity building offered in the GDP has had a positive impact on staff. To some groups, the introduction of the human rights component in the approach to the GDP, and the training on the human rights tools that has accompanied this introduction have been particularly helpful. Gaya Nusantara mentions that the introduction of CEDAW to their work has helped them work better on gender based discrimination. Other groups, such as C-MEDA and ACK Western report that staff awareness on women's rights, gender equality and HIV has improved. For C-MEDA this means their staff is now keener to follow up on HIV cases, because they now perceive the relationship between HIV and the work they already do in support of women.

5 Mainstreaming of GDP issues and approaches in counterpart organizations

5.1 Broadening the organizations' scope of work

According to some groups, the GDP has helped bring additional issues on their agendas. For example, while WCC Balqis was already focusing on violence against women (VAW) and trafficking, the GDP's focus on gender equality has allowed for a shift in advocacy focus to include the right to access medical services and economic empowerment. The GDP has made some organizations, such as ACK Western realize how HIV and gender cut across other activities. IDCCS claims to have had a similar realization. Such realizations have prompted efforts to work on GDP themes outside the context of specific GDP activities. For instance, IDCCS is now integrating a focus on gender and gender equality in all their work. At WOFAK, the GDP has facilitated avenues for mainstreaming of gender and human rights components in all their activities. According to Dupoto e Maa, the multi-pronged approach has been valuable for networking, as it has helped bring other actors on board and facilitated the exchange of information with a broader group of people and organizations.

5.2 Applying gender equality to internal organizational policies

According to HSHC, the implementation of the GDP brought to light the importance of gender involvement in the organization. It made the organization realize the importance of gender inclusion in their staffing. As HSHC puts it, the policies in the organization were good on paper, but the challenge was how to put them into practice.

According to C-MEDA, mainstreaming gender requires a lot of knowledge and skills to implement because of the sensitivity around gender issues in African society. This requirement has encouraged C-MEDA to work with gender disaggregated data as a key component of their activities. Indeed, according to C-MEDA, "SAN!...has been able to make us realize how gender issues affect our implementation of our programs." Similarly, IDCCS is now paying considerable attention to the participation of men and women in decision making. They are also seeking to be more gender sensitive in appointing staff.

Naturally, most groups in the GDP were already working on some of the themes of the GDP. And some were even working on all of them. Therefore, not all changes among beneficiaries can be

attributed to the GDP. For groups like KANCO, YWCAA, and WSP-K, for example, the added value of the GDP has been the integrated approach. As KHRC sees it, the integrated approach has helped them perceive the need to promote holistic change in the community.

6 Networking among counterparts

The GDP activities are intended to take place at three levels, the individual, the community and the networking level. This last category of activities comprises joint lobbying and advocacy, mutual capacity building and sharing of information and experiences. These last two issues were addressed in the previous section, so the focus here is on joint lobbying and advocacy in particular.

In Indonesia, the coalitions have been able to make good use of specific moments, such as World AIDS Day, the November 15 through December 10 “16 days against gender violence”, and specific days of national significance, to give visibility to the issue of the vulnerability of women and girls to HIV and AIDS. Groups have expressed satisfaction with the implementation of their activities on the aforementioned days. In Java, for example, the coalition organized the Campaign, “Women and girls are free from HIV and AIDS”. It was implemented (in adapted form where necessary) at the local level and at the national level. The Jakarta activities were able to attract a significant group of participants (150 people) and the participation of several organizations not part of the GDP. The Campaign served as a key vehicle for lobbying the Minister of Women’s Empowerment and the Minister of Health. Despite the press conference that accompanied the public rally and political statements to the aforementioned government ministers, the groups felt, however, that they had not received sufficient media attention. SAN! is lacking information, however, on exactly how much attention they did receive.

With the exception of organizing an activity to protest a local Jakarta ordinance¹⁴, the joint lobbying and advocacy activities of the Javanese groups has been largely limited to specific key events and moments, as mentioned above. The experience of the Papuan groups has been somewhat different. The Papuan groups have also taken up lobbying and advocacy activities at specific key moments, but they have been more successful at taking up activities outside those contexts, however. The Papuan coalition organized a number of actions during the 16 Days period (including specific events on World AIDS Day and International Human Rights Day) around the theme, “Special Autonomy Prevails, Women in Papua Suffer”, such as a rally, a pilgrimage to the grave of Papua women, placing advertisements and articles in the media, facilitating a focus group discussion, and so on. These activities also attracted a good following, about 250 participants at the rally, and the collaboration of more than 15 organizations outside the GDP, plus government officials and student groups.

One of their key coalition activities has been to use FOKER’s already existing health working group in service of the GDP coalition to work on drafting a local ordinance for the provincial administration on preventing and responding to HIV and AIDS. The draft ordinance has been submitted to the legislation committee of the local parliament. In addition, there have been two audiences and a public consultation on the draft, and a formal session of parliament was organized for submission of the final draft. The Regulation has not yet been adopted by the local parliament.

While the utility of taking up lobbying and advocacy activities at specific moments is without question, it can be extremely limiting. For the coalitions to function for broader social and legal change on a continuous basis, it is important they take up lobbying and advocacy systematically. For that, they need to have formulated coalition work plans with clear objectives and intended results

¹⁴ This ordinance is a municipal regulation against informal street vending, busking, and begging that could discriminate against people living with HIV, as it also calls for preventing people with communicable diseases from appearing in public.

with their accompanying indicators. The importance of the need to have ongoing lobby and advocacy cannot be overestimated. Indeed, one can point to the case of the Kenyan coalition to underscore this point. In the case of Kenya, the Coalition’s planned activities around the campaign, “16 Days against gender violence”, had to be cancelled because of the election crisis. Those were unfortunately the Coalition’s only lobbying and advocacy activities for that year.

The major challenges for the coalitions to take up continuous lobbying and advocacy activities, groups argue, have been the difficulties they face in trying to contribute meaningfully to processes around those activities. First, some groups argue they lack sufficient understanding and experience around lobby work, for example. They have asked SAN! to provide training on lobbying and advocacy in relation to the issues of the GDP.

Second, the groups agree they have not engaged in sufficient structured planning for the work of the coalitions. The groups acknowledge they need to develop a work plan that articulates specific activities in service of a common goal. In relation to the latter, the Papuan groups have complained about lacking a common vision. During the workshop in Papua, part of this review, the groups formulated a common statement of their overall aim until 2010. SAN! has arranged for training to all groups in the GDP on lobbying and advocacy and technical assistance in developing a common work plan for each coalition.

Third, communication among coalition members has not been effective enough, groups argue. The Coalition Coordinators complain the groups sometimes do not respond on time or at all to email queries. The groups claim their internet connections are not always optimal, and GDP implementers are often in the field, which prevents them from responding in a timely fashion. All the groups feel their communications hindrances would be ameliorated through an internet tool for internal communications, such as a discussion list or a blog. In response to this expressed need, the Papua coalition has begun using a Yahoo! group discussion forum. SAN! has committed to exploring possibilities to use the SAN! website for blogging purposes. It is worth noting, however, that this option has its limits, since the groups complain the SAN! website is insufficiently “friendly” for them to use adequately.

7 Monitoring and Evaluation

The SAN! GDP includes a monitoring and evaluation protocol. This protocol includes two main elements, a research initiative focusing on knowledge about HIV, experiences around violence against women, and on attitudes on condoms and condom use, and a reporting mechanism. The research initiative is meant to produce data and information on community needs and circumstances around the aforementioned issues, and to compare the impact of the local GDP activities on these. The research initiative is being implemented in Kenya and Java.¹⁵

As the research initiative is not yet finalized, it is difficult to estimate the added value it will have on the monitoring and evaluation of the GDP. However, because the initiative is directed at detecting the overall effect of the GDP on beneficiaries rather than differentiating between the effect of the various types of activities within the GDP, its usefulness has its limits. It has already produced a wealth of information on the conditions of women and girls in Kenya and Indonesia—confirming among other things that the GDP is indeed addressing the right issues with regard to the vulnerability of women and girls to HIV and AIDS in both countries—and is expected to produce a considerable amount of information on the effect of the GDP on local beneficiaries with regard to the specific issues mentioned above. What the research initiative will not be able to do is provide

¹⁵ The GDP decided against implementing this research in Papua due to cost and logistical considerations. There are virtually no roads in Papua, and most transport between cities is done by air or sea.

information, for example, on which types of activities yield better results compared to other GDP activities. The latter sort of information needs to emerge from the reporting mechanism.

The reporting mechanism can be characterized as follows. Local groups report to their respective coalition coordinators every four months, using a form SAN! developed. On the form they record quantitative data concerning their activities (e.g., number of sessions organized, number of overall participants, and how many women, men and youth 15-29 participated, etc.) as well as qualitative information on the results of those activities. The coalition coordinators then compile and synthesize the information and data received from the local groups into a report that they in turn submit to SAN! every six months. It is worth noting that SAN! and the groups have agreed they can adapt the reporting mechanism to accommodate their already existing reporting needs and processes; the idea is to avoid burdening the groups with excessive reporting responsibilities.

The reporting mechanism has been an extremely useful process for securing accountability from the organizations participating in the GDP, and it has also been useful for providing a significant amount of quantitative and qualitative information. One unexpected positive effect of the reporting mechanism has been that it has helped some groups strengthen their organizational processes. Indeed, some groups admitted to having no real monitoring and evaluation process in place, and through the GDP they now do. In addition, groups have found it easy to use.

In SAN!'s perspective, however, the reporting mechanism will not be able to identify which types of activities work better or best. The reasons behind this problem have to do with the design of the Mechanism. It does not provide sufficient opportunities to collect information on the lessons from and experiences of the local implementation of the Project.

As it currently stands, the monitoring and evaluation protocol can tell us a lot about the GDP and its potential impact, but it struggles with identifying the best practices with regard to local HIV prevention strategies and interventions. And to the extent that it can identify them, it struggles with differentiating among them on the basis of their effectiveness. In conclusion, therefore, the monitoring and evaluation protocol, although highly useful, needs to be adapted if the Project is to achieve its overall aim. In particular it needs to be adapted to produce information on the lessons and experiences of the local groups and their beneficiaries from the Project, using interactive and qualitative techniques such as story telling.

In addition, the monitoring and evaluation protocol was not designed to respond to capacity building needs. That is not to say that the capacity building provided as part of the GDP has not been based on the real expressed needs of participating groups. But it does mean that the process by which learning is taking place in the Project is not *automatically, systematically and continuously* feeding into capacity building processes. This situation clearly represents a missed opportunity to improve knowledge management in the Project. The process by which lessons emerge from the Project needs to be coupled to the capacity building process so that the capacity building provided can be tailored to respond specifically to information on needs.

During the workshops organized as part of this review, SAN! discussed these above issues with the local groups. While they emphasized the usefulness of the monitoring and evaluation protocol, emphasizing the flexibility and usability of the reporting mechanism, they agreed with SAN!'s analysis of the limits of the Protocol. They stressed, once again, the need not only for them to be able to learn from their experiences with the implementation of the GDP in general, but also to be able to learn from each other. In addition, the groups explained that they wish to engage in more cross-regional learning. This is an extremely important point, since it is part of the intention of the development projects that the groups working in the different project locations be able to cross-fertilize each others' work.

The groups also explained they are themselves unfamiliar with knowledge management techniques and would need to be trained to contribute effectively to a monitoring and evaluation system reoriented to have a stronger learning focus. They highlighted that such training would bring considerable value to their own organizational processes. Last but not least, SAN! has begun exploring how to adapt the monitoring and evaluation protocol in light of the difficulties and needs articulated above.

8 Project management

The review of the GDP examined how the Project is being managed at the local level and by SAN!. All groups agreed the Project is in general being managed well at the local level. Overall, the local project coordinators are seen as friendly, communicative, and responsive to needs, as well as transparent, organized and participatory in their approach (not “top-down”).

The only recurring major complaint regarding the local coordination of the Project, and this across all Project locations, was the sometimes ineffective communication from the groups. While the local project managers communicate in a timely fashion with participants, groups are slow in responding. This situation frustrates the local project coordinators but also the other groups, as it can contribute to delaying activities. For example, collection of messages for joint development of IEC materials in Kenya was delayed because too few local groups responded to calls for their input.

Furthermore, the local project coordinator in Papua complains that it is easier to engage with the groups in the Capital than with those working in other parts of Papua. The Coalition Coordinator, FOKER, is itself a network that brings together Jayapuran groups, many of which also participate in the GDP. It goes without saying that collaboration among these groups must be made easier by their higher interconnectedness. The Papuan coalition is considering setting up a steering committee modeled on the Kenyan to stimulate more even levels of collaboration.

Overall, the groups view SAN! also highly positively. They view the relationship as an egalitarian one, and not “donor-driven”. As Dupoto puts it, “SAN! though it is far, listens to the concerns of the people and puts a lot of trust on the same people that they work with.” According to the groups, SAN! is conscious of the needs on the ground and flexible enough to allow the groups to make their own decisions. The Kenyan groups especially complimented SAN! on being supportive and flexible during the election crisis.

SAN! has been receiving continuous criticism, reiterated as part of this review, for the small size of the grants given to the local groups. The Kenyan groups have expressed this criticism the loudest. SAN! has explained that it understands and appreciates the situation, but that the small size of the funding for the GDP overall makes it difficult to increase the size of the local grants. SAN! has proposed to help the local groups to solicit funds for the local GDP activities, for example by putting proposal writing skills at their service. In addition, the Kenyan groups have requested to receive per diem for participation at all-expenses paid workshops, arguing this is standard practice. SAN! has agreed to explore the norm among various donors and to develop a corresponding per diem policy on the basis of findings.

9 Conclusions and Recommendations

Towards greater effectiveness and impact

- Lessons learned from this review about how to increase effectiveness of activities need to be harvested and shared. When relevant and possible, adaptations and changes need to be made by counterparts in their future activity plans.

Counterparts have achieved a variety of positive changes in attitudes, behaviors, and norms. Based on the assumptions of the GDP, it is safe to assume these changes contribute to enabling a reduction in the vulnerability of women and girls to HIV. Nevertheless, many if not most counterparts still face several key challenges in introducing and implementing their HIV-related activities from a gender equality and rights perspective, and thus in achieving as positive results as possible. In Kenya and Indonesia alike, women continue to be considered second-rate citizens, HIV positive status continues to be stigmatized, and poverty is rampant. The cultural beliefs and values of the broader society run against the fundamental tenants of the GDP approach, and a focus on women's rights in some cases seems to alienate men and boys from contributing to gender equality. Given this context, some of the key lessons from this review are the following:

- Use of tangentially relevant entry points for dialogue with communities helps lead into discussions on HIV/AIDS. Such entry points currently used by counterparts include such issues as economic empowerment, education and religion. The use of such entry points also help get men and boys become involved in discussions.
- It is important to involve men and boys from the start of an activity. This helps create greater acceptance of the activity, and to ensure their overall greater participation as well as that of women and girls.
- It is important to integrate activities that address the economic well-being of beneficiaries. The struggle for day-to-day survival still hampers the involvement of women (and men) in awareness raising activities around HIV/AIDS. This point is especially relevant in relation to women living with HIV.
- It is helpful to create or link beneficiaries living with HIV to existing PLWHA support groups. This helps increase the confidence and knowledge of beneficiaries to take action to live positively and better manage their lives with HIV.
- The involvement of community leaders such as teachers, cultural custodians and government officials in projects is key to the greater impact and sustainability of the changes the GDP is seeking to achieve. Such leaders have the influence to promote and/or implement change and the legitimacy and respect of communities to influence their thinking and behavior. If the hearts and minds of leaders are changed, the hearts and minds of communities are then easier to change, and structural change seems more likely to come about.
 - SAN! should maintain its flexibility, but the size of grants to individual counterparts should be reviewed. The funds SAN! raises for the GDP should take both of these factors into consideration. Extra attention and investments should be made in Indonesia, and especially in Papua, where overall implementation challenges are greater than in Kenya.

The GDP is praised for being flexible and allowing groups to adapt the approach to their local context. This implies the GDP should continue to support an array of activities ranging from use of theatre to advocacy initiatives. The size of grants remains relatively small and may harm the effectiveness and the sustainability of the activities.

Enhancing capacity building support to counterparts

- The GDP should maintain its holistic approach but at the same time needs to ensure continuous training and dialogue around women's rights and gender equality issues related to HIV/AIDS with its counterparts and between counterparts.

Counterparts appreciate the holistic approach of the GDP, and there is emerging evidence it has made their activities more effective and has even led to changes in approaches to their work in other projects on other development issues, such as economic well-being and the environment for example. It has enabled some organizations to see how HIV and gender cut across all activities that concern day-to-day life. Due to this broadening it has led organizations to work with and come into contact with a more diverse group of people and organizations.

The approach of the GDP remains controversial, and counterparts will continue to face opposition, skepticism, fear and misunderstanding from both authorities and the communities they serve. Individuals implementing GDP activities require space to discuss these challenges and share ways to combat them, and continuously increase their understanding and confidence in speaking out on the issues their projects address. This is especially important, given the fact that not all counterparts are organizations that have worked with such an approach, work consistently or at all on HIV/AIDS, or have had exposure to human rights issues and principles.

- Counterparts unanimously request support for the development of locally adapted training manuals and tools, including audio-visual materials.

Given the sensitivities and the complexity of the issues addressed in this project, budget allocations should be made for the development of training tools for counterparts in both Kenya and Indonesia. This is especially important for counterparts who do not have HIV/AIDS as their core business. Also, allocations should be made for the development of tools in a variety of media, including audio-visual. The success of this tool development depends greatly on the willingness and ability of counterparts to invest time and human resources into the development of such tools.

Consolidating the coalitions and partnerships within the Project

- To strengthen the coalitions, SAN! needs to support counterparts in investing time and effort into: 1) better articulating a common vision for the coalitions: shared overall goals and objectives; 2) developing work plans that include specific targets and indicators for lobbying and advocacy activities; 3) building the capacity of members to better understand and develop strategies for advocacy and lobbying; and 4) improving communication and information mechanisms among members.¹⁶

Given the fact that “developing new forms of cooperation and partnership” is a key pillar of the GDP, further attention needs to be given to the coalitions. So far, they have not all met the expectations of SAN! or its counterparts. One of the expected outcomes of the coalitions is joint collaboration in activities beyond the GDP project such as advocacy and lobbying for example. To date, however, no campaigning or specific lobbying activities have taken place in Kenya. In Indonesia there have been several successful advocacy events, and the Papuan coalition has helped draft an ordinance that is currently under consideration by local parliament. For the coalitions to be more effective in the next phase of the Project, members need to articulate a common vision and more tangible outputs. The coalitions also have the potential of being an effective mechanism for exchanging knowledge and skills and learning. In order for them to achieve this, communication needs to be improved, and tools and mechanisms for generating learning need to be developed.

¹⁶ As was mentioned in Section 6 of this report, several of these recommendations have already been taken up by SAN! and some of the counterparts.

Learning and innovation as a cross-cutting center piece of the GDP

- Generating and transferring knowledge and learning needs to be integrated into all phases of the Project cycle. The coalitions and the Project's M&E systems should be vehicles for generating learning. Learning should be a capacity building theme in the project. External support may be required to assist SAN!, its partners and counterparts to improve existing systems.

The most valuable resource in this project is the experience and knowledge that counterparts are developing as they progress with their activities. Given the emphasis in the GDP on learning and innovation, it is essential that these two pillars be addressed more systematically. Better structuring learning and innovation can be achieved by setting aside resources and specific moments for reflection and learning within the Project cycle.

The GDP's monitoring and evaluation tools need to be revised to facilitate learning and innovation. The GDP currently has a monitoring and evaluation protocol. One component is research which serves as the GDP's core evaluation tool. Though it has not yet been finalized, the information the research tool has already produced indicates it will provide a wealth of information on the effect of the Project's activities on beneficiaries. It is already clear, however, it will not provide information on the strategies and methods that work best to achieve those changes. The other component of the protocol, a six-month reporting mechanism, serves as the GDP's core monitoring tool. This tool does not structurally produce sufficiently detailed information on experiences and the lessons learned from them. In the next phase of the Project, SAN!'s M&E protocol needs to facilitate reflection and learning.

Capacity building initiatives should also enhance counterparts' ability to incorporate learning approaches into their activities and into the coalitions' activities. Learning should therefore become a core capacity building theme for the GDP.

Lastly, for the GDP project to fully reach its goal, there needs to be a mechanism in place whereby the learning and insights gathered from counterparts and SAN! are transferred and made useful to SAN! counterparts and SAN! Dutch partners.

Annex 1 - Terms of reference

Gender Development Project Effectiveness Study

Terms of Reference

Background

STOP AIDS NOW! (SAN!) initiated the Gender Development Project as part of the 2005-2008 “Thematische Medefinanciering” (TMF) or “Theme based Co-funding” cycle of the Dutch Ministry of Foreign Affairs, under the program, “Development of a strengthened response to HIV/AIDS in developing countries”. In 2006, STOP AIDS NOW! was awarded funding for the program, “Strengthened response to HIV/AIDS” (a follow up to “Development of a strengthened response to HIV/AIDS in developing countries”), from the Ministry through the grant, “Medefinancieringsstelsel” (MFS) or “Co-funding system” for 2009-2010.

About the Gender Development Project

The gender development project supports non-governmental, community-based and faith-based organisations to take on HIV prevention in Kenya and Indonesia that promotes egalitarian gender-based attitudes, behaviours and norms and women’s rights. The Project focuses on three themes: HIV/AIDS, gender, and women’s rights. In keeping with the cross-thematic angle, the Project brings together human rights, HIV/AIDS and women’s empowerment groups to:

- Collaborate to adapt, implement, and evaluate individual and community level HIV prevention strategies and interventions that promote egalitarian gender-based attitudes, behaviours and norms and women’s rights.
- Network together to contribute to creating a favourable social and legal environment for women and girls.

The Project calls for working collectively as much as possible. It invites groups to form coalitions at national level, and in the case of Indonesia, at sub-national level (Java and Papua). A local organisation, called the Coalition Coordinator, implements and manages the GDP at local level, and the activities of the coalition in particular. The Coalition Coordinator functions as a principle liaison with STOP AIDS NOW!.

Goal

To identify the effectiveness of the Gender Development Project (GDP) during the TMF cycle and provide recommendations on the aspects of the Project contained in the objectives. Effectiveness, in this context, refers to the extent the strategies, structures, methods, and activities of the GDP contributed towards the achievement of the main goal of the Project.

Although the initiation of the effectiveness study is driven by an external stimulus, namely the shift in funding cycles, it should be viewed as an important step in a joint learning process for SAN!, including SAN! partners, and local counterparts.

Specific Objectives

In relation to the activities of counterparts aimed at local beneficiaries :

- Identify the HIV prevention activities of counterparts that have been the most successful in creating change at the level of women and girls (primary beneficiaries), paying particular consideration to activities promoting gender egalitarian behaviours, attitudes and norms and women’s rights (henceforth, “gender egalitarian HIV prevention activities”).
- Identify the HIV prevention activities of counterparts that have been the most successful in creating change at the community level (secondary or tertiary beneficiaries), paying particular consideration to activities promoting gender egalitarian HIV prevention activities.
- Identify the challenges local groups have confronted in implementing their gender egalitarian HIV prevention activities and if and how they overcame them.
- Identify opportunities local groups perceive for the project in general, and for being able to improve their gender egalitarian HIV prevention activities.

In relation to collaboration between involved parties:

- Identify the nature and quality of collaboration among participating organizations.
- Identify nature and quality of collaboration between participating organizations and actors/entities from other sectors, e.g., government, medical, business, and educational sectors, and the impact of that collaboration for the quality of the activities.
- Determine the nature and quality of the collaboration between the coalition coordinators and other participating organizations, with special consideration for efficiency and trust, and their orientation toward achieving common results together, within the context of the activities of the coalition and outside of it.
- Determine the nature and quality of the collaboration between the coalition coordinators and SAN!, with special consideration for efficiency, trust, their orientation toward achieving common results together, and the degree of local ownership and decision-making of the Project.

Determine the nature and quality of the collaboration between SAN! and participating organizations, with special consideration for efficiency, trust, their orientation toward achieving common results together, and the degree of local ownership and decision-making of the Project.

In relation to the coalition activities of counterparts:

- Identify the local level coalition activities of the counterparts that have been the most successful in creating change in favour of gender equality and HIV prevention.
- Identify the national level coalition activities of the counterparts that have been the most successful in creating change in favour of gender equality and HIV prevention.
- Identify the efficiency and impact of the coalition for facilitating networking and collaboration

In relation to the local participating organizations themselves:

- Identify the impact of the GDP on the policies, programs, and culture of the organizations.
- Determine shifts in levels of knowledge among the staff of counterparts that have resulted from the Project.
- Determine if the participating organizations have influenced other organizations not involved in the GDP to change their policies or programming due to lessons that have emerged from the GDP.

In relation to the future of the GDP:

- Make evidence-based recommendations for improvements in the design, content, management, implementation and sustainability of the GDP on the basis of findings.

Users

While the SAN! secretariat is initiating this effectiveness study, it is intended for use by all the key stakeholders in the Project, including SAN! partners and counterparts.

Deliverables

The main deliverables for the effectiveness study are:

1. Survey designed for local groups to complete.
2. Workshop programme and minutes.
3. Brief findings report
4. Draft analysis report.
4. Final analysis report.
5. Report presentation to SAN! secretariat, SAN! partners and local project managers.

Division of labour

In light of the above, we can articulate the following division of labor:

STOP AIDS NOW!:

- Review reporting from local partners.
- Develop survey for local partners.
- Develop structure for “lessons learned” discussions at local workshops in Indonesia and Kenya in June and July, respectively, in collaboration with local project managers.
- Compile findings report.
- Review and adapt list of questions provided by consultant for analysis report.
- Draft analysis report.

- Finalize analysis report on the basis of consultant's input.

Consultant

- Pre-review inputs and review of TOR (half day)
- Draft survey for local partners (1 day)
- Critically review and adapt discussion structure to be used for "lessons learned" sessions at local workshops in Indonesia and Kenya in June and July, respectively. (1 day, depending on role)
- Critically review and comment on findings report.(half day)
- Provide list of questions for analysis report on the basis of the findings report (half day).
- Critically review draft analysis report and provide comments and suggestions for changes. (half day)
- Provide general feedback on project document and log frame as well as reporting and evaluation form. (1 day, includes reading documents)

Annex 2 - Questionnaire

SAN! GDP Survey for Intermediate Effectiveness Study

Dear Friends,

SAN! is doing a small study of the effectiveness of the GDP. SAN! wants to know it can improve the GDP for 2009-2010. And to do that, your perceptions and understanding of what has worked well and less well are crucial. As part of that effort, we developed a survey covering various aspects of the GDP. Your answers to this survey will help guide our “lessons learned” discussions in the upcoming workshops. Therefore, it is extremely important you complete the survey and think carefully about your answers as you do so.

You should not let yourself be put off by the large number of questions, as you can answer them by means of a simple check mark. This should allow you to respond to the survey quite quickly. In addition, we have provided spaces for you to give us some written feedback. These sections are important as they give you a chance to express yourself more deeply on the issues, provide us with additional information, or can alert us to issues insufficiently addressed thus far. In total, answering the survey should take you no more than 45 minutes.

Most of the questions should be able to be answered by the person managing the GDP activities at your organization. In some cases you may have to turn to direct implementers (field workers) or to higher level management to answer some questions. It depends on the division of labour at your organization in relation to the GDP.

We will use the results of the survey to write a report that will inform the development of the SAN! work plan for 2009-2010. The report will be ready end of September. We will be sure to share it with you for your input. Please know that what you say in the survey will not be made public, and any comments used for the report will remain anonymous.

Please be so kind as to respond to this survey before JUNE 11 at the latest.

Thank you very much!

Please provide your contact information, so we can follow-up if we need to:

Name:

Position:

Organization:

Telephone:

Email:

Skype:

The overall approach of the Gender Development Project (GDP)

The overall approach of the GDP is to integrate HIV prevention and promotion of egalitarian gender attitudes, behaviors and norms and women's rights. We wish to know if the approach of the GDP is accessible/understandable to you and your organization, and whether you have been able to make good use of it. Please check the appropriate answer.

1. Was the approach difficult for you and your organization to understand at first?

Very much Somewhat Very little Not at all Do not know

2. Do your colleagues and you who are working on the GDP now feel you understand the approach?

Very much Somewhat Very little Not at all Do not know

3. Is the approach valuable and appropriate for your organization's overall work?

Very much Somewhat Very little Not at all Do not know

4. Is there enough flexibility in the GDP to be able to adapt and implement GDP activities in a way that fits your organization and the work you do?

Very much Somewhat Very little Not at all Do not know

5. Did you try different methods or ways of implementing the approach?

Very much Somewhat Very little Not at all Do not know

a. Did you discover some methods worked better than others?

Very much Somewhat Very little Not at all Do not know

b. Were you able to adapt your GDP activities to implement the better methods you discovered?

Very much Somewhat Very little Not at all Do not know

6. Do you or your organization see the approach of the GDP as worth continuing beyond the duration of the GDP itself?

Very much Somewhat Very little Not at all Do not know

7. Please use this space to provide us with feedback on the approach of the GDP. You can use the above questions as references for your comments, but please feel free to comment on other issues we did not broach in our questions. Please explain your comments as much as possible.

The strategies of the Gender Development Project (GDP)

We wish to know how you experienced trying to use some of the different strategies we have suggested for implementing the approach of the GDP.

8. Have you been able to stimulate community-level support for HIV/AIDS prevention?

Very much Somewhat Very little Not at all Do not know

9. Have you been able to stimulate community-level support for gender equality?

Very much Somewhat Very little Not at all Do not know

10. Have you been able to encourage participation of men and boys in the activities?

Very much Somewhat Very little Not at all Do not know

a. Has it been difficult to do so?

Very much Somewhat Very little Not at all Do not know

11. Has collaborating with groups involved in the GDP that focus on different themes than those on which your organization focuses added value to your organization's GDP activities?

Very much Somewhat Very little Not at all Do not know

12. Have you been able to integrate promotion of egalitarian gender attitudes, behaviors and norms and women's rights more or less equally throughout the activities?

Very much Somewhat Very little Not at all Do not know

a. Has it been difficult to do so?

Very much Somewhat Very little Not at all Do not know

13. Has the coalition building and networking in the GDP added value to your GDP activities?

Very much Somewhat Very little Not at all Do not know

a. Has it added value to the work of your organization in general?

Very much Somewhat Very little Not at all Do not know

14. Please use this space to provide us with feedback on the strategies of the GDP. You can use the above questions as references for your comments, but please feel free to comment on other issues we did not broach in our questions. Please explain your comments as much as possible.

Capacity Building in the GDP

In this section, we want to know if and how your organization experienced positive change because of the GDP.

15. Did the GDP improve mainstreaming of HIV issues in your organization?

Very much Somewhat Very little Not at all Do not know

a. If yes, was it at the level of policy?

Very much Somewhat Very little Not at all Do not know

b. If yes, was it at the level of programs (implementation)?

Very much Somewhat Very little Not at all Do not know

16. Did the GDP improve mainstreaming of gender issues in your organization?

Very much Somewhat Very little Not at all Do not know

a. If yes, was it at the level of policy?

Very much Somewhat Very little Not at all Do not know

b. If yes, was it at the level of programs (implementation)?

Very much Somewhat Very little Not at all Do not know

17. Did the GDP improve mainstreaming of women's rights issues in your organization?

Very much Somewhat Very little Not at all Do not know

a. If yes, was it at the level of policy?

Very much Somewhat Very little Not at all Do not know

b. If yes, was it at the level of programs (implementation)?

Very much Somewhat Very little Not at all Do not know

18. Has GDP had an impact on the way of thinking of the staff at your organization?

Very much Somewhat Very little Not at all Do not know

19. Has the GDP had a impact on the operations of your organization (in relation to work plan development, monitoring and evaluation, research skills, for example)?

Very much Somewhat Very little Not at all Do not know

20. Has the GDP improved staff knowledge of the implication of HIV/AIDS for women and girls?

Very much Somewhat Very little Not at all Do not know

21. Has the GDP improved staff knowledge on the relationship between the failure to realize women's and girls' rights and the increased vulnerability of women and girls to HIV/AIDS?

Very much Somewhat Very little Not at all Do not know

22. Has the GDP improved staff knowledge of the relationship between gender equality and HIV/AIDS?

Very much Somewhat Very little Not at all Do not know

23. Has the GDP improved your organization's ability to collaborate and network?

Very much Somewhat Very little Not at all Do not know

24. Did you receive enough training and information resources through the GDP to meet your needs to do your GDP activities?

Very much Somewhat Very little Not at all Do not know

25. Did the quality of training and information resources provided through the GDP meet your standards ?

Very much Somewhat Very little Not at all Do not know

26. Please use this space to provide us with feedback on the capacity building that has been part of the GDP. You can use the above questions as references for your comments, but please feel free to comment on other issues we did not broach in our questions. Please explain your comments as much as possible.

The Coalition

In this section, we wish to know your views about the coalition and its functioning in relation to the purpose and objectives of the coalition, and the coordination and management of it.

In relation to the purpose and objectives of the coalition:

27. Do the members of the GDP coalition share the same vision for what the coalition should be achieving?

Very much Somewhat Very little Not at all Do not know

28. Does your organization feel a sense of ownership over the activities of the coalition?

Very much Somewhat Very little Not at all Do not know

29. Is the coalition an effective structure for doing lobbying and advocacy on the themes of the GDP?

Very much Somewhat Very little Not at all Do not know

30. Is the coalition an effective structure for doing lobbying and advocacy on the themes of the GDP?

Very much Somewhat Very little Not at all Do not know

31. Is the coalition is an effective structure for networking with other local groups?

Very much Somewhat Very little Not at all Do not know

32. Is the diversity of organizations in the coalition a positive aspect of the coalition?

Very much Somewhat Very little Not at all Do not know

33. Are the coalition's activities effective for enabling a positive social and legal environment for reducing the vulnerability of women and girls to HIV/AIDS?

Very much Somewhat Very little Not at all Do not know

34. Has your organization become more effective in advocating on the themes of the GDP through participation in the coalition?

Very much Somewhat Very little Not at all Do not know

35. Did your organization collaborate with entities from other sectors, such as government, medical, business, or education, as part of your activities in the coalition?

Very much Somewhat Very little Not at all Do not know

a. If yes, was it difficult to engage these other actors?

Very much Somewhat Very little Not at all Do not know

36. Was it difficult for you to adapt the campaigns developed and implemented through the coalition for local campaigning in your community?

Very much Somewhat Very little Not at all Do not know

37. Please use this space to provide us with feedback on whether your experience of the coalition has lived up to the purpose and objectives of the coalition. You can use the above questions as references for your comments, but please feel free to comment on other issues we did not broach in our questions. Please explain your comments as much as possible.

In relation to the coordination and management of the coalition:

38. Do you think the coalition is managed transparently?

Very much Somewhat Very little Not at all Do not know

39. Do you think the coalition is managed efficiently?

Very much Somewhat Very little Not at all Do not know

40. Do you think the coalition's internal communications are effective?

Very much Somewhat Very little Not at all Do not know

41. Do you think the coalition's external communications are effective?

Very much Somewhat Very little Not at all Do not know

42. Do you feel the finances are managed appropriately?

Very much Somewhat Very little Not at all Do not know

43. Please use this space to provide us with feedback on whether the coordination and management of the coalition has lived up to your expectations. You can use the above questions as references for your comments, but please feel free to comment on other issues we did not broach in our questions. Please explain your comments as much as possible.

Collaboration with other GDP groups and other stakeholders

In this section we wish to know about your experiences collaborating with other groups participating in the GDP, and with other entities and individuals not directly involved in the GDP.

44. Did your organization collaborate with entities from other sectors, such as government, medical, business, or education, as part of your activities in the GDP project that are aimed at your primary beneficiaries (so not in the coalition)?

Very much Somewhat Very little Not at all Do not know

45. Did collaborating with other groups participating in the GDP help provide access to resources, including access to individuals and organizations, not normally available to your organization?

Very much Somewhat Very little Not at all Do not know

46. Did working in collaboration with other groups participating in the GDP increase learning in your organization?

Very much Somewhat Very little Not at all Do not know

47. Did working in collaboration with other groups participating in the GDP increase the outreach of your GDP activities?

Very much Somewhat Very little Not at all Do not know

48. Did working in collaboration with other groups participating in the GDP increase the outreach of your activities that are not part of the GDP?

Very much Somewhat Very little Not at all Do not know

49. Does the GDP facilitate trust among local groups participating in the GDP?

Very much Somewhat Very little Not at all Do not know

50. Please use this space to provide us with feedback on your experience of the collaborative process in the GDP. You can use the above questions as references for your comments, but please feel free to comment on other issues we did not broach in our questions. Please explain your comments as much as possible.

Meaningful participation of women living with HIV

51. Have you been able to involve women living with HIV in your GDP activities?

Very much Somewhat Very little Not at all Do not know

a. Have you been able to involve them as equal participants (in other words, have you been able to involve them as significantly as other people)?

Very much Somewhat Very little Not at all Do not know

b. In leadership roles?

Very much Somewhat Very little Not at all Do not know

52.. Has the GDP increased the participation of women living with HIV in your organization's activities outside the GDP?

Very much Somewhat Very little Not at all Do not know

53. Has the GDP improved the position of women living with HIV in your organization?

Very much Somewhat Very little Not at all Do not know

54. Please use this space to provide us with feedback on the GDP's impact on the meaningful participation of women living with HIV in your organization's activities. You can use the above questions as references for your comments, but please feel free to comment on other issues we did not broach in our questions. Please explain your comments as much as possible.

Relationship with SAN!

In this section, we wish to know how you experienced your collaboration with SAN!.

55. Is the communication with SAN! timely, appropriate and useful?

Very much Somewhat Very little Not at all Do not know

56. Is SAN! supportive and understanding of the difficulties your organization sometimes faces?

Very much Somewhat Very little Not at all Do not know

57. Does your organization feel its work in the GDP is "donor-driven"?

Very much Somewhat Very little Not at all Do not know

58. Does your organization feel SAN! allows your organization to adapt the GDP to the local realities and context?

Very much Somewhat Very little Not at all Do not know

59. Do you think the monitoring and evaluation requirements are appropriate and useful?

Very much Somewhat Very little Not at all Do not know

60. Does SAN! help provide solutions when your organization encounters problems?

Very much Somewhat Very little Not at all Do not know

61. Does your organization feel like a collaborative partner with SAN!?

Very much Somewhat Very little Not at all Do not know

62. Do you feel SAN! listens to your concerns and takes them into account?

63. Please use this space to provide us with feedback on how you have experienced the relationship with SAN!. You can use the above questions as references for your comments, but please feel free to comment on other issues we did not broach in our questions. Please explain your comments as much as possible.

Relationship with the local project manager*

64. Do you feel the role of the local project coordinator is clear?

Very much Somewhat Very little Not at all Do not know

65. Does the local project coordinator allow for room for other persons to take leadership roles in the GDP, for example, in the coalition?

Very much Somewhat Very little Not at all Do not know

66. Does the local project coordinator transfer funds on time?

Very much Somewhat Very little Not at all Do not know

67. Is the local project coordinator easily available to answer questions, address problems and provide solutions?

Very much Somewhat Very little Not at all Do not know

68. Please use this space to provide us with feedback on how you have experienced the relationship with the local project manager. You can use the above questions as references for your comments, but please feel free to comment on other issues we did not broach in our questions. Please explain your comments as much as possible.

*The local project manager is your main local contact person for the GDP. He or she is the person who works for the organization charged with coordinating the coalition. That organization is what we call the, "Coalition Coordinator".

You can use this space to provide additional comments, concerns and pose questions:

Thank you very much for taking the time to complete the survey!

Annex 3 - Information on organizations referred to in report

Name of organization	Dutch partner	Brief summary of GDP activities
Anglican Church of Kenya Eldoret	ICCO	<p>Area of work: Rift Province—Turbo division, Uasin Gishu District, Leseru Project Area, Kenya.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> Group discussions, role plays and songs on power relations in family setting, using peer educators. Beneficiaries: 400 Women and girls from the congregation; secondary beneficiaries: Male partners and/or family members.
Anglican Church of Kenya Nakuru (NRIDCCS)	ICCO	<p>Area of work: Muthengera, Laikipia West District; Lesahu, Laikipia West District; Gathanje and Wanjohi, Nyandarua District; Limunga, Laikipia West District</p> <p>Main activities with beneficiaries/community Training on nutrition and entrepreneurship, including through theatre demonstration and youth mentorship programme. Beneficiaries: 635 women; secondary beneficiaries; 566 men; tertiary beneficiaries: about 3,000 households.</p>
Anglican Church of Kenya Western Province	ICCO	<p>Area of work: Bungoma West—Sirisia Division (Tunyo), Butere - Khwisero West (Ikomero), Kenya.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> Community training sessions. Beneficiaries: 128 adult community members; secondary beneficiaries: Approximately 600 community gatekeepers including men. Provision of prevention and care services. Beneficiaries: 129 community members, both men and women. Economic empowerment activities, (including “localizing” legal instruments). Beneficiaries: 15 People Living With HIV and AIDS, another 15 women and a third group of both men and women (31), who are Traditional Birth Attendants; secondary beneficiaries: Approximately 305 households from where the primary beneficiaries come from. Provision of legal services. Beneficiaries: 128 community members, especially women; secondary beneficiaries: Approximately 600 community gatekeepers including men.
Community Aid International (CAI)	Cordaid	<p>Area of work: Nairobi (Kibera and Kaloleni) and national, Nyanza province-Bondo (heaviest focus), Kenya.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> Reproductive health education through peer education and life skills training, and discussion and debate forums, including school forums, discussions and debates to promote girls’ rights and women’s empowerment. Beneficiaries: 250 women from Nairobi women’s groups; secondary beneficiaries: 500 OVC in Bondo. Entrepreneurial & vocational training. Beneficiaries: 50 Nairobi girls for EBVT; secondary beneficiaries: 50 boys for EBVT. Provision of micro-credit loans, creating linkages between women’s groups and micro finance institutions, and women’s leadership training. Beneficiaries: 750 women from village banks in Bondo; secondary beneficiaries: 500 men from village banks in Bondo.

Community Mobilization for Economic Development and Advancement (C-MEDA)	Cordaid	Area of work: Manyatta A and B and Obunga and Southwest Kisumu, Kenya. Main activities with beneficiaries/community: <ul style="list-style-type: none"> • Mobilization and sensitization at various chief barazas. Beneficiaries: 200 support group members including provincial administration; secondary beneficiaries: 600 community members; and tertiary beneficiaries: 20 community leaders) • Paralegal trainings and debate forums and women groups' gender trainings. Beneficiaries: 120 HIV/AIDS support group members; secondary beneficiaries: 350 Community members; tertiary beneficiaries: 20 Community leaders. • Public discussions at barazas. Beneficiaries: 120 support group members; secondary beneficiaries: 500 community members; tertiary beneficiaries: 20 Community members. • Skits, costumes, poems, school debates and songs preparation. Beneficiaries: Four schools—two secondary, two primary.
Dupoto e Maa	ICCO	Area of work: South of Machakos—Kajiado, Kenya. Main activities with beneficiaries/community: <ul style="list-style-type: none"> • Discussion sessions exploring how to restore traditional rights and opportunities for women and girls to strive for equality, equity and safety in the face of HIV. Beneficiaries: 20 women dairy farmers; secondary beneficiaries: 20 Men, male students and opinion leaders (including chiefs). • Community oriented communications. e.g., radio shows in Maa. Beneficiaries: General public.
Gaya Nusantara	Hivos	Area of work: Surabaya, Java, Indonesia. Main activities with beneficiaries/community: <ul style="list-style-type: none"> • Discussion in lesbian community. Beneficiaries: 50 lesbians; secondary beneficiaries: 500 lesbians. • Discussion in sex worker community. Beneficiaries: 50 sex workers; secondary beneficiaries: 500 fellow purels and their customers. • Discussion in social gatherings. Beneficiaries: 100 housewives and their spouses; secondary beneficiaries: 500 families. • University Seminar. Beneficiaries: 15 students; secondary beneficiaries: 300 members of the general public.
Help Self Help Centre (HSHC)	ICCO	Area of work: Mt. Kenya/ Central/Rift valley Kieni East, Nyeri North District, Kenya. Main activities with beneficiaries/community: <ul style="list-style-type: none"> • Education, support and focus group discussions on succession planning and women rights. Beneficiaries: 40 married women; secondary beneficiaries 5 men.
Interdiocesan Christian Community Services (IDCCS)	ICCO	Area of work: Nyanza province, Kisumu, Kenya. Main activities with beneficiaries/community: <ul style="list-style-type: none"> • Meetings, education/training sessions, and workshops on gender and HIV/AIDS for women and girls. Beneficiaries: 3,000 women and girls secondary beneficiaries: 2,000 mostly relatives and partners. • Meetings and education sessions for community leaders on gender and HIV/AIDS. • Information provision and education.
Kenya AIDS Consortium (KANCO)	NGO Hivos, Cordaid	Area of work: Nairobi and South of Machakos, Kenya. Main activities with beneficiaries/community: <ul style="list-style-type: none"> • Debates and discussions at youth centers. Beneficiaries: 90 girls in 3 youth centers; secondary beneficiaries: 90 boys in 3 youth centers and 200 parents.

Kenya Solidarity (KCSN)	Coffee Network	Hivos	<p>Area of work: Coast province, Kenya.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> Awareness raising on HIV/AIDS and gender. Beneficiaries: 86 women workers; secondary beneficiaries: 42 male workers. Awareness raising on rights. Beneficiaries: 40 women workers; secondary beneficiaries: 60 male workers. Community awareness gender. Beneficiaries: 30 men and women.
Kenya Advisory Organization (KEFEADO)	Female	Hivos	<p>Area of work: Nyanza province, Kisumu East and Nyando districts, Kenya.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> School based discussion and information sharing through talks, child rights clubs debates, capacity building and inter schools exchange visits. Beneficiaries: 5000 women and girls; secondary beneficiaries: 3000 boys and men, including school managers and those in leadership within the two districts.
Lembaga kemanusiaan beragama (LBK-UB)	bhakti umat	Cordaid	<p>Area of work: Boyolali (5 sub-districts), Java, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> Socialization on women's rights and HIV/AIDS prevention; Beneficiaries: 100 members of interfaith community; secondary beneficiaries: 500 community members TOT of peer educators and development of materials on gender, HIV/AIDS and women and girls, organizing and campaign skills; Beneficiaries: 25 young persons in religious groups; secondary beneficiaries: 500 community members Routine meetings between peer educators and interfaith community using village workshop, group discussion, role play, traditional dance, poetry readings as communications tools. Beneficiaries: 25 peer educators and 30-40 interfaith community members; secondary beneficiaries: 300 persons. Campaign of peer educators about HIV prevention and women and children to interfaith community. Beneficiaries: 30-40 interfaith community members participate and 25 peer educators; secondary beneficiaries: 1,000 persons Distribution of, information, education & communication materials. Beneficiaries: 1,000 persons of the community World AIDS Day celebration; Beneficiaries: 100 members of the community.
Lembaga Gemawan		Cordaid	<p>Area of work: Sambas, Kalimantan Barat, Kalimantan, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> Village meetings and dissemination of information to educate village women on HIV. Beneficiaries: 600 members of women's groups in each village; secondary beneficiaries: 1.200 family members of the members of women's groups in each village; and 20 heads of women's groups from each sub-district.
Lembaga Pengkajian Pemberdayaan Perempuan Anak (LP3AP)	dan Papua	Hivos	<p>Area of work: Jayapura, Papua, Indonesia.</p> <ul style="list-style-type: none"> TOT for facilitators and village discussions. Beneficiaries: 25 women and young women from women's groups, clergy and Church congregation, broader community; secondary beneficiaries: Cultural custodians, church leaders, youth and fathers. Socialization of HIV/AIDS for students of SMU Nimboran. Beneficiaries: 30 students and teachers. Community-based HIV prevention workshop. Beneficiaries: 25 women and young women from women's groups, clergy and Church congregation, broader community; secondary beneficiaries: Cultural custodians, church leaders, youth and fathers.

Médecins du Monde (MDM) Jakarta	Cordaid	<p>Area of work : Jakarta Utara, five locations, Java, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • STI consultations. Beneficiaries: 60 women using family planning. • Education of community workers using presentations, games, group discussions, role playing and work group. Beneficiaries: 36 community workers. • Health education session for women using games, group discussions & role playing. Beneficiaries: 60 women using family planning. • World AIDS Day community activity. Beneficiaries: Selected communities in Jakarta Utara.
Primari	Cordaid	<p>Area of work: Nine villages in sub-district of Nabire, Papua, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Posyandu (“Pos Pelayanan Terpadu” or integrated health centre/post focusing on nutrition and primary health care) kaders’ training and HIV-AIDS and education sessions in posyandu to deliver educational messages on gender, HIV and rights. Beneficiaries: 500 women attending the posyandu and 30 community health workers; secondary beneficiaries: general population; kaders’ families and neighbors. • PMTCT referral network to set up and monitor the referral system for PMTCT and to perform PMTCT training for midwives at puskesmas (“Pusat Kesehatan Masyarakat” or community health centre). Beneficiaries: 50 women attending PMTCT services and 15 midwives working in five puskesmas; secondary beneficiaries: women in community at risk of HIV infection.
Program Keluarga Berencana Indonesia-Yogyakarta (PKBI-Y)	Hivos	<p>Area of work: Pakem sub-district; Sleman Regency and Temon sub-district; Kulonprogo Regency; Jejeran; Wonokromo; Pleret sub-district; Bantul Regency and downtown Yogyakarta, Java, Indonesia.</p> <ul style="list-style-type: none"> • Mapping of gender inequity, reproductive health and HIV/AIDS issues. Beneficiaries: 50 Women and girls (15-35 years old) and their male partners (15-35 years old) from ten sub-districts; secondary beneficiaries: 750 community members in 25 villages (women, girls and their male partners). • Village peer educator training to promote gender equity and reproductive health and HIV/AIDS. Beneficiaries: 25 women, girls and their male partners (20-30 years old) from 25 villages. • Formulation and public test of pro-women rural regulation draft; Beneficiaries: 150 prominent community members (villagers, village chief, sub-district head, municipal legislative assembly, municipal law firm, NGO activists). • Workshop on pro-women policy. Beneficiaries: 25 village chiefs. • Rural government Meetings. 10 community members from each village; secondary beneficiaries: 250 members of public.
Rahima	Hivos	<p>Area of work: Jakarta & Depok, Java, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Discussions on gender, women’s rights and HIV/AIDS from an Islamic perspective. Beneficiaries: 20-40 year-old female teachers of Islam; secondary beneficiaries: 800 16-20 year-old girls. • Information and socialization on gender equality and HIV/AIDS. Beneficiaries: 800 16-20 year-old girls; secondary beneficiaries: 1,000 20-40 year-old-women; tertiary beneficiaries: 5,000 19-40 year-old-women. • Information and socialization on gender equality and HIV/AIDS through internet: 2,500 20-40 year-old-women.

Sekretariat Keadilan Perdamaian Keuskupan Papua (SKP) Solidaritas Perempuan	Cordaid dan Papua	<p>Area of work: Merauke, Papua, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Trainings and discussions on women’s rights and HIV/AIDS and gender. Beneficiares: 25 women aged between 20 to 35 years old; secondary beneficiaries: The husbands
	Hivos	<p>Area of work: Karawang (West Java), Mataram (Lombok), and Makassar (Sulawesi), and Jakarta, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Calendar and radio commercial. Beneficiaries: 25 female migrant workers per village (seven villages). • Dissemination of IEC materials and use of media. Beneficiaries: 200 female migrant workers and family per area; secondary beneficiaries: 50 village stakeholders per village. • Community dialogue sessions on migration and HIV. Beneficiaries: 25 female migrant workers per village • Airing radio commercial on HIV and female migrant workers; Beneficiaries: 1,000 female migrant workers and family members per area; Secondary beneficiaries: 20 village stakeholders per village; and tertiary beneficiaries: 100 members of the general public.
The Association of People Living with AIDS in Kenya (TAPWAK) Women Fighting AIDS in Kenya (WOFAK)	Cordaid Aids Fonds	<p>Area of work: Nairobi area (TAPWAK Nairobi West drop-in Centre)</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Monthly dialogue sessions for men and women on HIV and gender roles. Beneficiaries: 25-30 men and women; secondary beneficiaries: 150 boys, girls, men and women from the households of the primary beneficiaries. <p>Area of work: Nyanza province, Kenya.</p> <p>Main activities with beneficiaries/community:</p> <p>18 rights empowerment sessions aimed at HIV prevention (“positive prevention”) integrating issues around safer sex and promotion of gender equality and women’s rights. Beneficiaries: 50 women per meeting; secondary beneficiaries: About 10 omen leaders, teachers and opinion leaders.</p>
Women in the Fishing Industries Project (WIFIP)	Cordaid	<p>Area of work: Nyanza province, Kisumu, Kenya.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Bi-monthly community theatre outreach and community discussions. Beneficiaries: 36 women and men. • Educational video shows on gender, HIV, violence (focus on rape) and human rights. Beneficiaries: 41 young women and 37 young men.
Women’s Crisis Centre Balqis (WCC Balqis)	Hivos	<p>Area of work: Arjawinan-gun, sub-district of Cirebon, Java, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Open & closed combined meeting. Beneficiaries: 15 PLWHA and affected; secondary beneficiaries: 60 family members • Radio commercials and talk shows. Beneficiaries: 7,000 broader Cirebon community. • Spiritual, medical, social & legal counseling. Beneficiaries: 60 clients and three buddies • Advocacy

Women's Parliament-Kenya (WSP-K)	Shadow	Hivos	<p>Area of work: Nyanza province, W. Kanyamwa, W Kanyidota, N. Kanyikela, Nyarongi, Kobama and Ndhiwa divisions of Ndhiwa constituency, Homa Bay district, Kenya.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Focus groups discussions on gender, cultural analysis. HIV/AIDS and human rights. Beneficiaries: 30 women and 30 girls in the community and community women leaders; secondary beneficiaries: 10 older people; tertiary beneficiaries: 20 school going students. • Special events: World AIDS Day. Beneficiaries: 180 women, 70 youths, 100 school children, and 100 men. • Opinion leaders meetings. Beneficiaries: 87 women; secondary beneficiaries: 71 men; and tertiary beneficiaries: Local provincial administration.
Yayasan (Yakita)	Kita	Cordaid	<p>Area of work: Bogor, Java, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Support group meetings, lecture, role play, discussions, and workshop on gender issues and HIV/AIDS for women. Beneficiaries: 10-20 women injection drug users (IDUs), female partners of IDUs, and female PLWHA ages 20-35); secondary beneficiaries: Children and partners. • Workshop on gender issues and HIV/AIDS for men; Beneficiaries: 20 Male IDUs and male partners/ relatives of female IDUs, and male PLHIV (ages 20-40 years old) • Develop and distribute IEC materials. Beneficiaries: IDUs/ PLHIV and their intimate partners (ages 20-40 years old); secondary beneficiaries: Family members of IDUs/ PLHIV; tertiary beneficiaries: General community. • Development of (marketable) skills and income generation. Beneficiaries: 10-25 women IDUs, female partners of IDUs, and female PLWHA ages 20-35.
Yayasan and Rumsram	Beatrix	Hivos	<p>Area of work: Biak, Papua, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Training on HIV/AIDS and domestic violence law UU No. 23/2004. Beneficiaries: 30 women; secondary beneficiaries: 30 men. • Training of the HIV/AIDS, human rights and gender. Beneficiaries: 20 women; secondary beneficiaries: 20 men. • Research and assistance to HIV+ and affected. Beneficiaries: five women; secondary beneficiaries: Five positive children and 10 males. • Support for HIV+ and affected. Beneficiaries 10 women. • HIV Campaign. Beneficiaries: General public.
Yayasan Pita		Hivos	<p>Area of work: Central Jakarta Pejompongan, Jakarta Pusat, Java, Indonesia.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Workshops for field workers of HIV NGOs. Beneficiaries: 30 Women field workers of HIV NGOs; secondary beneficiaries: female clients, patients, or aides. • Workshops for poor women. Beneficiaries: 30 poor women aged between 15-40 yrs old; secondary beneficiaries: spouses and male partners and groups of housewives and friends in the neighborhood.
Young Campaign Against AIDS (YWCAA)	Women's	Cordaid	<p>Area of work: Nairobi, Mukuru slums, Kenya.</p> <p>Main activities with beneficiaries/community:</p> <ul style="list-style-type: none"> • Capacity building on behaviour change communication for youths and young single mothers out of school. Beneficiaries: 20 young single mothers; secondary beneficiaries: 10 male partners.

Yayasan
Pengembangan
Kesehatan
Masyarakat Papua
(YPKM)

ICCO

Area of work: Jayapura, Papua, Indonesia.

- Training for youth participants in contest on traditional dance on HIV/AIDS, gender and human rights and dance performances. Beneficiaries: 30 youth participants; secondary beneficiaries: 225 members of dance groups, 30 dance coaches and 15 dance studio managers, 500 youth, 500 members of the general public including officials.
- Campaign and advocacy linked to the contests. Beneficiaries: 500 youth; secondary beneficiaries: 1,000 members of the general public community in the City and in the Jayapura regency, and various Regency officials.