USAID BERSAMA — GENDER-BASED VIOLENCE PREVENTION PROGRAM IN EASTERN INDONESIA
ANNUAL PROGRESS REPORT, FY2020

October 15, 2020

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ABBREVIATIONS

AMELP Activity Monitoring, Evaluation and Learning Plan
APBD Anggaran Pendapatan, dan Belanja Daerah (Regional Revenue and Expenditure Budget)
AOR Agreement Officer’s Representative
Bappeda Badan Perencanaan Pembangunan Daerah (Regional Development Planning Agency)
Bappenas Badan Perencanaan Pembangunan Nasional (Ministry of National Development Planning)
Bareskrim Badan Reserse Kriminal Negara Republik Indonesia (Criminal Investigation Agency of the Indonesian National Police)
Bupati Head of District
CDCS Country Development and Cooperation Strategy
COP Chief of Party
COVID-19 Coronavirus Disease 2019
CSO Civil Society Organization
DAK Dana Alokasi Khusus (Specific Allocated Fund)
DCOP Deputy Chief of Party
Dekon Dana Dekonsentrasi (Decentralization Funds)
DO Development Objective
Dinas P3A Dinas Pemberdayaan Perempuan dan Perlindungan Anak (Office of Women’s Empowerment and Child Protection)
Dinkes Dinas Kesehatan (Office of Health)
Dinsos Dinas Sosial (Office of Social Affairs)
DinsosdukP3A Dinas Sosial, Kependudukan, Pemberdayaan Perempuan dan Perlindungan Anak (Office of Social Affairs, Population, Women Empowerment and Child Protection, formerly the Dinas P3A)
DRG Democracy, Resilience and Governance
F Female
FY Fiscal Year
GBV Gender-Based Violence
Gol Government of Indonesia
IGTV Instagram TV
IR Intermediate Result
IWD International Women’s Day
KumHAM Kementerian Hukum dan Hak Asasi Manusia (KumHAM/Ministry of Law and Human Rights)
KUA-PPAS Kebijakan Umum Anggaran-Prioritas Plafon Anggaran Sementara (general budget policy and temporary budget ceiling)
LBH APIK Lembaga Bantuan Hukum Asosiasi Perempuan Indonesia untuk Keadilan / Legal Aid Institute of Indonesian Women’s Association for Justice
LOP Life of Project
LP3AP  Lembaga Pengkajian dan Pemberdayaan Perempuan dan Anak Papua (The Institute for Research and Empowerment of Papuan Women and Children)
M  Male
M&E  Monitoring and Evaluation
MOH  Ministry of Health
MOHA  Ministry of Home Affairs
MOWE  Ministry of Women’s Empowerment and Child Protection
MOU  Memorandum of Understanding
NIK  National Identification Number
Ortala  Organisasi dan Tata Laksana (Organization and Governance Office)
OTSUS  Dana Otonomi Khusus (Special Autonomy Funds)
P2TP2A  Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak (Integrated Service Center for Women’s Empowerment and Children)
P4A UNIPA  Pusat Penelitian Pengembangan Perempuan dan Anak-Universitas Papua
Perbup  Peraturan Bupati (Bupati Regulation)
Perwal  Peraturan Walikota (Mayor Regulation)
PKK  Pembinaan Kesejahteraan Keluarga (Family Welfare Guidance Program)
POKJA PUG  Tugas Kelompok Kerja Pengarusutamaan Gender (Gender Mainstreaming Working Group)
Polda  Kepolisian Daerah (Papua Provincial Police)
Polres  Kepolisian Sektor (Sub-district police)
PON  Pekan Olahraga Nasional (National Multi-Sport Event)
PSA  Public Service Announcements
Puskesmas  Pusat Kesehatan Masyarakat (Community Health Center)
Q  Quarter
RAD  Rencana Aksi Daerah (Regional Action Plan)
Renakta  Sub-Direktorate IV Remaja, Anak dan Wanita (Sub-Directorate IV for Youth, Children and Women)
Renja  Rencana Kerja (annual work plan)
RKA  Rencana Kegiatan Anggaran (Budget Activity Plan)
RPK  Ruang Pelayanan Khusus (Designated Service Room)
RSUD  Rumah Sakit Umum Daerah (Regional Public Hospital)
SIMFONI-PPA  Sistem Informasi Online untuk Perlindungan Perempuan dan Anak (National Online Information System on Protection of Women and Children)
SOP  Standard Operating Procedure
SPKT  Sentra Pelayanan Kepolisian Terpadu (Integrated Police Service Centre)
SPM  Senior Program Manager
Stop KBG  Kekerasan Berbasis Gender (Stop Gender-Based Violence)
TA  Technical Assistance
ToT  Training-of-Trainers
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>Unit PPA</td>
<td>Unit Perlindungan Perempuan dan Anak (Women and Child Protection Unit)</td>
</tr>
<tr>
<td>UPTD-PPA</td>
<td>Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (Regional Technical Implementation Unit for Women and Child Protection)</td>
</tr>
<tr>
<td>USG</td>
<td>United States Government</td>
</tr>
<tr>
<td>VER</td>
<td>Visum et Repertum (Medicolegal Reports of Sexual Violence Victims from Doctors)</td>
</tr>
<tr>
<td>VFA</td>
<td>Violence-Free Area</td>
</tr>
<tr>
<td>Y</td>
<td>Year</td>
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## I. DOCUMENT CONTROL

### CHANGE HISTORY

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<td>SUBMISSION TO USAID</td>
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II. INTRODUCTION

Winrock International implements the four-year USAID Bersama Gender-Based Violence Prevention Program in Eastern Indonesia (Bersama). The goal of the project is to strengthen local government capacity and commitment to prevent and address gender-based violence (GBV) by improving key government entities’ service delivery and awareness-raising for GBV victims and at-risk populations. This is supported by three sub-intermediate results:

1. Developed and implemented government entities’ measures to improve GBV services and learning;
2. Strengthened government entities’ GBV counseling, referral, and coordination mechanisms; and
3. Strengthened government entities’ ability to raise awareness about GBV and harmful gender norms.

The program contributes to Intermediate Result (IR) 1.4: Sustainable Development in Targeted Districts in Eastern Indonesia Enhanced under USAID/Indonesia’s Development Objective (DO) 1: Democratic Governance Strengthened.

Winrock uses staff and consultants to build the capacity of the government entities. The Winrock-led team coordinates closely with ongoing USAID projects, the Government of Indonesia (GoI) stakeholders at national and local levels, and other development partners.

This Annual Progress Report summarizes the period of October 1, 2019 – September 30, 2020.

GOALS AND OBJECTIVES

The revised goal of the Bersama project is to strengthen local government capacity and commitment to prevent and address GBV by improving the service delivery and awareness-raising activities offered by key government entities for GBV victims and at-risk populations. Bersama’s theory of change is shown below. It is in line with USAID’s priorities in Indonesia and with the results framework.

Figure 1: Bersama’s Theory of Change
CHANGES IN INDICATORS

In April 2020, Bersama submitted a revised version of the Activity Monitoring, Evaluation and Learning Plan (AMELP). The wording of indicators 5 and 6 (related to government capacity assessments) was changed. In Q3, the AMELP was revised once more in light of changes to the work plan due to COVID-19. The Performance Indicator Reference Sheet was revised to adjust reporting frequency, data collection methods and data sources in response to the COVID-19 pandemic. Focus group discussions were replaced with key informant interviews that can be conducted remotely. The AMELP revisions noted where there may be limited availability of informants, data disaggregation, and ability to collect hard copies of data from service providers/entities.
GEOGRAPHIC FOCUS

The project is based in Jayapura, Papua and is working in Jayapura and Jayawijaya districts in Papua and Manokwari and Sorong districts in West Papua. Bersama works closely with the GoI to improve services to GBV survivors and increase awareness in the fight against GBV.

The map below shows the project areas, key partners and activities in each location.
III. PROGRAM PERFORMANCE

QUARTERLY HIGHLIGHTS

Dinas P3As in Jayapura City, Jayawijaya District, West Papua Province, and Manokwari District Adopt SOPs for GBV Services

In year four (Y4), the Dinas P3As in Jayapura City, Jayawijaya District, West Papua Province and Manokwari District adopted GBV standard operating procedures (SOPs). The SOPs include case reporting, outreach, legal assistance, mediation, and case management. As a result, the Dinas P3As now have established procedures in place to provide improved services to GBV victims. Through the SOPs, the agencies have achieved an important milestone in establishing the foundation for GBV service provision.

Three Hospitals and Five Puskesmas in Papua and West Papua Provinces Adopt GBV Case Handling SOPs

In the second quarter of Y4 (Q2Y4), three hospitals and five community health centers (puskesmas) in Papua and West Papua Provinces adopted GBV case handling SOPs. The health facilities include regional public hospital (RSUD) Jayapura and Puskesmas Tanjung Ria in Jayapura City, RSUD Yowari and Puskesmas Kanda and Sentani in Jayapura District, RSUD Manokwari and Puskesmas Wosi and Sanggeng in Manokwari District. For the first time, these puskesmas and hospitals have consistent procedures in place to serve GBV victims. Bersama also finalized a “how-to” guide with detailed instruction on SOP development for Dinas P3As. The purpose is to provide an easy-to-reference, step-by-step guide that includes an overview of the SOP development and implementation process.

West Papua Police Adopt GBV Case Handling SOPs

In Q3, the Polda West Papua Province adopted GBV case handling SOPs on (i) Domestic Violence Case Reporting; (ii) Mediation for Domestic Violence in Integrated Police Service Center; and (iii) Complaint Handling for Child Victims. West Papua becomes only the second police force in the country, after Polda Metro Jaya (Greater Jakarta Metropolitan Regional Police), to adopt these SOPs, leading the way for other regional police forces. With these SOPs in place, the police now have standardized procedures for handling GBV cases. This is an important step towards providing improved services and will also positively impact the work of the district police, who will be required to follow these SOPs.

Bersama developed a “how-to” guide for developing police SOPs along with four animated videos for the West Papua police. The guide serves as an important reference for police not only in Papua and West Papua but potentially for regional police in other parts of Indonesia interested in exploring and adopting GBV-specific standards for their departments.

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1 Dinas Pemberdayaan Perempuan dan Perlindungan Anak (Office of Women’s Empowerment and Child Protection)
2 Pusat Kesehatan Masyarakat
3 Rumah Sakit Umum Daerah
4 Kepolisian Daerah (Papua provincial police)
GBV Case Handling MOUs Adopted in Jayapura District and Jayapura City

In Q2, Bersama supported the Dinas P3A in Jayapura District to enter into three memorandums of understanding (MOUs) with the district police, the court, and the office of the prosecutor for case handling of women and children in conflict with the law. On March 11, the Bupati (Head of District) of Jayapura District signed the three MOUs along with representatives from the police and the court. The district prosecutor signed the following day. Similar MOUs were adopted in Jayapura City between the City government and the district police, court and prosecutor’s office in Q4.

Partners in Papua and West Papua Hold #endGBV Forum and Bersama’s End-of-Project Event

Bersama helped facilitate the #endGBV forum in Q1 and Q4. The event in Q4 also served as the end-of-project event. In Q1, representatives from government agencies that support GBV victims from West Papua and Papua gathered in Jayapura City on November 20 to share best practices and lessons learned as well as to build interagency relationships that will support future coordination and cooperation to address GBV. This was the first time that GBV service providers and stakeholders from the two provinces came together to discuss GBV issues. The participants expressed their appreciation for having a forum where they could meet and learn from their peers in their district and their sister province.

In Q4, the #end GBV Learning Forum and Bersama’s end-of-project event was held over two days. The event included a technical session focusing on strengthening coordination to improve GBV services held on July 16. This was followed by a plenary session and end-of-project event on July 21. During the technical session, participants discussed best practices and lessons learned on strengthening coordination to improve services for GBV victims, how each agency is managing under the coronavirus disease (COVID-19) pandemic, and Bersama’s legacy. At the plenary event, participants recognized Bersama’s help to introduce procedures and strengthen coordination among local government service providers as well as between the Ministry of Women’s Empowerment and Child Protection (MOWE) and the local government.

Raising Awareness of COVID-19 and GBV

In response to the COVID-19 pandemic and the increased risks of GBV, Bersama collaborated with government agencies in Papua and West Papua to host 14 radio talk shows. Bersama also developed and broadcast 20 radio public service announcements (PSAs), three social media posts and two Instagram TV posts to inform people about safety precautions to avoid COVID-19, such as social distancing and self-isolation. The three social media posts were illustrated stories highlighting the importance of “fair work division at home during COVID-19”, “COVID-19 and potential risk of GBV” and “how the youth are coping with stress” and were posted on Papuan social media. The two Instagram TV (IGTV) sessions focused on “COVID-19, Youth and Gender Equality” and “COVID-19, Online Bullying and Violence,” which were posted by Jeny Karai (@jenikaray) in August. The communications informed people about services available, the risk of GBV during self-isolation, how to manage stress, how to discuss COVID-19 related issues with children, and good parenting practices while observing social distancing or staying at home.
National-Level Coordination to Establish UPTD-PPAs and Develop GBV Case Handling SOPs for Police

During Q3, Bersama facilitated several online meetings with MOWE and the Dinas P3A offices to discuss changes to the workload analysis form and requirements for completing the academic analysis, which is a requirement for establishing the UPTD-PPAs. By the end of the quarter, Bersama had supported the Dinas P3As to revise and submit final versions of academic analysis to relevant Ortalas.

Training Paralegals to Provide Services to Survivors

During Q3, Bersama trained 21 (8F/13M) paralegals from Papua and West Papua. The training was held via one-hour online sessions over a period of 24 days (12 days per province). The training covered a variety of topics, including sessions on the role of paralegals, gender and justice, GBV, and the rights of victims. In general, the participants were enthusiastic and committed to the trainings and asked questions about the role of paralegals providing GBV services.

Improving Counseling Services

In November, Bersama supported the Dinas P3A in Papua and West Papua to organize two counseling trainings (one per province). The first four-day training took place in Manokwari District with 12 (M2/F10) participants from Dinas P3A West Papua, Sorong and Manokwari districts. The second training took place in Jayapura City with 12 (M2/F10) participants from Dinas P3A, puskesmas and hospitals in Jayapura City, Jayapura and Jayawijaya districts. The trainings used a variety of methods such as group discussion, visualization, reflection, mini lecture, role play, simulation, and case study.

As a follow up to the counseling training, from April 20 to May 22, 2020, Bersama provided technical assistance to counselors in Q3 through one-on-one coaching support. Twenty-two of the originally trained 24 counselors (22F/2M) from both Papua and West Papua participated in the coaching session. This was an innovative, one-on-one follow up and allowed Bersama to reinforce skills and help address challenges that counselors faced as they applied their new skills. The trainer noticed participants showing an increased understanding about gender, increased skills in dealing with survivors, and an understanding of the case handling process. Participants also had a better grasp of psychosocial interventions while discussing their cases and their self-assessment forms.

End of Project Case Studies and Story of Change Video

Winrock conducted a series of case studies to gather lessons learned by highlighting outcomes of Bersama’s work with three agencies in Papua and West Papua. The purpose was to assess what worked and why. Data for the case studies was collected in July 2020, and the findings were presented to USAID on September 5. The final report was submitted the following month. One of the planned cases studies was a story of change video focusing on [name redacted], a nurse at Puskesmas Tanjung Ria. The video was released and shared on September 23 and can be found here: English and Indonesian.

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5 Unit Pelaksana Teknis Daerah Perlindungan Perempuan dan Anak (Regional Technical Implementation Unit for Women and Child Protection)
6 Organisasi dan Tata Laksana (Organization and Governance Office)
IV. PROGRAM ACTIVITIES

To meet the goals and objectives of the project, Bersama provided a combination of follow-up to targeted government agencies as well as facilitated workshops, trainings, and targeted technical assistance. The sections below describe the objectives’ targets, progress toward achieving the targets, and a summary of activities completed during the quarter compared to the workplan.

The overall indicator to track progress toward the project goal measures a variety of inputs, including GBV orientation and inputs described under section 1.1.1. As a result of Bersama’s technical assistance, several Dinas P3As received approval for plans and budgets that include GBV prevention activities in Q1 and Q2. Table 1 shows the number of agencies that had approved 2020 annual plans or budgets. Bersama intended to work with Dinas P3As in Papua and West Papua Provinces, Jayapura and Manokwari Districts, and Jayapura City. Bersama was able to work with each Dinas P3A except for the one in Papua Province. The Papua Province Dinas P3A merged with Dinas Social in late 2019 and they were still working through their internal operations and did not have time to engage in this activity with Bersama. Therefore, Bersama achieved only 80% of the progress towards the target. Bersama will not report on 2021 annual plans and budgets.

Table 1: Indicator 1 (Number of local governments that include GBV-related activities in their annual plans and budgets)

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 (Jayapura City; West Papua Province)</td>
<td>2</td>
<td>2 (Manokwari District; Jayapura District)</td>
<td>NA</td>
<td>NA</td>
<td>4</td>
<td>80%</td>
</tr>
</tbody>
</table>

SUPPORT GOVERNMENT TO ESTABLISH UPTD-PPA

During Y2, Bersama learned that the GoI introduced a new regulation (MOWE Regulation 04/2018)\(^7\) to establish technical implementation units (UPTD-PPA) for services to victims of GBV. These units would replace the P2TP2As.\(^8\) The regulation significantly altered how Bersama could strengthen government services for GBV. As a result, in Y3, Bersama began the process of educating Dinas P3As and other stakeholders about UPTD-PPA and the steps involved in establishing the new technical implementation units. Figure 5 below provides a summary overview of the steps involved in establishing UPTD-PPAs. These steps included: collecting data, conducting human resources and academic analyses (including workload analysis), securing Dinas P3As’ approval, developing the regulation, submitting the academic analysis and the regulation to the Organisasi dan Tata Laksana/ Organization and Governance Office (Ortala)\(^9\) of the Bupati’s office for their approval, and then securing the mayor’s (for Jayapura City) or Governors’ approval.

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\(^7\) Ministerial Regulation no. 04/2018 concerning Formation Guidelines for Regional Technical Implementation Unit for Women and Child Protection (Peraturan Menteri no. 04/2018 tentang Pedoman Pembentukan UPTD-PPA)

\(^8\) Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak (Integrated Service Center for Women’s Empowerment and Children)

\(^9\) Organisasi dan Tata Laksana (Head of Organization and Governance)
Bersama initially intended to help all Bersama’s Dinas P3A partners to transition to UPTD-PPA, but in the end, only Jayapura City, West Papua Province and Manokwari District Dinas P3As wanted to or could take the necessary steps towards establishing UPTD-PPA.

Dinas P3As in Papua Province, Jayapura and Jayawijaya Districts were not prepared to transition to UPTD-PPAs. Dinas P3A in Papua Province was in the process of merging with the Office of Social Affairs (Dinsos)\textsuperscript{10} and there was some uncertainty around their new structure and budget. Dinas P3As in Jayapura and Jayawijaya districts wanted to retain their P2TP2As. In addition, Bersama had to limit its activities in Jayawijaya due to social and political unrest in Q1Y4. In Sorong District, the Dinas P3A had a new agency head who was not willing to establish UPTD-PPA.

By the end of Y4, West Papua Province’s Ortala approved their academic analysis and the other two Dinas P3As had submitted the final academic analyses and regulations to relevant Ortala offices and were awaiting approval and signature (adoption). Finalization of the analyses marks a major milestone in the transition process considering that MOWE had introduced a new template for workload analysis. Much of Q3 was spent collecting data for the new workload analysis form and interpreting that data to determine the most appropriate type, or category, of UPTD-PPA\textsuperscript{11} (in consultation with the Ortala and

\textsuperscript{10} Dinas Sosial

\textsuperscript{11} Article 14 MOWE Regulation 4/2018 states the organizational structure of the UPTD PPA at the district/city level A compose of the head of UPTD-PPA (echelon IVa or supervisory position, article 19) administrative subsection, executive, and functional positions. UPTD Class B consists of the head of UPTD-PPA (echelon IVb or supervisory position, article 20), executive, and functional positions.
MOWE) to establish. There are two types of UPTD-PPA. Agencies choose the type of UPTD-PPA based on their organizational structure and number of cases that they handle. The different types of UPTD-PPAs created confusion and a couple of the Dinas P3As had to switch types as they sought approval for their academic analysis.

**Bersama Strengthens Relations between Provincial and Regional Dinas P3As and MOWE**

In December, Bersama met with MOWE’s head of organization and governance to provide updates on the progress of the UPTD-PPA transition. Bersama learned that Dinas P3As Manokwari District should take specific steps to 1) share their progress of UPTD-PPA transition with the Dinas P3A and Ortala at the provincial level since they oversee the transition period; and, 2) report their progress to the director general of Regional Autonomy of the Ministry of Home Affairs (MOHA) as required by MOWE Regulation 4/2018. MOHA Regulation No. 31/2019 on the 2020 Regional Government’s Work Plan Development Guideline, is related to UPTD-PPA’s objectives. The regulation requires the regional government, through the Bappeda, to direct regional development, which includes Dinas P3A’s budget and work plan on women’s empowerment and child protection (see Box 1).

During Q2, MOWE shared a new template for the workload analysis (a component of the academic analysis) that required the Dinas P3As to revise their data inputs. This template was provided in response to MOWE’s meeting with President Widodo and the subsequent issuance of relevant guidance from MOHA.16 The increased engagement of MOWE and the regional Dinas P3As has allowed MOWE to better understand the unique challenges in Papua and West Papua Dinas P3As, such as limited capacity of staff and the limited availability of GBV data.

In Q4, President Widodo issued a new regulation mandating MOWE to be responsible for women and child protection services. In June, Bersama updated MOWE on progress towards establishing UPTD-PPA, which were awaiting approval at the Ortala’s offices. As a result, MOWE coordinated with MOHA and planned to jointly advocate to establish UPTD-PPAs for both Papua and West Papua. Bersama’s work to support these agencies provided a unique opportunity for MOWE to intervene and advocate to the local government to expedite the approval process and move the transition process forward.

In early July, after the academic analyses were submitted to the respective Ortalas in Manokwari District and West Papua Province, Bersama participated in a virtual conference organized by MOWE, which included MOHA, Dinas P3As from Papua and West Papua (including West Papua Province, Papua

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12 Type A UPTD-PPAs have a larger structure and require more budget. The head of the UPTD handles administrative and services functions. Type B UPTD-PPAs have a smaller structure and focus more on services. See: [https://www.kemenpppa.go.id/index.php/page/read/112/1885/mengenal-uptd-ppa](https://www.kemenpppa.go.id/index.php/page/read/112/1885/mengenal-uptd-ppa) for more information about the types of UPTD-PPAs.

13 Peraturan Menteri Dalam Negeri mengenai Pedoman Penyusunan Rencana Kerja Pemerintah Daerah

14 Pemerintah Daerah

15 Badan Perencanaan Pembangunan Daerah (Regional Development Planning Agency)


17 Peraturan Presiden Republik Indonesia No. 65/2020 tentang Kementerian Pemberdayaan Perempuan dan Perlindungan Anak (Regulation of the President of the Republic of Indonesia no. 65/2020 re. The Ministry of Women’s Empowerment and Child Protection)
Province, Manokwari District, Jayapura District, and Jayapura City) to discuss the status of UPTD-PPA establishment. Key takeaways from this important consultation included:

1. MOHA highlighted the important role played by Ortalas in responding in a timely fashion to UPTD-PPA establishment submissions at the provincial, district, and city levels.
2. MOWE’s head of planning and data mentioned that Dinas P3As may be able to utilize DAK\textsuperscript{18} Funds in 2021 for the construction of safe houses and GBV services.

Following these discussions, MOWE met with Bappenas\textsuperscript{19} to discuss the status of DAK Funds 2021. Bersama participated as an observer, during which the project learned that Dinas P3As in Papua and West Papua will need to access these funds as a result of some of their budget reallocated for COVID-19 activities. MOWE provided an update on the progress of UPTD-PPA establishment in both provinces, including for West Papua Province and Manokwari District (which they learned about during the July meeting) and prioritized the need to operationalize the regional units once they are established.

The following sections summarize progress and activities toward establishment of UPTD-PPAs by the specific Dinas P3A.

**UPTD-PPA Transition: Manokwari District**

During Q1, Bersama helped officials in Manokwari District develop its first draft of the academic analysis required for establishment of a UPTD-PPA, and later shared the draft with MOWE’s head of organization and governance\textsuperscript{20} along with an update on progress in Papua and West Papua as described above.

In Q2, Bersama helped draft the Perbup\textsuperscript{21} without substantial changes and later convened representatives from the Dinas P3A and Ortala to discuss next steps to secure final approval of the academic analysis.\textsuperscript{22} With Bersama’s help, the Dinas P3A in Manokwari District presented the draft of Perbup to establish UPTD-PPA to the district Regional Secretariat for review by district Ortala. All participating institutions agreed on establishment of UPTD-PPA Manokwari District, with some revisions to the academic analysis. Officials requested that outstanding data should be collected, including data

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\textsuperscript{18} Dana Alokasi Khusus (Specific Allocated Fund), budget allocated for the local government for specific programs that becomes a concern in the region but is still in line with the national priorities. In this context, the fund is allocated for programs to support women and children protection.

\textsuperscript{19} Badan Perencanaan Pembangunan Nasional (Ministry of National Development Planning)

\textsuperscript{20} Same meeting as the one discussed under “Manokwari UPTD Transition” above.

\textsuperscript{21} Peraturan Bupati (Bupati Regulation)

\textsuperscript{22} Mr. Syamsulhuda, division head of Ortala, Local Secretariat, supported the establishment of UPTD-PPA for Manokwari District and emphasized that when consulting with the provincial Ortala, the Sekretarias Daerah (Sekda/Regional Secretary) of Manokwari District should also attend the consultation, since that is the agency with the authority to approve the budget for UPTD-PPA.
from the 2016–2019 budget, the total number of reported cases, workload analysis data, and types of services provided by Dinas P3A to GBV victims.

On June 10, Dinas P3A Manokwari District submitted the draft academic analysis and draft Bupati Regulation to establish a UPTD-PPA to the Ortala and Law Division of Regional Secretariat of Manokwari District, respectively. The draft is currently awaiting clearance by the Ortala and the final draft of the Perbup is with the Legal Division (Manokwari District) and will be approved once the provincial Ortala approves the academic analysis.

In August, MOHA approved the UPTD-PPA establishment request from Dinas P3A Manokwari District. As of September, the Dinas P3As is in the process of developing the Governor Regulation and Bupati Regulation required for UPTD-PPA establishment.

### UPTD-PPA Transition: West Papua Province

In March, after facilitating a series of meetings to discuss establishment of UPTD-PPA with the Dinas P3A in West Papua and representatives of the Governor’s Office and the provincial Ortala, Bersama presented a draft academic analysis to the Dinas P3A West Papua Province for review. Bersama staff continued to work with Dinas P3A to complete the academic analysis.

During this process, Bersama and West Papua officials learned much about development of a UPTD-PPA at the provincial level. The project learned, for example, that Dinas P3A representatives were struggling to complete the workload analysis in part because the agency handles a limited number of GBV cases because most cases are referred to the district-level agency. Per MOWE guidance, provincial Dinas P3As should only handle inter-district cases, with all other cases designated as the responsibility of the districts. Similarly, the provincial Dinas P3A should proactively coordinate with district Dinas P3As regarding cases that require referrals to other locations. The provincial Dinas P3A can also play an important role in handling or referring cases reported by the media, and/or in cases known as *delik murni* (classified as crimes where the state, represented by Dinas P3A, takes action without any lawsuit or complaint by the victim). Examples include child rape or other cases of violence against children.

Crucially, staff at the Dinas P3A in West Papua learned that all referral systems are linked together in SIMFONI-PPA, so province-level Dinas P3As should upload/update data into this system as well.

Bersama’s involvement in preparation of the draft academic analysis helped Dinas P3A staff to recognize that some data required for updating the SIMFONI-PPA database were not being recorded properly and required revision, careful review and further monitoring. Bersama and MOWE learned that Dinas P3A staff did not fully understand the types of cases they are required to upload into the SIMFONI-PPA system. Some of their confusion stemmed from a lack of clarity about which cases should be claimed by Dinas P3A West Papua Province versus at the district level. Each Dinas P3A must demonstrate that they handle an adequate number of recorded cases in the academic analysis to make the case for UPTD-PPA establishment. MOWE advised that the Dinas P3A can only use data from new cases in the province that are not handled by the district/city Dinas P3As and inter-region referral cases, where the provincial Dinas P3A is helping with referrals from district/city Dinas P3As. In addition, several limitations with the SIMFONI-PPA system make recording cases more complicated than it should be. For example, the system does not allow cases that record provision of counseling services only to be logged. Although the Dinas P3A West Papua Province is involved in delivery of counseling services for victims, such cases are to be officially counted only by the district Dinas P3A that received the case, because counseling is
part of case reporting. Additionally, the system does not enable entry of data on victims who lack a National Identification Number (NIK), which is a common occurrence in West Papua. After identifying these issues, Dinas P3A West Papua Province committed to and followed up with ensuring that all relevant/requisite data are uploaded to SIMFONI-PPA by cross-checking with all data available in hard copy (manually recorded/reported).

During May and early June, Bersama provided technical assistance to the Dinas P3A to collect the manual data and describe the cases qualitatively, so the academic analysis includes information on the complexity of the services provided by Dinas P3A West Papua Province to support the district/city Dinas P3As. On June 8, Dinas P3A West Papua Province submitted a completed draft academic analysis and draft Pergub to the provincial Ortala and Legal Division, respectively.

On August 25, after the final draft of the academic analysis was approved by MOHA, West Papua UPTD-PPA officially received approval from the Governor of West Papua Province to establish the UPTD-PPA. As of September, both Dinas P3As are in the process of developing the Governor Regulation and Bupati Regulation required for UPTD-PPA establishment.

**UPTD-PPA Transition: Jayapura City**

In Q2, Bersama began supporting officials in Jayapura City to develop an academic analysis. In March, the Ortala recommended the type of UPTD-PPA requirements for establishing the unit, and instructed the Dinas P3A to complete the academic analysis and submit the final document to the Ortala in Jayapura City and Papua Province. Simultaneously, Bersama helped draft the Perwal (mayor regulation), another key document required to establish UPTD-PPA.

Throughout Q3, Bersama continued to provide support for the transition, including advising Dinas P3A Jayapura City on how to revise the drafts using MOWE’s new template for workload analysis. Unlike Dinas P3As in West Papua and Manokwari District, the staff of Dinas P3A Jayapura City were not as readily available for consultations while working from home, so Bersama faced some difficulties while following up. Despite these delays, the draft document was completed with the academic analysis and Perwal and submitted to the Ortala and Legal Division in June. These offices completed their respective reviews and approved the documents within a matter of weeks. The mayor of Jayapura City requested Dinas P3A Jayapura City to change the type of UPTD-PPA from the previously agreed type B to type A. In July, Bersama supported the Dinas P3A to revise the academic analysis based on guidance from the mayor. The revised final draft of the academic analysis has been approved by the provincial Ortala. The Perwal is currently under review by the Legal Division.

**EXPLORE AND DEVELOP PARTNERSHIPS WITH PRIVATE SECTOR**

During Y4, Bersama explored opportunities to engage the private sector and identified companies that had demonstrated interest in partnering with local government agencies in Jayapura District, in particular during the national multi-sport event (PON) that had been scheduled (pre-COVID-19) for

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23 Regulation of Ministry of Home Affairs (Permendagri) No.12/2017 on the Guidelines for establishing and classification of Cabang Dinas and UPTD (Article P20 and 21)
24 Peraturan Walikota (Mayor Regulation)
25 Pekan Olahraga Nasional
2020. However, due to the restructuring of the Papua Province Dinas P3A and the subsequent pandemic, Bersama was unable to secure a meeting to discuss this opportunity and PON 2020 was postponed. Opportunities for messaging were limited given the pandemic and media attention/resources devoted to mitigating it. As a result, Bersama canceled this work plan activity in late Q2.

**IR 1 IMPROVED KEY GOVERNMENT ENTITIES SERVICE DELIVERY AND AWARENESS-RAISING FOR GBV VICTIMS AND AT-RISK POPULATIONS**

During Y4, Bersama tracked four indicators to measure the overall progress of local government’s improved delivery and awareness raising for GBV victims and at-risk populations. See Tables 2-4 below for accomplishments this year compared to the targets. These indicators, when disaggregated, also measure the outcomes of three sub-IRs.

In Y4, ten local government agencies cited concrete improvements in capacity and commitment in the areas of planning and budgeting, SOP establishment, and counseling.

While Bersama’s Y4 target was 18 entities, the project was only able to conduct key informant interviews (KIIs) with individuals from 11 entities (out of a planned 13 entities for this purpose). Out of the 11 entities, Bersama verified improvements in ten. It was challenging to contact some of the informants. For example, it was not possible to contact staff from Papua provincial police, Yowari and Manokwari hospitals and Dinas P3A Papua Province for this purpose. A combination of COVID-19 and the associated remote working hampered Bersama’s ability to verify changes within the entities.

![Table 2: Indicator 2 (Number of local government agencies where GoI staff cited concrete improvements in GoI capacity and commitment to provide GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other)](image)

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 TOTAL</th>
<th>Q2 TOTAL</th>
<th>Q3 TOTAL</th>
<th>Q4 TOTAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
<th>% PROGRESS TOWARDS LOP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10</td>
<td>10</td>
<td>56%</td>
<td>56%</td>
</tr>
</tbody>
</table>

The project has exceeded the Y4 target for indicator 3 as well as the life-of-project (LOP) target. The LOP target was revised downwards in February 2020 based on data trends at the time and the numbers reported through various service providers. Bersama did not collect any data on indicator 3 in July (Q4) as the project started closeout activities. Until Y4, most of Bersama’s work was helping with foundational elements (getting SOPs developed, helping with budgets) that will lead to improved GBV services. However, many of those services have not been fully implemented by the service providers. In Y4, Bersama provided counseling training, which has had a direct impact on people using the services.
Table 3: Indicator 3 (Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines, other)

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
<th>% PROGRESS TOWARDS LOP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>244</td>
<td>110</td>
<td>222</td>
<td>42</td>
<td>N/A</td>
<td>374</td>
<td>153%</td>
<td>126%</td>
</tr>
</tbody>
</table>

The project has exceeded Y4 and LOP targets for indicator 4. For Y4, this is due to the timing of when many of these documents were adopted. Bersama had anticipated that many of the SOPs would be adopted earlier on in the project. For the LOP target, in some cases, agencies such as Dinas P3A or the police decided to develop more SOPs than previously anticipated. In Q4, West Papua police adopted three GBV case handling SOPs and West Papua Dinas P3A adopted an additional SOP on inter-district case handling.

Table 4: Indicator 4 (Number of legal instruments, policies or procedures drafted, proposed, or adopted with USG assistance designed to improve prevention of response to sexual and gender-based violence at the regional, national or local level)

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
<th>% PROGRESS TOWARDS LOP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>71</td>
<td>48</td>
<td>15</td>
<td>7</td>
<td>141</td>
<td>288%</td>
<td>123%</td>
</tr>
</tbody>
</table>

FOUNDATIONS

Sub-IR 1.1. Developed and implemented government entities’ measures to improve GBV service and learning

Bersama supports agencies to build their capacity to include gender and GBV-targeted activities within their budgets and plans and to develop and implement SOPs on how to sensitively, professionally, and efficiently handle victims of GBV. Table 5 shows the number of agencies that have increased their capacity in planning, budgeting and SOPs, while Table 6 shows the number of agencies with increased capacity to improve GBV services.

In Y4, Bersama supported 14 agencies through planning, budgeting and SOP development to increase the capacity of the agencies to improve their GBV services. During Q3, Bersama provided limited support for planning and budgeting due to office closures caused by the COVID-19 pandemic and general

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26 In Y4, Winrock collected data on an additional nine victims but did not include these as the data is not sex disaggregated.

27 The three MOUs signed by Jayapura City government has been included in the Q4 achievements. Winrock is in the process of collecting the supporting documentation (signed MOUs).
unavailability of government officials. Therefore, in Q3 Bersama did not report on Indicator 5. In Q4, Bersama supported the police in West Papua to adopt three GBV case handling SOPs.

*Table 5: Indicator 5 (Number of local agencies with increased capacity to improve GBV services on planning, budgeting and SOPs)*

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
<th>% PROGRESS TOWARDS LOP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td>14</td>
<td>87%</td>
<td>87%</td>
</tr>
</tbody>
</table>

In Q4, Bersama counted Puskesmas Kanda under indicator 6 for increased capacity in counseling coaching, referral and coordination. Seventeen entities received support on counseling, referral and coordination during all of Y4.

*Table 6: Indicator 6 (Number of local agencies with increased capacity to improve GBV services on counseling, referral, and coordination)*

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>N/A</td>
<td>4</td>
<td>12</td>
<td>3</td>
<td>16</td>
<td>84%</td>
</tr>
</tbody>
</table>

1.1.1 Build the capacity of government entities to develop and monitor plans and budgets for GBV services and prevention

*Table 7: Output Indicator B (Number of entities supported to improve budgeting and planning)*

<table>
<thead>
<tr>
<th>ENTITIES SUPPORTED FOR BUDGETING AND PLANNING</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of entities supported to improve budgeting and planning</td>
<td>5</td>
<td>13</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Early in Bersama’s implementation, the pervasive lack of government funding for GBV mitigation and response was identified continually by stakeholders as a major barrier to developing and implementing improved GBV services across Papua and West Papua. Bersama thus set out to learn about the biggest budget gaps and most significant funding needs. In the process, the project discovered that many government counterparts lacked the knowledge and specific skills required to forecast their GBV services funding needs, develop annual plans to meet those needs in strategic and work planning sessions prior to budget submission, and/or to advocate effectively for appropriate resources. In Y4, Bersama worked directly with selected counterparts aimed at filling planning and budgeting knowledge and skills gaps through a variety of trainings, meetings and workshops, and, in many cases, via one-on-one

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28 The number has been readjusted for Q2.
technical assistance (TA) provided to Dinas P3A representatives to ensure they would have funds to implement their SOPs, referral systems, and other tasks.

Building on the momentum established at the end of Y3, a Bersama consultant with deep knowledge of Indonesian planning and budgeting at the local, regional, and national levels led the project’s efforts to ensure 2020 budgets included vital line items addressing GBV prevention and services. As a result, in Q2Y4, Bersama learned that four agencies (the Dinas P3As in Jayapura District and Jayapura City, West Papua Province and Manokwari District) all had incorporated crucial GBV-related recommendations into their approved 2020 budgets due to Bersama’s help (see Table 6). While the activities were completed in Q1, Bersama received the supporting documentation to report these entities in Q2. To build on efforts to further improve GBV services in the 2020 budget and help agencies plan ahead for GBV in their 2021 budgets, Bersama had planned to provide further support in Q3, but ultimately curtailed these plans given government’s focus on COVID-19 and provided targeted TA to Dinas P3A West Papua Province and Manokwari District in Q4 (see Table 1).

Bersama did not support DinsosdukP3A29 because the agency was undergoing a merger with Dinsos during Q1 and Q2. In Jayawijaya District, Bersama discontinued planning and budgeting support due to the social political unrest in Q4Y3 and early Q1Y4, which made access to the district difficult and limited the availability of government officers to operate or engage with project staff. In Sorong District, the newly appointed head of the Dinas P3A did not prioritize this activity and was not forthcoming with documentation, leading to Bersama providing limited support, as described below.

### Technical assistance for budgeting and planning for GBV prevention and response

Bersama delivered more than 30 different capacity-building activities and/or technical support sessions in Y4 to key government agencies that helped to elevate GBV planning and budgeting priorities in Papua and West Papua. Those activities included 14 meetings, nine workshops, and six sessions providing hands-on TA to key government officials as they developed, implemented, and adapted their 2020 plans and budgets. In all, Bersama supported five different government entities to improve budgeting and planning for GBV prevention and response and to present and advocate for those plans/budgets to the Bupati’s and governor’s province- and district-level executive budget teams.

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29 Dinas Sosial, Kependudukan, Pemberdayaan Perempuan dan Perlindungan Anak (Office of Social Affairs, Population, Women Empowerment and Child Protection, formerly the Dinas P3A)
Bersama’s support primarily targeted the Renja\textsuperscript{30} or the budget activity plan (RKA),\textsuperscript{31} which are planning and budgeting documents containing information on program, activities, and spending plans for the following year. This work resulted in the adoption of the following recommendations by each district and province Dinas P3A in Y4:

**Jayapura District:** Bersama provided direct assistance to the section heads of the Dinas P3A to develop their budgets and plans for 2020.

As part of this work, Bersama highlighted the need to better synchronize the Renja with the Renstra.\textsuperscript{32} This shift toward improved complementarity between the plans is important because, in previous planning and budgeting years, Renja were developed with little regard to, or inclusion of, longer-term priorities established as part of the strategic plans. During the development of the Renja, the Dinas P3A agreed with a number of Bersama’s recommendations regarding specific activities to include in the RKA. Bersama recommended funds to establish a gender mainstreaming working group (POKJA PUG),\textsuperscript{33} including steps needed to make it official. Out of the four recommendations put forward as a result of Bersama’s coordination with the Dinas P3A, only the one establishing the working group was included in the RKA, demonstrating that, while GBV priorities are now generally considered to be higher priority, continued advocacy for inclusion and expansion of resources is needed.

During spot-checks conducted with Dinas P3A in Q4, staff mentioned that as a result of Bersama’s assistance, they understand how to “fight” for budgets and how to advocate to the budget team. They also now understand their internal planning and budgeting process, including the need for each division to discuss their priorities and develop their own plans and budgets before submitting to the Dinas’s P3A planning office. With Bersama’s support, they have established a process of collecting and managing data, which is used during the planning and budgeting process. In 2020, Bersama helped the agency identify relevant activities for inclusion in the RKA. The Dinas P3A staff stated that they will budget for UPTD services in 2021 as they expect the regulation to be approved.

**Jayapura City:** Bersama supported Dinas P3A to advocate to the Tim Anggaran\textsuperscript{34} through the Bappeda to provide additional budget from APBD\textsuperscript{35} to strengthen GBV case handling. Specifically, Bersama advised the agency to allocate $\text{[insert amount]} for GBV case handling in 2020. These funds will cover costs in five districts and 14 villages associated with paralegal training and a training-of-trainers (ToT) program to provide improved and expanded counseling to GBV victims. By comparison, in 2019, the Dinas P3A had proposed a budget for GBV case handling services for P2TP2A under the Special Autonomy Fund, however, this allocation was pending, and agency representatives reported spending their personal funds to provide vital services to survivors. Allocating funds from APBD instead of Special

\begin{footnotes}
\footnotetext{30}{Rencana Kerja (annual work plan)}
\footnotetext{31}{Rencana Kegiatan Anggaran}
\footnotetext{32}{Rencana Strategis (strategic plan)}
\footnotetext{33}{Tugas Kelompok Kerja Pengarusutamaan Gender}
\footnotetext{34}{Tim Anggaran is the city budget team. The team is established to develop the annual budget. The team is headed by Sekda and includes representatives from Bappeda, BPKAD (Badan Pengelola Keuangan dan Aset Daerah/Regional and Asset Management Agency), Regional Inspectorate, BKD (Badan Kepegawaian Daerah/Regional Personnel Agency), and Assistants to the Sekda.}
\footnotetext{35}{Anggaran Pendapatan, dan Belanja Daerah (the regional revenue and expenditure budget)}
\end{footnotes}
Autonomy Funds (Otsus)\(^{37}\) ensured that the training could include all relevant service providers and not only ethnic Papuans, as was the case in 2019.

Bersama also provided TA to the Dinas P3A, who then requested increased funding for UPTD-PPA establishment and monthly coordination meetings. Ultimately, however, the Dinas P3A was only able to include a budget for GBV case handling and a monthly coordination meeting of GBV providers. The other proposals were not included in the final APBD submitted to Bappeda in November.

**West Papua Province:** Bersama’s TA included a range of recommended proposed GBV activities for expanded funding, including strengthening the recently revitalized provincial POKJA PUG, budgeting for coordination meetings between service providers, and development of a gender profile for West Papua. The POKJA PUG is critical to the sustainability of continued/strengthened GBV service delivery because it is responsible for advising and supporting all technical offices in the development of gender-responsive budgets. Bersama also recommended strengthening the capacity of the Gender Driver team\(^{38}\) by including a learning visit to a province that implements gender mainstreaming, for example in Banten or West Java. The Dinas P3A budgeted [Redacted] for activities to strengthen the capacity of the POKJA PUG, all of which were included in the approved 2020 RKA. The budget includes specific activities for the POKJA PUG, including orientations on GBV and GBV case handling, and orientations to service providers of important national GBV legislation such as the 2004 law on the Elimination of Domestic Violence and the 2002 law on the Elimination of Child Labour, Protection of Children and Young Persons. The Dinas P3A also budgeted [Redacted] for GBV case handling, which includes [Redacted] for construction of a safe house. The Dinas P3A successfully budgeted and secured funding for case handling, the safe house, and a designated GBV services/interview room through TA provided by Bersama. In addition, the Dinas P3A expected to receive [Redacted] for the construction of the safe house. However, as of September 2020, Bersama learned that all funds originally budgeted for the safehouse were diverted for COVID-19 response and they will need to find funding to pay for the construction of the safe house.

**Manokwari District:** The Dinas P3A agreed to include activities that promote gender equality and improved services such as GBV case handling; GBV prevention and awareness raising; strengthening the capacity of the POKJA PUG; and economic empowerment and income-generating activities for victims of violence, with a focus on women-headed households or marginalized women who may be at higher risk of GBV. The Bersama team assisted the Dinas P3A to produce five RKAs, though only two were approved due to budget cuts in 2020. The Dinas P3A budgeted [Redacted] for GBV case handling, including budget for VER. Spot-checks conducted with Dinas P3A in Q4 revealed that Bersama’s assistance helped the Dinas P3A understand budgeting priorities as well as the main tasks and functions for planning and budgeting. Prior to Bersama’s assistance, the annual plan and budget were developed by the Program and Planning

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\(^{37}\) Dana Otonomi Khusus

\(^{38}\) The Gender Driver team consists of the head of key agencies including Bappeda, BPKAD, Inspektorat, Ortala and DP3A who are responsible for enforcing gender mainstreaming at the technical offices (OPD)

\(^{39}\) [Redacted]
Division in consultation with the other divisions at the Dinas P3A. After Bersama’s assistance, each division began to discuss their priorities and prepare their plans and budgets for submission to the Program and Planning section. With Bersama’s support, the agency proposed several new activities, including POKJA PUG. In 2021, the Dinas P3A plans to support the PATBM\(^{44}\) Network (Community Based Integrated Child Protection), which was established to support the agency’s outreach at the community level. Although the network has been mostly inactive, since 2019 the Dinas P3A has issued decrees to assign coordinators to support services such as complaint handling, mediation, and referrals. In addition, the Dinas P3A has budgeted for coordination and cross-sector meetings. These activities were also budgeted for 2020, however, there were cuts due to reallocation of funds for COVID-19 response.

**Sorong District:** Bersama’s planning and budgeting support in Sorong District was limited in Y4 due largely to the lack of engagement by officials/agencies, lack of political will and the consequent inability of the project to collect relevant planning and budgeting documentation. However, as a result of consultations with Bersama, the Dinas P3A added a number of key line items to support GBV services to their 2020 budget, including costs for: 1) assisting GBV victims\(^{45}\) (transporting to puskesmas/hospital/police, any associated cost for food, clothing etc.); and 2) building the capacity of P2TP2A staff for counseling costs (transport costs). After these recommendations were made, however, Bersama learned that the Bappeda delayed submitting the final draft of the APBD as well as the regional regulation to the governor for review and approval. Because Bersama staff were unable to collect the Renja and RKA documents, the project was unable to determine which recommendations were incorporated and which were omitted.

**Follow-Up Activities**

In Q3, due to COVID-19 and related restrictions on travel, government work-from-home orders, and the lack of access to government partners, Bersama adjusted its implementation planning and scaled back planned support for the 2021 planning and budgeting cycle.\(^{48}\) Bersama opted not to pursue activities that had been planned to help the Dinas P3As in West Papua Province and Manokwari District to bolster their 2021 budgets to support GBV victims.

However, the Dinas P3A West Papua Province and Manokwari District requested help to identify potential additional sources of funding for the 2021 budget cycle in light of funding cuts resulting from the pandemic. Fortuitously, as a result of Bersama’s consultations with MOWE on UPTD-PPA establishment earlier in the year, Bersama learned that the GoI will allow use of DAK funds for GBV case handling services and construction of infrastructure such as safe houses. Upon further consultation with MOWE, Bersama learned that the use of such funds is actually a recently launched GoI pilot initiative under which MOWE will identify provinces eligible for funding, though it will not solicit funding proposals. MOWE is still determining the scope of this initiative. Currently, use of DAK 2021\(^{49}\) is under

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44 Perlindungan Anak Terpadu Berbasis Masyarakat
45 Transporting to puskesmas/hospital/police, any associated cost for food, clothing etc.
46 For more detailed information, please refer to Bersama’s memo on changes to the 2020 project work plan, approved by USAID on May 12, 2020.
49 Also known as DAKNF, DAK Non Fisik

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consideration at the province and district/city level. Bersama’s understanding is that the 2021 KUA-PPAS includes all activities that were included in the 2020 plan.

1.1.1.2 Provide tailored capacity building to government entities to support RAD development and implementation

**Jayawijaya District’s Regional Action Plan Integrated into the District’s Strategic Plan**

Beginning in Y2, Bersama began working with local governments in Jayawijaya District to develop its regional action plan (RAD). At the time, Jayawijaya District’s government lacked any kind of coordinated plan or strategy to address GBV. Because local officials recommended starting at the agency levels, throughout Y3, Bersama supported both the Dinas P3A and Bappeda to convene stakeholders and draft the required regulation, culminating in the Bupati’s approval and signature of the Perbup regional action plan in Q3 of that year.

In Y4, Bersama planned to support the district government to institutionalize GBV prevention and response by integrating the regional action plan into the strategic plan of the Dinas P3A. Key elements of the strategic plan, drawn from the regional action plan, included information on the status of gender equality and women’s empowerment and child protection in Jayawijaya District, establishing a P2TP2A, developing materials on gender equality and justice, offering ToT for staff providing services to victims of domestic violence, disseminating information on domestic violence case recording and reporting, and facilitating efforts such as GBV case handling to protect women against violence. During Q1Y4, project staff provided TA to integrate the regional action plan into the Renstra. Unfortunately, due to severe political unrest, including riots in late August and September 2019, the local government was mostly inactive for much of Q1, leading to delays in finalizing the regional action plan document.

In Q2Y4, Bersama coordinated with the Bappeda and Bupati offices to complete the final formatting, branding and plans for publishing the regional action plan for Jayawijaya District, a major accomplishment considering the political upheaval, COVID-19 challenges, and the total absence a mere two years earlier of any GBV priorities in district plans or budgets. In Q3 and Q4, Bersama printed and distributed 100 copies of the regional action plan to the Bappeda, providing a blueprint for future plans and budgets and inclusion of GBV services. Bersama handed over 70 copies for the regional action plan to Bappeda for distribution to Dinas P3A and other stakeholders in Jayawijaya District.

**Jayapura District Establishes Violence-Free Area**

During Y2 and Y3, at the request of the National Commission on Violence Against Women, Bersama helped officials in Jayapura District plan and implement the establishment of the region’s first specially designated “violence free areas” (VFAs). Bersama advised stakeholders and key officials in Jayapura District to draft the decree, signed in Y3 by the Bupati of Jayapura District.

The Bupati officially launched the VFAs in Q1Y4 to coincide with the International Day for the Elimination of Violence against Women and the start of the “16 days of Activism to Eliminate Gender-Based Violence” campaign in Indonesia. Attendees at the launch event included officials from Dinas P3A,

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50 Kebijakan Umum Anggaran-Prioritas Plafon Anggaran Sementara (general budget policy and temporary budget ceiling)
51 Rencana Aksi Daerah
52 Bersama submitted a waiver request to USAID to secure branding for the regional action plan, which was granted on March 16. Bersama secured final branding and marking approval for the regional action plan on March 31.
53 Komnas Perempuan
Dinkes, Dinsos, the National Commission on Violence Against Women, representatives from the Institute for Research and Empowerment of Papuan Women and Children (LP3AP), and the Legal Aid Institute of Indonesian Women’s Association for Justice (LBH APIK).

Bersama helped develop the Perbup, which has been distributed to the Dinas P3A acting head. Dinas P3A will pilot the Violence-Free Area (VFA) initiative in four areas in Jayapura District, including Sentani. While Bersama did not directly support the VFA initiative after Y3, the team learned that the Commission submitted an action plan for the VFA to Dinas P3A.

1.1.2 Build the capacity of government entities to develop and institutionalize standard operating procedures (SOPs)

Table 8: Output Indicator C (Number of entities supported to improved SOPs)

<table>
<thead>
<tr>
<th>ENTITIES SUPPORTED FOR SOPS</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of entities supported to improve SOPs</td>
<td>14</td>
<td>10</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

In Y4, Bersama continued to work with Dinas P3A, Dinkes, hospitals, puskesmas and police to revise, finalize and/or simulate SOPs developed with Bersama’s assistance earlier in the year. The SOPs provide detailed information and guidance for professional service providers to consistently and professionally support victims of GBV. To help agency representatives begin to practice using their newly developed SOPs, Bersama followed the same series of steps with each entity: 1) identify and draft basic SOPs; 2) refine SOPs based on feedback and local context; and 3) propose an adapted draft for adoption. After these steps and the SOP approvals by the appropriate agency leads, Bersama provided TA tailored to the needs of agencies, enabling them to conduct hands-on simulations involving role-playing and modeling of various prospective scenarios involving victims who require support. These simulations also served as on-the-job training to staff at service sites, ensuring that they can competently handle and record GBV cases as well as understand how to coordinate and refer effectively to other service providers for additional victim support. This assistance also provided an excellent opportunity for Bersama and service providers to identify and resolve any remaining problems and clarify specific elements within the SOPs.

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54 Lembaga Pengkajian dan Pemberdayaan Perempuan dan Anak Papua
55 Lembaga Bantuan Hukum Asosiasi Perempuan Indonesia untuk Keadilan
1.1.2.1 Finalize and rollout SOPs with Dinas P3A

Bersama supported Dinas P3A on six SOPs: case reporting, outreach, legal assistance, temporary shelter/safe house, mediation, and case management (including referrals). The establishment and adoption of SOPs is critical not only because the SOPs provide a road map of steps to be followed uniformly by all providers within agencies but also because they help to consolidate and standardize the documentation staff are required to complete (see Box 5); this standardization ensures everyone is on the same page as they help GBV survivors navigate their way through the government’s system of service delivery and referrals for support.

While Bersama was able to help the agencies develop the six SOPs (specific to UPTD-PPA), when the time came to approve them, all Dinas P3As noted that they could not finalize the SOP for the shelter/safe house until after actual construction of the facility.

Box 1: SOP Forms

- Client feedback
- Case record
- Intervention letter
- Checklist for case folder
- Accompaniment/legal assistance report
- Case chronology report
- Mediation report
- Legal consultation
- Outreach by paralegal and police rapid response unit
- Weekly progress report
Bersama prioritized to work Jayapura City, West Papua Province, and Manokwari District. Bersama decided it was not practical to support Dinas P3As in Papua Province, Jayapura District, and Sorong District. In Papua Province, the Dinas P3A merged with Dinsos and there was uncertainty and confusion at the Dinas P3A and no commitment. In Jayapura District, the new head of the Dinas P3A could not decide if they wanted to establish an UPTD-PPA and therefore were not interested in developing SOPs. In Sorong District, the newly appointed head of the agency did not want to establish an UPTD-PPA. In Jayawijaya District, Bersama limited activities due political violence from Q4Y3.

In Q1, Manokwari District and Jayapura City were able to sign (adopt) their SOPs. In Jayawijaya District, Bersama assisted with drafting and revising the case handling SOPs.

In Q2, West Papua Province and Jayawijaya District signed and adopted their SOPs. As noted above, service providers in Jayapura City, Manokwari District, and West Papua Province all conducted simulations of their SOPs with assistance from Bersama to ensure they are understood and relevant to the local situation.

During Q3 and Q4, Bersama supported the Dinas P3A West Papua to develop an additional SOP for handling inter-district GBV cases. This is unique for West Papua, as provincial Dinas P3As are responsible for handling inter-district cases. This is the sixth SOP developed for Dinas P3A West Papua.

In Q4, Bersama finalized a “how-to” guide with detailed instruction on SOP development for Dinas P3As. The purpose is to provide an easy-to-reference, step-by-step guide that includes an overview of the SOP development and implementation process. The guide is an important resource for scaling up and supporting other Dinas P3As around in other districts and around the country as they embark on the process of developing SOPs for GBV case handling and referral. These guides were presented to the agencies in October 2020.

### Conducting Simulations with Dinas P3As

After signing SOPs, Bersama helped the Dinas P3As facilitate simulations wherein some staff played the victim’s role and others worked with the victim using the appropriate SOP and accompanying documentation to complete intakes and referrals. Below are some specific outcomes and observations from simulations supported by Bersama with Dinas P3A Jayapura City, West Papua Province, and Manokwari District. The simulations in Jayapura City took place in February and March, West Papua Province in March, and Manokwari District in January.

- The Dinas P3A staff recommended additional training and TA for staff because there is a new division of work as a result of the SOPs. For example, case handling responsibilities will be managed by several staff members as opposed to past practices, when just one person had full responsibility.
- During the case management simulation, staff receiving the reports should work with the case manager to assess the victims’ needs, so that the manager can coordinate with legal aid and counseling services to provide assistance.
- Dinas P3A staff were not fully familiar with the new output documents and it will take time for them to get used to the forms. Before the SOPs were adopted, there was only the registration form.
- High staff turnover further exacerbates the lack of familiarity with the output documents. The Dinas P3A agreed to conduct additional simulations internally to practice using all the output documents.
The simulations will help orient staff (those responsible for registrations, case managers, and counselors) to their new roles when handling cases.

- In the past, staff struggled when providing information to the victims because they lacked reference materials about the issues facing victims and the available services at the agency or P2TP2A. Bersama has developed briefing booklets that can serve as reference material to learn about available services and aid the staff in completing the victim information forms.

The simulations will help orient staff (those responsible for registrations, case managers, and counselors) to their new roles when handling cases. In the past, staff struggled when providing information to the victims because they lacked reference materials about the issues facing victims and the available services at the agency or P2TP2A. Bersama has developed briefing booklets that can serve as reference material to learn about available services and help staff complete the victim information forms.

**Dinas P3As Manokwari District Establish GBV Hotline**

Following the order issued by the Governor of West Papua Province to work from home to prevent the spread of COVID-19, Dinas P3A Manokwari District established a GBV-services hotline, which is operated by P2TP2A. This hotline was established as a result of the outreach SOP developed with support from Bersama. On March 23, the Dinas P3A issued a formal notification about the hotline. Incidents of violence against women and children are reported via phone for the first time in the province. In all, three contact persons were trained to operate the hotline and are available on a 24-hour basis to receive reports and complete case reports as required by the newly adopted SOP. The Dinas P3A’s designated vehicle also will be available to take victims who call the hotline to the nearest puskesmas, and/or to other service providers, and will be used to help responders collect urgent documentation required for cases. Because this hotline is believed to be the first and only one of its kind in either Papua or West Papua, Bersama staff shared news about it with local journalists, including those engaged in training on GBV issues and efforts to improve GBV services and support with Bersama in 2018.

The rapid establishment and use of the new GBV hotline demonstrates how seriously the Dinas P3A in Manokwari District takes its responsibility to adapt to changing conditions and to support GBV victims, even in the face of the COVID-19 crisis that has likely resulted in fewer GBV victims seeking medical care due to fears about the virus. It is hoped that other districts in the region will emulate the hotline system.

**Impact and Outcomes**

Based on spot-checks during Q2 and Q4, Bersama observed the following outcomes and impact with the SOPs.

Dinas P3A Manokwari:

- The SOPs fit their context and local conditions, improved their knowledge of gender and GBV issues, and encouraged more engagement with other colleagues at the Dinas P3.

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56 No. 337-338/86
57 No. 337-338/86
• The agency has continued with networking, case handling, and providing referrals, although officials there said they had not yet begun using all standardized output documents and forms.
• Agency representatives changed their perceptions and recognized that anyone can be a victim of domestic violence, regardless of marital status, and thus should have access to available services.
• Dinas P3A staff increased confidence in processing cases, making referrals and generally providing better support to survivors, making the overall case handling process more efficient.
• Before Bersama’s assistance, coordination among service providers was primarily through phone and on an ad hoc basis without any agreements in place. Now they follow the SOPs for victim handling.
• With the SOPs in place, the agency is handling a greater number of cases.
• The documentation provides evidence of GBV and it has been helpful to implement the SOPs during the pandemic as the number of cases has increased since March.
• The Dinas P3A has publicized their hotline services through the media (by informing journalists) during the pandemic.

Dinas P3A Jayapura City:

• Staff have a better understanding of the SOPs due to mentoring and SOP simulation by Bersama.
• The Dinas P3A is documenting the SOPs, and there is now a standardized process for entering data.
• The agency is sharing data with other service providers while maintaining confidentiality of victims. Recently, the United Nations Children’s Fund (UNICEF) requested data, which the Dinas P3A could provide on short notice.
• When there was a change in Polresta personnel, the police proactively convened a meeting with the head of Dinas P3A to provide introductions and ensure that ongoing coordination takes place without any interruptions.

1.1.2.2 Finalize SOPs with Dinkes

Bersama helped develop SOPs in flow chart format for designated hospitals and puskesmas within Bersama’s targeted locations. While these health facilities had general SOPs for treating all types of victims/patients, they lacked specific SOPs for GBV case handling. By the end Q2Y4, all SOPs (including those in flow chart format) had been adopted by all targeted hospitals (3) and puskesmas (5) in the project implementation area. Most simulations had been completed in all locations by mid-March except at RSUD Yowari, Jayapura District, and RSUD Manokwari, Manokwari District. However, some of these activities were delayed due to the unavailability of doctors and lack of access to emergency rooms. This period also coincided with COVID-19 outbreak and related restrictions to health facilities. Given these new realities, Bersama staff handed over necessary

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58 This refers to MOUs.
59 Respondent reported that there were 12 cases between January – March, and 50 cases from April–August.
60 Kepolisian Resor Kota (City Resort Police)
materials, including output documents, to hospital staff so that they could conduct simulations when conditions allow.

1.1.2.2.a. Draft, adopt and rollout SOPs with Dinkes in Jayapura and Manokwari
1.1.2.2.b Draft, Adopt and Rollout Flow Charts and SOPs with Dinkes in Jayapura City

In December, Bersama consulted with representatives from the Ministry of Health (MOH) to clarify questions from hospitals and puskesmas, solicit feedback on the SOPs and flow charts, and share information concerning the challenges that these facilities faced with respect to GBV case handling in West Papua and Papua. For example, health care officials wished to discuss whether their agencies should use flow charts or SOPs. In response, MOH officials proposed that both puskesmas and hospitals use flow charts, as originally envisioned in the Ministry's previously issued guidelines. The officials also recommended that the GBV flow chart for puskesmas and hospitals be integrated into the referral SOPs for Polda, Polres and Polsek.

Health Service Providers Make Progress on Developing GBV Services SOPs in Q1

Bersama continued to meet regularly with the Dinkes in Jayapura District, Jayapura City, West Papua, Manokwari District and with key staff at targeted hospitals and puskesmas to discuss the use of flow charts/SOPs. Bersama learned that traditionally, only hospital staff have used flow charts while the puskesmas have followed general SOPs. Nevertheless, many puskesmas officials stated they would prefer to switch to use of a flow chart format for GBV cases Ultimately, in consultation with the MOH, Bersama recommended the puskesmas also begin utilizing the flow chart system, bringing clarity to the issue.

Papua Province

In January, Bersama convened the heads of district and provincial Dinkes; the heads of the Puskesmas Sentani, Puskesmas Kanda, and Puskesmas Tanjung Ria; and the directors of Yowari Hospital and RSUD Dok II Jayapura Regional Hospital. Although the SOPs vary somewhat by facility, crucially, all services described and identified in the charts now include/involve the Dinas P3A, the police, and Dinsos. This marks a major milestone in the development of better coordinated, unified government processes for supporting GBV survivors across agencies.

Following the above (and further) consultations, three puskesmas—Tanjung Ria in Jayapura City, Kanda, and Sentani in Jayapura District—finalized and adopted the SOPs in Q2Y4. Puskesmas Tanjung Ria agreed on three output documents for victim identity, service approval, and a form to handover evidence to police. Puskesmas Sentani finalized and signed the SOP (flow chart format) for GBV case

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61 Sub-headings 1.1.2.2.a and 1.1.2.2.b have been combined because many of the consultations happened at the same time and it would be repetitive to present the information in two separate sections.
63 Kepolisian Sektor (Sub-district police)
64 Sector police
65 Based on Bersama’s AOR, the flow charts should be referred to as SOPs.
handling and has since established a dedicated consultation space\textsuperscript{66} for people who have health problems (including GBV victims), and/or who require a private space for consultations with nurses or doctors. The Puskesmas Kanda adopted a new record form for informed consent and informed refusal to take a case to police. In February 2020, RSUD Yowari and RSUD Jayapura both adopted GBV case handling SOPs for the hospitals.

**West Papua Province**

During Q2, Bersama also facilitated a stakeholder meeting with provincial-level Dinkes West Papua, Dinas P3A West Papua Province, Dinas P3A, Manokwari District, Dinkes Manokwari District, RSUD Manokwari District, Puskesmas Sanggeng, and Puskesmas Wosi. At the meeting, the SOP for GBV case handling was signed, marking the first time that the hospital enacted an SOP (in the flow chart format) on GBV case handling. Other facilities in the region have since followed suit, with Puskesmas Sanggeng and RSUD Manokwari District both adopting GBV case handling SOPs in February.

**Simulations**

During Q2, Bersama completed simulations with four puskesmas and one hospital. Bersama did not help conduct simulations with RSUD Yowari, Jayapura District and RSUD Manokwari District because it was difficult to get dedicated time from hospital staff to conduct the simulation. Bersama assisted each provider (puskesmas and hospitals) to conduct the SOP simulation by using relevant documents. Table 9 summarizes the provider, adopted forms, and lessons learned from the simulation.

*Table 9: Provider, adopted forms, and lessons learned from the simulation*

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>ADOPTED OUTPUT FORMS</th>
<th>FINDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puskesmas Tanjung Ria, Jayapura City, Papua Province</td>
<td>Medical record form</td>
<td>Time taken to provide services to GBV victims may increase when there are more patients in the puskesmas. When there are patients, it will take longer for GBV victims to get services.</td>
</tr>
<tr>
<td></td>
<td>Informed consent (service approval form)</td>
<td>If there are patients who do not speak Bahasa Indonesia, there are staff at Puskesmas Tanjung Ria who can speak local languages.</td>
</tr>
<tr>
<td></td>
<td>Informed refusal form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referral form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proof/sample handover to police form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>VER result form</td>
<td></td>
</tr>
<tr>
<td>RSUD Jayapura, Jayapura City, Papua Province</td>
<td>Medical record form</td>
<td>Specifically, for RSUD Jayapura, Dr. Mayalibit asked to change the SOP name from “Flow Chart for Services for Women and Children Victims of Violence”, following the term from Ministry of Health, to “Flow Chart for Services for GBV Victims.”</td>
</tr>
<tr>
<td></td>
<td>Referral form</td>
<td>RSUD Jayapura preferred to use their own form for inform consent form</td>
</tr>
<tr>
<td></td>
<td>Proof/sample handover to police form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>VER result form</td>
<td></td>
</tr>
<tr>
<td>Puskesmas Sentani, Jayapura District, Papua Province</td>
<td>Medical record form</td>
<td>Puskesmas Sentani adopted the medical record form from Puskesmas Tanjung Ria, which is very helpful because it is simpler than the previous 17-page form.</td>
</tr>
<tr>
<td></td>
<td>Informed consent (service approval form)</td>
<td>Staff found the informed consent form very helpful because it is specifically for GBV patients. They previously only used a general patient form.</td>
</tr>
<tr>
<td></td>
<td>Informed refusal form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Referral form</td>
<td></td>
</tr>
</tbody>
</table>

\textsuperscript{66} Honai Konsultasi
### PROVIDER

**ADOPTED OUTPUT FORMS**

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>ADOPTED OUTPUT FORMS</th>
<th>FINDINGS</th>
</tr>
</thead>
</table>
| Puskesmas Sanggeng, Manokwari District, West Papua Province | Medical record form  
Informed consent (service approval form)  
Informed refusal form  
Referral form | The role-play was based on a case they handled the previous week, where a pregnant mother experienced violence from her husband.  
Puskesmas Sanggeng staff found the adopted form very useful because the forms are specifically for handling GBV patients and clearly lay out patient services including counseling. |
| Puskesmas Wosi, Manokwari District, West Papua Province | Medical record form  
Informed consent (service approval form)  
Informed refusal form  
Referral form | Puskesmas Wosi found that the forms are very helpful since they are specifically for GBV cases and outline clear services for the patients, including counseling. |

### 1.1.2.3 Build the capacity of Dinkes staff to develop GBV-specific SOPs

While Bersama originally planned to develop specific SOP templates for Dinkes to replicate at other hospitals and puskesmas, the team learned that each SOP is customized to service providers' needs making it difficult to come up with a generic template. Therefore, Bersama is no longer developing a generic template. The relevant province- and district-level Dinkes were closely involved in developing SOPs for hospitals and puskesmas and have an understanding of the process to develop SOPs. Additionally, Bersama shared the adopted SOPs with Dinkes and other service providers during the Q2 quarterly coordination meeting which can serve as potential templates. Refer to section 1.2.1.1g Facilitate quarterly coordinate meetings for GBV service providers below for more details about these meetings.

### 1.1.2.4 Build the capacity of police to strengthen services

In Y4, Bersama built on its experience working with police at the Papua and West Papua provincial levels and in Manokwari and Jayapura districts and made great progress. In Y3, Bersama drafted SOPs for police. In Q1, Q2 and Q3 Y4, Bersama focused on getting those SOPs proposed and adopted (signed by the director of Ditreskrimun67 at the provincial level). In Q4, the West Papua police adopted three of the four SOPs.

### 1.1.2.4.a Conduct GBV workshop with police

Though originally planned for Y3, due to political unrest in Papua and West Papua, Bersama conducted GBV orientation workshops for Polda in West Papua and in Papua Q1-Q2Y4.

As a result of these workshops, West Papua Province service providers are now working more closely together. The police superintendent helped to motivate and further empower workshop participants by emphasizing that they are the leaders responsible for bringing change to the provincial police and are charged with ensuring the delivery of professional and measurable GBV services to better protect the

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67 Direktorat Reserse dan Kriminal Umum (Directorate of General Investigation and Crimes)
women and children in their jurisdictions. During the meeting, participants learned that police and Dinas P3A staff are now working together on important issues, including managing the new safe house, establishment of *Ruang Pelayanan Khusus* (RPK/Designated Service Rooms- described below) and referral systems. The Dinas P3A and police have key/dual roles to play in operating and maintaining this infrastructure and the new approach to improved delivery of GBV services.

In Papua Province, participants agreed to provide referral services for victims, including legal assistance and counseling by Dinas P3A, medicolegal services by health officers from Dinkes, and social rehabilitation services from the Dinsos. Participants also discussed challenges with operationalizing the safe house due to lack of coordination between the former Dinas P3A Papua Province and Polda Papua Province. Please refer to 1.2.1.1.a (Conduct consultations to collect additional information in Jayapura City and facilitate MOUs in Papua Province, Jayapura District, Jayapura City, West Papua Province, Manokwari and Sorong districts) for more details.

1.1.2.4.b. Technical assistance for adopting SOPs and rollout of SOPs for police

The police in Papua and West Papua previously lacked SOPs to guide them on handling GBV victims, conducting investigations, and referring victims to services such as hospitals and/or legal counsel. By the end of Y3, both Papua and West Papua provincial police had developed selected draft SOPs and some of the associated output documents. By the end of the Y4, West Papua had adopted three of four SOPs. As a result of this work, Bersama was able to help the police departments in West Papua Province to become only the second force in the country, after Polda Metro Jaya in Jakarta, to develop SOPs for improved GBV service delivery. This important development is an indicator of the elevated priority and improved understanding of GBV as a major social (and law enforcement) problem deserving of increased attention and resources now embraced by service providers, including the police, in the two target provinces.

Following the adoption of the SOPs, West Papua provincial police officially opened a designated service room (RPK) for GBV victims. Prior to this, the police were using one general service room, where other crimes and offences are also reported and the room is often crowded. Police and other service providers often mentioned that GBV victims are reluctant to talk due to the lack of privacy when reporting cases.

With the pandemic, much of the budget for West Papua provincial police, including budget for *Unit Perlindungan Perempuan dan Anak* (Unit PPA/Women and Child Protection Unit) was reallocated for COVID-19 response and Polda West Papua did not have the budget to establish the RPK. Bersama...
advocated directly to the Chief of Police during the SOP development process and was able to secure budget for establishing the RPK. The room is equipped with child friendly facilities and will be managed by officers from Sub Directorate IV for Remaja, Anak dan Wanita (Renakta/Youth, Children and Women Unit) who have adequate knowledge on GBV case handling. West Papua provincial police also developed a short video to announce the establishment of the RPK which was disseminated via WhatsApp.

As a step toward sustainability of this collaborative effort with police to improve GBV services, Bersama developed a “how-to” guide for developing police SOPs along with four animated videos for the West Papua police. The guide serves as an important reference for police not only in Papua and West Papua but potentially for regional police in other parts of Indonesia interested in exploring and adopting GBV-specific standards for their departments.

### West Papua Police Adopts GBV Case Handling SOPs

West Papua Police developed a total of four SOPs specific to the province: (i) Domestic Violence Case Reporting; (ii) Mediation for Domestic Violence in Integrated Police Service Center; (iii) Complaint Handling for Child Victims; and (iv) WhatsApp “Red Tie” hotline, (referenced above). In Q4, three of four SOPs were adopted. The WhatsApp “Red Tie” hotline was not adopted. Since these are the first GBV case handling SOPs to be developed and implemented by a regional police outside of Jakarta, the entire process (development, review, and adoption) was viewed as a kind of trial run, or proving ground, to learn and observe how some important, national-level regulations governing GBV service delivery would translate to regional contexts.

Bersama supported West Papua Polda to remotely conduct a simulation enabling officers to test the new procedures and forms prior to the approval of the SOPs. Bersama focused initially on conducting informal simulations for two specific SOPs: (i) handling domestic violence cases; and (ii) handling cases involving children.

Bersama observed the work of the police over a period of two weeks between May 18 to July 5. In these exercises, police tested handling GBV cases and coordinating with the Dinas P3As in West Papua Province and Manokwari District, providing referrals and mediation. During this period, Bersama learned that, although coordination had improved amongst Polda West Papua, Polres Manokwari District, and Dinas P3As in West Papua and Manokwari District, police in these locations still were not using the relevant output documents, including the proper referral form. Instead, much of the communication takes place informally, via mobile phone and/or texting via WhatsApp, resulting in the loss of important information pertaining to cases, as these mobile communication methods do not always result in generation and maintenance of proper documentation/records. Bersama learned that Polda West Papua has taken an innovative step by establishing a WhatsApp hotline to handle cases, including GBV-related cases. However, the Dinas P3As are not yet consistently sharing information about the hotline with the victims. These observations indicate that while coordination and information sharing between service providers is improved, further work remains to be done to ensure adherence and proper implementation of new standards.

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69 Penerimaan Laporan/Pengaduan Kekerasan Dalam Rumah Tangga
70 There were three numbers announced as the hotline, including: Head of Women and Child Protection Division (0813-1581-2577); Head of Child Protection Section (0823-9949-6970); Staff of Women and Child Protection Division (0813-4455-4175)
In August, the police signed (adopted) three SOPs for: (i) Domestic Violence Case Reporting; (ii) Mediation for Domestic Violence in Integrated Police Service Center; and (iii) Complaint Handling for Child Victims. It took several weeks for the police to complete the internal administrative on process to complete review of the SOPs and get them signed. The police plan to conduct a formal simulation of the SOPs. In addition, they plan to carry out an orientation of the SOPs with all ten Polres in West Papua.

**Papua Police Develop GBV Case Handling SOPs**

Polda Papua developed three SOPs during Y4, including: (1) Handling Domestic Violence; (2) Safe House; and (3) Handling Cases Involving Children. Bersama spent considerable time engaging Renkata and Polda Papua. By the end of Q4, Bersama helped revise the SOPs and develop output documents, but the Polda was not yet fully prepared to carry out the SOP simulation. The SOPs were undergoing legal and administrative review at Polda in Q4 and had not yet been adopted.

**Strengthening Relationships Between National- and Regional-Levels of Polda**

Much of Bersama’s success in working with the police can be attributed to “behind the scenes” efforts to build new communication channels that strengthen the working relationship between national- and regional-level police. This approach was kickstarted in Q1Y4 when an important Bersama partner, the acting head of Unit I Renakta West Papua police, shared his experiences drafting SOPs for domestic violence complaints, case handling, and mediation in collaboration with Bersama at a national gathering of Renakta and Unit PPA held by the Criminal Investigation Agency of the Indonesian National Police. This valuable information ultimately formed the core of a set of best practices that Bareskrim will use to develop guidelines on case reporting and mediation for domestic violence cases under case investigation. The information sharing session served as a good example of how police can strengthen their relationships and networks within local government, particularly with the Dinas P3As, to improve GBV services.

After the acting head of Unit PPA and Bersama consulted with Unit PPA of Bareskrim and Polda Metro Jaya on the draft SOPs for West Papua, West Papua Polda opted to add an SOP for child case handling due to the high number of cases of violence against children in West Papua, especially those involving sexual violence where children are victims, witnesses, or perpetrators. An SOP on child case handling and two other draft SOPs on domestic violence cases (mediation and case reporting) were

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71 Per Kapolri Regulation No. 11/2016, Polda can proceed with the legal process prior to the simulation as long as the Law Division reviews the SOPs.
72 A fourth SOP on cases involving adultery was dropped, as this may put women at risk, and because no national-level requirements exist for the Polda to adopt such an SOP.
73 Sub-Direktorate IV Remaja, Anak dan Wanita (Sub-Directorate IV for Youth, Children and Women)
74 Unit Perlindungan Perempuan dan Anak (Women and Child Protection Unit)
75 Badan Reserse Kriminal Kepolisian Negara Republik Indonesia (Criminal Investigation Agency of the Indonesian National Police)
76 Greater Jakarta Metropolitan Regional Police
developed internally and with other GBV service providers.

During Q3Y4, Bersama engaged Bareskrim and Renkata, at Polda Metro Jaya to provide updates on the Papua and West Papua SOPs, and obtain clarification of some SOP requirements, and relevant police regulations. During this process, Bersama helped strengthen coordination between Bareskrim and the provincial police in Papua and West Papua by enabling the agencies to more frequently coordinate and exchange ideas and information as they developed GBV case handling SOPs. In doing so, Papua and West Papua Polda inadvertently became “role models” for Bareskrim, as they are the only police forces to develop GBV case handling SOPs other than Polda Metro Jaya. Given the high number of cases in the region, supporting the regional police has become a top priority for Bareskrim.

Bareskrim also provided useful guidance concerning how requirements could be adapted to the local context in Papua and West Papua, emphasizing the need to consider local culture and customary laws used to settle disputes that are important to consider while handling mediation for the victim.

During the consultations, Bersama clarified the requirements by coordinating with the national government or helping to devise viable alternatives when faced with requirements that could not be applied in the Papua and West Papua context. For example, while revising the SOPs, Bersama learned about service standards developed by the Ministry of Administrative and Bureaucratic Reform, which stipulates that SOPs must include Baku Mutu. To address the Baku Mutu requirement, additional consultations were conducted with the West Papua Dinas P3A and information was collected from all the Dinas P3As in the province that handle cases. Determining how to address the Baku Mutu requirement was challenging and time-consuming since referral service providers have different procedures and the time for services varies widely.

### National Guidelines

In an extremely encouraging development, after observing and learning from Papua and West Papua’s experiences developing SOPs, Bareskrim decided to develop guidelines for police investigators handling GBV cases for all of Indonesia. Their groundbreaking experience supporting Papua and West Papua Poldas to develop SOPs offered up important lessons and best practices that will influence guidelines for developing country-wide standards. The guidelines under development will help investigators in the Unit PPA who work directly with victims of GBV. These investigators play a critical role in case handling, as they are typically in charge of GBV case investigations and can have a direct and significant impact on the quality and speed of services offered to victims, including other referral services, how mediation is conducted (if required), and the general progress of the case through the system.

As part of the process to develop the national guidelines, Bersama joined a meeting organized by Bareskrim and 12 Polda departments from across Indonesia. The objective was to seek and obtain regional police inputs into guidelines for investigation of domestic violence cases, and, crucially, to ensure the process is well integrated with other local government services provided by Dinas P3As, UPTD-PPAs and P2TP2As. The Polda SOPs for domestic violence cases will be based on these soon-to-be developed national guidelines.

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77 Kementerian Pendayagunaan Aparatur Negara dan Reformasi Birokrasi Republik Indonesia (KemenPAN-RB)
Bareskrim will conduct outreach activities, engaging regional police and local government to highlight the importance of GBV case handling. In addition, Bareskrim is planning to roll out policies that will enable the police to resolve cases quickly while following established protocols. The guidelines planned by Bareskrim will be general and applicable to all of Indonesia. However, the regional police, particularly in Papua and West Papua, can develop more tailored guidelines to suit local conditions, and which are based on their experiences implementing the SOPs. Bareskrim and MOWE conducted a meeting with all 529 Unit PPAs in the country, including in Papua and West Papua, to discuss the integration of GBV case handling SOPs between Dinas P3A/UPTD-PPAs and Unit PPAs. Notably, in Papua and West Papua, with Bersama’s support, the SOPs are already integrated. For example, the police SOPs clearly indicate services provided by Dinas P3As. Both Papua and West Papua police shared their SOPs at this meeting.

1.1.3 Facilitate Peer Learning around GBV Service Delivery

In Y4, Bersama facilitated two #endGBV learning forums in Q1 and Q4. The forum held in Q4 also served as the end of project event.

#endGBV Learning Forum Strengthens Relationships among Agencies to Address GBV

Representatives from government agencies that support GBV victims from West Papua and Papua gathered in Jayapura District in November 2019 to share best practices, lessons learned, and build interagency relationships to support future coordination and cooperation in the battle against GBV. In all, 45 (32F/13M) participants from Dinas P3A, Dinkes, Bappeda, puskesmas, hospitals, police, Dinsos, the Regional Office of the Ministry of Law and Human Rights (KumHAM),78 and civil society organizations (CSOs) shared best practices and lessons learned through the interactive forum. The Bersama team worked closely with a steering committee comprised of representatives from Dinas P3A Jayapura, Dinas P3A Papua, Dinas P3A Manokwari, Dinas P3A West Papua, KumHAM, and Puskesmas Tanjung Ria to plan and implement this workshop. The workshop topics included planning and budgeting, development and enactment of SOPs, safe houses, UPTD-PPA transition, and the regional action plan.

Participants developed five commitments to end GBV based on their discussions, and later committed to including those activities in their regional action plans and budgets. Commitments ranged from pledges to support women and children by providing better services, increased coordination with relevant stakeholders, creation and support for gender working groups, and planning and implementing regular forums and meetings to synchronize efforts and share information. There were personal commitments from participants to serve as

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78 Kementerian Hukum dan Hak Asasi Manusia
better facilitators and service providers, deepen their own and others understanding of GBV, and serve as role models.

By creating space for participants to interact and share lessons learned and best practices, Bersama helped facilitate new and/or deeper relationships between important actors and create opportunities for participants to learn about each other’s work and how they might collaborate in the future. Mr. Ipda Ihot Tampubolon, Acting Head of Unit I Sub-Directorate IV for Youth, Children and Women, West Papua police, noted that it was the first he had heard about the UPTD-PPA development process and of the important role police will play in the regional units.

The forum also enabled Bersama to collect critical information on remaining challenges, such as the lack of consistent coordination among GBV service providers on case handling and budgeting, an overall lack of gender awareness among high-level decision-makers in government, and the need to strengthen monitoring and evaluation of GBV case handling reporting to incorporate findings into future activities. Bersama concluded the forum by collecting reflections on what worked well and what can be improved for the next forum that will take place in 2020.

**Q4 Forum/Project Closeout**

Due to COVID-19 and the inability to hold large meetings in person, the project’s final #endGBV forum was conducted online in two separate sessions held in July: a technical session on coordination between service providers, followed by a plenary meeting.

**Technical Session**

The technical session included 32 participants from Papua, West Papua and Jakarta, who gathered to discuss best practices and lessons learned on strengthening coordination to improve services for GBV victims, how each agency is coping under COVID-19, and Bersama’s impacts over the past four years of implementation. Participants included Dinas P3As, health service providers (puskesmas and hospitals), police, legal aid providers, USAID Indonesia and Bersama staff.

In comparison to just two years ago, participants were able to cite significant improvements, especially in inter-agency coordination of efforts to improve GBV services due to Bersama’s support. Some examples include:

- Improved coordination and enhanced communication between the Dinas P3A and Polda in West Papua, where the Dinas P3A is now directly responding to referral requests from the Youth, Children, and Women Unit of the Polda West Papua. As a result of the enhanced coordination, the Dinas P3A is now providing face-to-face counseling and mediation services (the latter, including the police) to GBV survivors while simultaneously observing strict health protocols to ensure survivors are receiving medical care and legal support as rapidly as possible. The Polda are now involved in handling diversion79 for children in conflict with the law, and the West Papua Dinas P3A is coordinating with the police-owned hospital, Bhayangkara Hospital. GBV victims at this facility receive immediate treatment and access to forensic medical examinations (VER) free of charge. The

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79 Diversion programs are aimed at channeling young people from the criminal justice system into programs that make them accountable for their actions.
Dinas P3A of West Papua has begun coordinating more closely with Dinas P3A Manokwari District, communicating more frequently as a result of communication and networking strengthening by Bersama. West Papua Dinas P3A also has good coordination with organizations providing legal assistance.

- Polda West Papua is working with other service providers by phone and with formal correspondence to expedite processes. They have improved coordination with correctional centers, Provincial Prosecutor’s Office, District Prosecutor’s Office and Juvenile Correctional Centers to handle children in conflict with the law.
- Dinas P3A Jayapura City is coordinating well with the Polres but needs to improve coordination with the Polsek. They are also cooperating with Ortala, the regional secretary, and the Bappeda.
- In Papua, Puskesmas Tanjung Ria is now referring victims to Dinas P3A Jayapura City as per the established SOPs. They are also working closely with the Dinas P3A Jayapura City P2TP2A. Staff from this puskesmas have incorporated GBV messaging into their discussions with schools, when they inform students about their services.

Reflecting on Bersama’s impact, participants identified several key impacts. Bersama strengthened coordination among service providers. They also agreed that the combination of establishing SOPs for GBV Services and MOUs between service providers (though MOUs were not in place yet) has improved the quality and accessibility of GBV services for victims. One participant expressed hope that the work towards establishing the UPTD-PPA will have long-term impact on services for GBV victims.

There are still challenges -- service providers are not using formal letters and templates which are part of the SOPs. Some MOUs have yet to be signed among key entities within both provinces which continues to hamper the process. While Bersama had a great impact on Polda, the benefits haven’t trickled down to the Polsek and lower sub-district levels. Additionally, while they are directly working with communities, there aren’t enough women police to work with victims, police have not been trained on how to handle GBV cases, and they don’t have a good understanding of VER. Finally, with COVID-19, funds budgeted for the safe house in West Papua Province were reallocated. In Papua Province, the cooperation between police and other service providers needs to be strengthened.

**Plenary Session**

The plenary session of the online #endGBV learning forum and project closing event was conducted on July 21. Participants included GBV service providers from Papua and West Papua, including Dinas P3As, health service providers (puskesmas and hospital), police, and legal aid providers. Approximately 63 participants joined the meeting, including representatives of Bersama, Winrock International, and USAID Indonesia.

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80 *Kejaksaan Tinggi*
81 *Distrik (Papuan term for Kecamatan Tere)*
After formal welcoming remarks from Winrock International, USAID Indonesia, Ministry of Law and Human Rights, Republic of Indonesia, and Papua Governor’s Office, participants shared outcomes of the technical session on coordination described above. The next session allowed participants to share key learnings and progress on their work to provide improved services and their next steps and challenges. Highlights per agency are noted in Table 10, which summarizes improvements as a result of Bersama.

Table 10: Improvements as a result of Bersama’s Support

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>IMPROVEMENTS AS A RESULT OF BERSAMA’S SUPPORT</th>
</tr>
</thead>
</table>
| Dinas P3A West Papua        | • More structured process to handle GBV cases with the introduction of SOPs and MOUs.  
                               | • More frequent collaboration with Dinas P3A in Manokwari District and West Papua Province and the Provincial police.  
                               | • Increased budget and budget allocated for safe houses. Ultimately this budget was diverted to finance initiatives to address COVID-19, but the agency will advocate for reallocation in 2021.  
                               | • SOPs related to the service of handling GBV cases.  
                               | • Preparation of the establishment of UPTD-PPA in the province of West Papua.                                                                                                                                                                                                                                      |
| Dinas P3A Manokwari         | • Removal of silos between service providers and local government organizations.  
                               | • Increased cooperation with Polres, Polda, and Polsek after implementing SOPs for outreach and management of GBV cases.  
                               | • SOPs improved carrying out duties and provide clarity around division of tasks between Dinas P3A and the police.  
                               | • Improved understanding among staff on how to provide counseling in handling cases related to gender-based violence.  
                               | • Establishment of SOPs and UPTD-PPA.                                                                                                                                                                                                                                                                 |
| Dinas P3A Jayapura City     | • Establishment of MOUs between the municipality government, Jayapura City Polresta, the Courts, and the Prosecutor’s Office. These MOUs have been a tremendous help for service providers to better understand their functions and roles when delivering services.  
                               | • Improved communication between Dinas P3A with Echelon 1 government officials including at MOWE and MOHA. This strengthened communication has ensured that the higher-ranking members of the government understand the need for better service delivery for GBV victims.                                                                                       |
| DinsosdukP3A, Papua         | • As a result of Bersama’s support to DinsosdukP3A take steps to establish UPTD-PPA, Mappi district is now replicating the process on their own, using methods Bersama used with DinsosdukP3A.                                                                                                                                                                                                 |
| CSO LP3AP                   | • Increased understanding about GBV including the skills needed in handling GBV cases.                                                                                                                                                                                                                                                                                      |
| Tanjung Ria Puskkesmas      | • Improved delivery services for GBV victims at the grass-root levels.  
                               | • More effective communication and coordination amongst OPD and service providers, allowing them to be more responsive and work more effectively, particularly in providing services for GBV victims.                                                                                                               |

The participants also reflected on the necessary next steps:

• A referral system should be established that integrates psychosocial services for victims in collaboration with other bodies that receive reports of cases involving gender-based violence.
• It is vital that the national government’s directives and policies be implemented at the lowest possible levels of the government to support GBV-related programs.
• The SOPs can be replicated in other districts/cities in Papua and West Papua.
Towards the end of the event, Bersama recognized ten government and civil society partners from Papua and West Papua who have championed the work to improve services and raise awareness of GBV. In addition, these partners have worked closely with Bersama. The event was closed by remarks from Maureen Laisang, program management specialist and Bersama’s agreement officer’s representative (AOR) from USAID Indonesia and Ms. Yohana Tupamahu, DinsosdukP3A Papua Province.

*Activities planned for Y4 described elsewhere or not accomplished*

The following activities were postponed or cancelled due to COVID-19.

**Finalize and rollout SOPs with Dinas P3As (1.1.2.1):** While all the GBV case handling SOPs have been adopted, the SOP for safe houses has been drafted, but finalization and approval are pending for all three Dinas P3As. In order for the safe house SOPs to be adopted, the safe house needs to be constructed and operationalized. Bersama expects this to be delayed due to COVID-19. Given the limited time remaining on the project, the Bersama team proposed to the AOR in Q3 to not pursue finalizing the safe house SOPs.

**Draft, adopt and rollout flow charts and SOPs with Dinkes in Jayapura and Manokwari (1.1.2.2a):** As reported, simulation at RSUD Manokwari and RSUD Yowari could not be completed due to COVID-19. All other simulations at hospitals and puskesmas have been completed.

**Technical assistance for adoption and rollout of SOPs for police (1.1.2.4b):** As of August, the police in Papua did not adopt the GBV case handling SOPs as these documents were under administrative and legal review. In addition, Bersama could not support the police in Papua and West Papua to roll out the SOPs due to delays with adoption and COVID-19 related restrictions.
MECHANISMS

Sub-IR 1.2 Strengthened government entities’ GBV counseling, referral and coordination mechanisms

To allow agencies to work together and coordinate GBV efforts, Bersama helped facilitate MOUs between Dinas P3As and key agencies. Bersama also provided direct training on counseling to government staff who work with victims of GBV. Additionally, Bersama trained paralegals in Papua and West Papua to strengthen community-level GBV service provision.

Table 11: Output Indicator E (Number of entities supported to improve referral mechanisms)

<table>
<thead>
<tr>
<th>ENTITIES SUPPORTED TO IMPROVE REFERRAL</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of entities supported to improve referral mechanisms</td>
<td>20</td>
<td>21</td>
<td>25</td>
<td>3</td>
</tr>
</tbody>
</table>

1.2.1 Build the capacity of government entities to develop and institutionalize referral and coordination mechanisms

Figure 7: Referral Mechanisms
1.2.1.1 Develop and institutionalize referral structure and coordination

Bersama has been working with service providers in Papua and West Papua to strengthen referral systems in addition to establishing SOPs. One key step required to establish and improve GBV referral systems is to establish MOUs among key agencies participating in referral networks. MOUs allow agencies to formalize partnerships and establish clear roles and responsibilities.

1.2.1.1.a Conduct consultations to collect additional information in Jayapura City and facilitate MOUs in Papua, Jayapura, Jayapura City, West Papua, Manokwari and Sorong

Bersama’s work to develop MOUs started in Y3. In Y4, Bersama continued to consult with the Dinas P3As and the district-level stakeholders in Jayawijaya District and Jayapura City to collect any additional information. During Q1, Bersama met with relevant agencies and drafted ten MOUs (see Table 12 for details). The meetings were important to gain buy-in from the stakeholders and to refine the MOUs.

During Q2, Bersama helped Dinas P3A Jayapura District to secure three signed MOUs on case handling, which will facilitate their work with the police, the court, and the prosecutor’s office. The MOUs were approved in February 2020. Bersama’s approach to get the MOUs finalized and signed was key. Bersama ensured that staff from the Dinas P3A were present at all meetings with other stakeholders, such as meetings with officials at the district and provincial Ortalas, district police, the court, and the prosecutor’s office. Moreover, the head of the Dinas P3A was supportive of the MOUs and allowed her staff to work closely with the Bersama team. When Bersama reached out to the Polres staff of the Satreskrim82, they were already prioritizing GBV issues because of Bersama’s work with the police through the focus group discussion and efforts to develop SOPs with Polda Papua Province in Q1Y4. The district court and prosecutor’s office were also supportive of the MOU given the challenges they face with GBV cases.

On March 11, three MOUs on case handling of women and children in conflict were signed. The signed MOUs mark an important step for Jayapura District as they reflect the commitment of the district government to support GBV case handling. With the MOUs, Dinas P3A will be connected to the police, the district prosecutor, and the court to ensure equal access to legal protection and the justice system for women and children in conflict with the law. The MOUs will also enhance coordination among legal enforcement institutions to investigate GBV cases without discrimination and to strengthen legal assistance and counselling for GBV victims.

On August 17, coinciding with the ceremony of Indonesia’s Independence Day, Mr. Benhur Tomi Mano, Mayor of Jayapura City signed the MOU on case handling of women and children in conflict with the law, along with AKBPI Gustav Urbinas, Head of Polresta2 Jayapura, Mr. Khamim Thohari, Head of Pengadilan

82 Satuan Reserse dan Kriminal (Criminal Investigation Unit)
Negeri (District Court) Jayapura, and Mr. N. Rahmat Head of Kantor Kejaksaan Negeri (Prosecutor Office) Jayapura.

In Manokwari District, two MOUs were finalized and presented for the Bupati’s signature. In West Papua Province, the MOU between Dinas P3A and the police is currently under review as of late September. A change in the District Police Chief and COVID-19 restrictions and focus has delayed their signing.

Spot-checks conducted in Q3 revealed that both Dinas P3A Jayapura City and Jayapura District appreciated Bersama’s work in initiating the discussion regarding MOU Dinas P3A with police, court and prosecutors. The Dinas P3A acknowledged that more work needs to be done to support victims’ access of legal services as there is a lot of stigma associated with seeking legal aid.

In West Papua, both Dinas P3A West Papua and Dinas P3A Manokwari District stated that they have a good working relationship with the Polres, Dinas Sosial, district court and prosecutor’s office. While these MOUs have not been adopted yet, the agencies stated this was an important initiative as the agencies will benefit from the MOUs once the UPTD-PPAs are established. Table 12 below provides information on the current status for each of the MOUs.

Even though Dinas P3A Manokwari District is waiting for the MOUs to be adopted, they are coordinating more frequently with the district police, court and prosecutor’s office due to the Bersama’as coordination meetings and the meetings and consultations that took place to draft and revise the MOUs.

Table 12: Changing Status of MOUs During Y4

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>AGENCY</th>
<th>MOU TITLE</th>
<th>STATUS Q1</th>
<th>STATUS Q2</th>
<th>STATUS Q3/Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papua Province</td>
<td>Provincial Police</td>
<td>MOU on safe house operation</td>
<td>Drafted</td>
<td>Postponed indefinitely</td>
<td>-</td>
</tr>
<tr>
<td>Jayapura City</td>
<td>District Court</td>
<td>MOU on case handling of women and children in conflict with the law</td>
<td>Drafted</td>
<td>Proposed</td>
<td>Adopted</td>
</tr>
<tr>
<td>Jayapura City</td>
<td>District Prosecutor</td>
<td>MOU on case handling of women and children in conflict with the law</td>
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<td>Proposed</td>
<td>Adopted</td>
</tr>
<tr>
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</tr>
<tr>
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<td>District Prosecutor</td>
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<td>Adopted</td>
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</tr>
<tr>
<td>LOCATION</td>
<td>AGENCY</td>
<td>MOU TITLE</td>
<td>STATUS Q1</td>
<td>STATUS Q2</td>
<td>STATUS Q3/Q4</td>
</tr>
<tr>
<td>-------------------</td>
<td>------------</td>
<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Jayapura District</td>
<td>District Court</td>
<td>MOU on case handling of women and children in conflict with the law</td>
<td>Drafted</td>
<td>Adopted</td>
<td>N/A</td>
</tr>
<tr>
<td>Jayapura District</td>
<td>District Police</td>
<td>MOU on case handling of women and children in conflict with the law</td>
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<tr>
<td>West Papua Province</td>
<td>Provincial Police</td>
<td>MOU on safe house operation</td>
<td>Drafted</td>
<td>Postponed indefinitely</td>
<td>-</td>
</tr>
<tr>
<td>West Papua Province</td>
<td>Provincial Police</td>
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<td>Drafted</td>
<td>Proposed</td>
<td>Currently under review by the Legal Department at Sekda</td>
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<td>District Prosecutor</td>
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<td>Drafted</td>
<td>Proposed</td>
<td>The MOU under review by the Legal Division of Sekda, Manokwari District</td>
</tr>
<tr>
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<td>District Police</td>
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<td>Drafted</td>
<td>Drafted</td>
<td>Awaiting feedback from district police on the MOU</td>
</tr>
<tr>
<td>Manokwari District</td>
<td>District Court</td>
<td>MOU on case handling of women and children in conflict with the law</td>
<td>Drafted</td>
<td>Proposed</td>
<td>The MOU under review by the Legal Division of Sekda, Manokwari District</td>
</tr>
</tbody>
</table>

1.2.1.1b Modify or update referral forms and templates

Bersama analyzed and reviewed existing referral forms and templates used by service providers (e.g., Dinas P3A, P2TP2A, hospital, puskesmas, and police) and adapted relevant forms to local requirements and culture. These forms were developed and approved during the SOP approval process. During Q2, all forms related to Dinas P3A were completed.

1.2.1.1.c Develop Briefing Booklet

During Q2, Bersama worked with Dinas P3As in Jayapura City, West Papua Province, and Manokwari District to develop a briefing booklet for all target staff at these offices. The booklet includes information on the package of services offered, participating sites, and referral forms. It also includes a directory of local providers and internal communications for the service providers. Bersama started the process in Q1 by developing a draft of the briefing booklet based on the booklet from the technical implementation unit, P2TP2A, Special Capital Region, Jakarta. During Q2, Bersama hired a graphic designer and consulted with Dinas P3As to revise and finalize the booklets. USAID approved the booklet on March 27. In Q3, Bersama made some final adjustments to the booklets and printed 200 copies. The booklets were distributed to all the Dinas P3As in Papua and West Papua provinces, Jayapura District, Jayapura City, Jayawijaya District, Manokwari and Sorong districts, and other service providers.

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83 Unit Pelaksana Teknis-Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak Daerah Khusus Ibukota Jakarta (UPT P2TP2A DKI Jakarta)
providers such as Bersama supported hospitals, puskesmas, Papua and West Papua police, and trained counselors and paralegals in July and August.

Bersama did not work with Dinas P3A Jayapura and Sorong Districts to develop the briefing booklets because these entities were not as responsive, and the team determined that it was sufficient to consult select entities in Papua and West Papua.

**Animated Videos for Police**

Based on request from the police, Bersama proposed to develop videos for them describing the SOP process instead of a briefing booklet as originally planned. This was approved by USAID in an updated workplan modification memo, dated May 12, 2020. In Q3, during consultations with Polda West Papua, the police requested that Bersama develop four animated videos for each of the four SOPs. Polda West Papua plans to use the videos to conduct an orientation of the SOPs for ten Polres in West Papua. Bersama secured AOR approval (refer to work plan memo dated June 29, 2020) to support the police in West Papua to develop the four videos. Bersama consulted with the police, contracted an animator, and developed the storyline for the four videos. In August, the videos were completed and received USAID’s approval.

1.2.1.1.d Provide technical assistance to Dinas P3A to develop and disseminate informational and awareness raising materials about the referral mechanism

During Y4, Bersama assisted Dinas P3As to develop and disseminate information on GBV services. Materials include referral flow charts for each service provider and information on services available at each site, including posters and sign boards. During Q2, Bersama finalized the designs for awareness-raising materials including referral flow charts. The designs were submitted to the AOR for approval on March 27. For more details on awareness-raising materials, please refer to 1.3.1.1 (design, print, and disseminate communication products). During Q3, Bersama printed sign boards and flow charts for selected hospitals, puskesmas, and Dinas P3As (sign boards only for the latter). In lieu of printing posters, Bersama shared electronic versions with relevant service providers. For more details on the awareness-raising materials, please refer to 1.3.1.1 (design, print, and disseminate communication products).

1.2.1.1.e Conduct provider-level referral system launch workshops

Bersama planned to host launch workshops in Papua and West Papua with the network of committed providers and site-level personnel. As part of the workshops, providers were going to receive training on using referrals forms and an orientation on the briefing booklet including the directory of service providers. This did not happen due to COVID-19. In addition, the various SOPs and related materials were finalized and adopted at different times. In place of convening one workshop, Bersama shared the SOPs and related forms with stakeholders during quarterly coordination meetings of service providers and during SOP simulations at service sites.
1.2.1.1f Follow Up

In Y4, Bersama planned to continue working with Jayapura District, Manokwari District, West Papua, and Jayapura City to strengthen data collection mechanisms by reviewing how to use the referral forms to collect data and complete the referral process. However, due to COVID-19, data collection was limited as service providers were focused on response efforts and were not available to record or upload data due to work-from-home orders. Additionally, follow-up visits or online meetings with health service providers (hospitals and puskesmas) did not take place as they are at the forefront of the COVID-19 response. Due to the challenges involved with collecting data, the Q3 coordination meeting with service providers focused on their experience implementing SOPs, GBV case handling, and referrals.

1.2.1.1g Facilitate quarterly coordinate meetings for GBV service providers

Bersama supported the Dinas P3As to conduct province-level coordination meetings each quarter with staff from the service providers and Bappeda. These meetings proved to be important forums for service providers of various backgrounds and geographies to learn from each other and share best practices. Participants included representatives from Dinas P3As (district, city, and province levels), Dinkes, Dinsos, puskesmas, police, Bappeda, hospitals, and legal aid organizations.

Q1 Meetings

The quarterly coordination meeting during Q1 was held in Jayapura on November 21, following the #endGBV learning forum. The meeting included participants from Papua Province, Jayapura District, Jayawijaya District, Jayapura City, West Papua Province, Manokwari District and Sorong District.

The specific objectives were to strengthen coordination among GBV service providers and discuss the new strategy to build the referral mechanism (including integrating the SOPs for handling GBV cases) to improve GBV service quality. Bersama facilitated discussions and advocated each agency to implement the mandated national regulation for handling GBV cases for their agency and fulfill the rights of the victims. The participants shared their challenges and obstacles and identified some solutions. Participants discussed a variety of topics, including the challenges around VER. The participants questioned who is responsible (police vs. health care facilities), which office or agency pays for it, and what happens when there are no police around puskesmas.

Q2 Meetings

Bersama held two meetings in Papua and West Papua in March.
In **Papua Province**, Agencies’ shared their progress with the activities conducted with Bersama, such as the academic analysis and Perbup for establishment of UPTD-PPA SOPs for handling GBV patients. Participants asked presenters about how they implemented the SOPs, including the need for dedicated counseling space; difficulties in obtaining informed consent; delays with the police; challenges using VER for victims; and the security of health workers, who are often targeted by the families.

In **West Papua Province**, each Dinas P3A also provided updates and discussed implementation of the recently adopted SOPs (flow chart format) for hospital and puskesmas and questions about VER. Due to questions around this important issue (who can issue a VER, who pays for it, etc.) the Unit PPA of Polda West Papua recommended having a forum for internal communication among all providers to address any issues in a timely manner and allow for easy coordination; this led to establishing the GBV What’sApp group.

The participants discussed how difficult it was to coordinate prior to Bersama. Now, the coordination meetings help to facilitate communication among the agencies. Further, due to Bersama, they have a WhatsApp group. The second session focused on feedback on how the puskesmas and hospitals handle victims of GBV with the SOPs. They discussed that there is no clear communication among service providers and that puskesmas cannot upload data into the national data base, SIMFONI-PPA, as only Dinas P3A has access to upload data.

**Q3 Meetings**

Bersama held the final quarterly coordination meetings remotely via Zoom over a two-day period. **West Papua’s** meetings were conducted on June 17 and 18. Unlike other meetings, since this was a video conference, representatives of MOWE joined.

MOWE shared updates about President Joko Widodo’s new mandate for MOWE to develop service functions for Ministry staff that prioritize services provided by Dinas P3As to GBV victims (see the UPTD-PPA section under Program Activities for more information on this regulation). Women and child protection issues are a priority for the president, who has instructed MOWE to provide him with regular updates on the development of services that will lead to a decrease in number of GBV cases. The president’s interest highlights the importance of standardized and integrated services, accurate recording of cases of violence against women and children, and the need to strengthen the role of women’s organizations and the role of villages/communities to support services.

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84 President Regulation No. 65/2020 concerning MOWE includes points on provision of referral services for women victims of violence and the need for coordination at the national level, inter-provinces level, and international level; and provision of services for children in need of special protection, with coordination at the national and international level and management of data on gender and children.
The **Papua** quarterly coordination meetings were held on June 23 and 24, with 24 and MOWE also attended this meeting.

The MOWE representative reminded participants that even though 70% of the Dekon Funds are reallocated for COVID-19 responses, as of June 22, the fund had not been used and therefore she encouraged Dinas P3A to access the funds. Follow up discussions with Dinas P3As, especially in West Papua Province and Manokwari District, revealed that the agencies are still facing challenges with utilizing Dekon Funds because MOWE does not budget appropriately. For example, while budgeting for a training activity, MOWE does not take into consideration transportation costs of participants from other districts. MOHA has also allocated a budget to protect women and children and vulnerable groups, but this budget can only be accessed once UPTD-PPA is established.

### 1.2.1.2 Strengthen government’s ability to counsel GBV victims

An important finding during Bersama’s first phase is that existing service providers in health, legal aid, and criminal justice often lack the requisite skills to effectively engage victims of GBV and provide basic counseling. These skills are essential to ensuring the quality and breadth of services included in the referral mechanisms. During Q1, Bersama developed the curricula and conducted two trainings, one in Papua and one in West Papua. The original intent was to train master trainers who could serve as resources in Papua and West Papua. However, the Counseling Curriculum Development Workshop held on October 3–5 assessed the participants and Bersama’s consultant concluded that the training should instead focus on building the capacity of Dinas P3A staff to directly provide counseling to GBV victims. The consultant determined that, since most of the participants were new to the concepts around counseling, they would need significantly more training to become a master trainer. By focusing on Dinas P3A staff, the training will improve the capacity of service providers who interact with GBV victims and build the capacity of co-trainers to become master trainers.

#### 1.2.1.2b Orient Master Trainers for Counseling Training

During Q1, in preparation for the counseling training, Bersama’s consultant, Jackie Viemilawati, facilitated a two-day training and consultation for two counseling co-trainers, from LBH APIK and from LP3AP. The initial training prepared the trainers for the counseling trainings that took place in Papua and West Papua.

The West Papua training was conducted from November 11–14 in Manokwari District for staff of Dinas P3A West Papua, Sorong District, and Manokwari District. The Papua training was conducted on November 26–29, with staff from Dinas P3A, puskesmas and hospitals in Jayapura District and Jayawijaya District.

The consultant advised that the four-day training needed to be followed by coaching and counseling on the facilitation techniques. Bersama’s co-trainers, served as coaches and mentors to training graduates.
During Q2, Bersama planned to conduct counseling coaching sessions as a follow up to the counseling trainings in November 2019. The sessions were scheduled for March 17 in Jayapura District and March 19 in Manokwari District. The consultant had traveled to Jayapura District on March 15 in preparation for the training and returned to Jakarta on March 17, as the Papua government announced on March 16 the COVID-19 related emergency and work-from-home orders. Bersama began exploring plans to conduct online coaching for counselors instead. Bersama staff worked with the trainer to develop online one-on-one coaching plans, taking into account participants’ availability and connectivity issues.

Coaching sessions were online/remote one-on-one coaching support provided by Jackie Viemilawati, counseling expert, and two co-trainers/coaches, from LBH APIK Jayapura District and from LP3AP from April 20 to May 22.

Overall, the counseling sessions were beneficial. Participants were enthusiastic, attended the sessions on time, and made an effort to prepare their materials, present cases, and ask questions. Participants demonstrated increased understanding about gender and process for case handling, increased skills in dealing with survivors, and showed a better grasp of psychosocial interventions while discussing their cases and their self-assessment forms. They made some progress on how they see and handle clients. For example, they now implement the survivor-centered principles, asking more open-ended questions to better understand the perspective of the clients instead of only using closed questions that limit the client to sharing their stories. They also showed more warmth and patience and actively listened to the client rather than jumping to conclusions too soon and giving advice when it was not needed. The counselors acknowledged this new approach was more effective and some said now they are more satisfied with their work because they can make concrete changes to help clients.

Table 13: Structure of the GBV Counseling Coaching Sessions

<table>
<thead>
<tr>
<th>COUNSELING COACHING PART I</th>
<th>COUNSELING COACHING PART II</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Greeting, introduction of the co-trainer, explain the purpose and structure of the coaching session</td>
<td>1. Updates of the service delivery and cases during pandemic</td>
</tr>
<tr>
<td>2. Appreciation for participating, ground rules (time, confidentiality, internet disruption, note taking by co-trainer, Q&amp;A)</td>
<td>2. Progress/update of the case they presented during first coaching session</td>
</tr>
<tr>
<td></td>
<td>3. Present new case if they have other case and questions</td>
</tr>
</tbody>
</table>

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85 As per circular No. 440/3234/SET on plans to prevent the spread of Corona Virus Diseases in Papua Province
### Counseling Coaching Part I

3. Seeking information on services and self-care and protection measures taken by the participant during pandemic

4. Number and type of cases during pandemic, risk factors and protective factors that contribute to GBV cases related to pandemic, obstacle of service delivery during pandemic

5. Reflect on self-progress after training, what improvement made by participant, difficulties, support, etc.

6. Case presentation and discussion

7. Plans to follow up the case and schedule for the second coaching session

### Counseling Coaching Part II

4. Discussion and support for better improvement for the participant and for the case handling

5. Feedback from the participant about the coaching sessions

During spot-checks conducted in Q4, trained counselors from Dinas P3A Manokwari District and Puskesmas Kanda reported that, due to the training and coaching sessions, they can communicate more effectively with the victims. They have learned to respect the victims, and refrain from imposing their opinions, criticizing or communicating harshly with victims. The counselors have learned to demonstrate an acceptable level of empathy while engaging with survivors and to establish a relationship with them based on trust. The counselors also understand how to identify GBV cases. The counselors are careful to provide advice only when asked by the victims. However, they acknowledged that they need to improve their skills in developing follow-up plans with victims. One of the trained counselors, who is a former head of Dinas P3A Manokwari District and currently associated with University of Papua and other local CSOs, stated that she has provided services to 30 victims between April and May, including counseling children (perpetrators and victims) as well as supporting mediation and diversion for children who are perpetrators, especially with the police and district court. Due to lack of human resources in most service sites, trained counselors need to provide counseling services in addition to their existing roles, which may include collecting data on victims or other administrative functions. The lack of a clear delegation of tasks can adversely impact the delivery of services.

**1.2.2 Help government entities mobilize paralegals to be part of the referral mechanism**

Bersama exceeded the target for the number of human rights defenders trained because the project tracked impact from Phase I of the project, counting the number of people who were trained as

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"Previously, we were not aware of the techniques. We provided counseling to poor people according to our limited knowledge. For example, in counseling it should be the survivors who talk more, but we did most of the talking. After attending the counseling training, we learned to be good listeners and how we can encourage the survivors to tell their stories and be open about what they are facing“  
**Trained Counselor, West Papua**

86 Universitas Papua (UNIPA)
advocates for gender and GBV prevention by the CSOs. In addition, expanded training of counselors and paralegals were included as activities in Phase II.

Table 14: Indicator 77 — Number of Human Rights Defenders trained and supported

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>N/A</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td>12</td>
<td>8</td>
<td>9</td>
<td>-</td>
<td></td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>TOTAL: 20</td>
<td>TOTAL: 9</td>
<td>N/A</td>
<td>TOTAL: 22</td>
<td>N/A</td>
<td>TOTAL: 31</td>
<td>155%</td>
</tr>
</tbody>
</table>

1.2.2.1 Paralegal training

In rural areas, community leaders such as religious leaders, women’s group leaders, non-government organization workers, and youth leaders are often, by default, first responders in cases of GBV and essential members in the overall referral mechanism. These first responders need to be prepared to provide counseling and referrals to victims. After undergoing training, they can serve as paralegals.

In Q2, Bersama prepared to host a five-day paralegal training in Papua and West Papua. Bersama initially planned to train master trainers but then decided to offer intermediate-level paralegal training. In Q3, Bersama conducted the online paralegal training. Participants were given a pretest and training materials prior to the training. The training included an orientation to GBV as well as the following topics:

- the role of paralegals;
- gender and justice;
- women and the legal systems;
- the judicial process;
- how to provide assistance outside of the court;
- how paralegals can help victims of GBV during disasters such as COVID-19;
- the rights of victims;

87 This indicator was previously numbered #7 but was changed in a recent revision of the AMELP.
88 Please see Annex C for disaggregation of this indicator.
the role of service providers;
how to prepare case documents, which included a practice session; and,
skills to engage the community to advocate against GBV.

Typically, Bersama would engage Dinas P3A officials in the training as observers. However, since the training period coincided with COVID-19 outbreak, many of the Dinas P3As were either closed or staff were working from home and it was difficult to engage the officials for the duration of the training.

In general, the participants were enthusiastic and committed to the trainings and asked questions about the role of paralegals providing GBV services. Many participants had experienced GBV firsthand and willingly shared their experiences.

The training curriculum was adapted to include a session on disaster management in light of the COVID-19 outbreak. One participant from West Papua, who is involved in COVID-19 related relief distribution, mentioned that he will conduct an online session with the PGGP\(^{89}\) on the importance of assessing the needs of women and children for relief distribution and advocate for inclusion of items such as sanitary napkins and milk. All participants expressed concerns about serving as paralegals, citing their lack of mastery of all the legal aspects. They also need a letter of assignment\(^{90}\) from the synods\(^{91}\) (council of churches) to serve as paralegals.

The average score for the pretest was 34.6 out of a total of 70 points and the post-test was 45.8 out of 70. The difference in pre- and post-test was an increase of 16.1%, indicating that there were limited measurable gains in knowledge from the training if considering the test scores alone. However, participant testimonies at the end of the training as well as observations by the trainer and Bersama staff indicated that the training was very useful in supporting participants’ work as paralegals. As a result of participating in the trainings, the paralegals gained new ideas on how they can provide services to GBV victims in the future.

1.2.3 Support government entities to better collect, understand, and respond to feedback on GBV service delivery

1.2.3.1 Develop feedback mechanism

During Q1 and Q2, Bersama introduced a client feedback form as part of the SOP output documents for the Dinas P3As, hospitals and puskesmas. The form contains information on what services are available, the services the client received, and also asks the client about the quality of services they received and their experience with the staff. If the clients are unable to fill out the form, staff or family members can assist them. Typically, these forms are completed once the victim has received all the services from the provider or at the end of case handling. These forms were not used during the SOP

\(^{89}\) Persekutuan Gereja-Gereja di Tanah Papua (Fellowship of churches in the land of Papua)

\(^{90}\) Surat Tugas

\(^{91}\) Sinodes

"It turns out that all this time in our daily lives, we have inadvertently created gender injustice towards women, for example considering women who like to hang out in cafes as bad women”

church member,
GKI Pniel Kotaraja, Papua
simulations with Dinas P3As in Q2, however, they were used during the simulations with hospitals and puskesmas in Papua. Staff found the feedback form to be very useful during the simulations as it provided information on client satisfaction with the services. Prior to the use of the SOPs, the patients would fill in the register book and medical records as needed and there was no formal feedback mechanism.

During the quarterly coordination meeting in Q3, Bersama learned that while many of the SOPs are in place, not all the SOPs (the forms and output documents) are in use. Unfortunately, the service providers have not used the client feedback form and rely on verbal feedback. Due to COVID-19, the health facilities have been overwhelmed and focused on pandemic response.

COMMUNICATIONS

Sub-IR 1.3 Strengthened government entities’ ability to raise awareness about GBV and harmful gender norms

1.3.1 Support government to develop and disseminate anti-GBV materials for service providers

1.3.1.1 Design, print and disseminate communication products

In Q1, Bersama continued to develop, print, and disseminate materials for various events and campaigns. Bersama developed materials for #endGBV forum in November 2019, including t-shirts, tote bags, USB stick/flash drives, hand-held signs with anti-GBV messages, photo booths, and banners. During Q2, Bersama developed relevant materials for GBV prevention and services and supported the government to develop and disseminate materials that provide information on GBV services offered by service providers. Bersama engaged graphic designers and illustrators to develop flow charts, sign boards and posters for Dinas P3As, hospitals and puskesmas. In Q3, Bersama secured AOR clearance for the materials (posters, flow charts and sign boards). Based on guidance from the AOR, Bersama did not print the posters but disseminated the electronic copies to service providers so they can print the posters as needed. Please refer to Annex B for a list of

92 Agencies including Dinas P3A, hospital, puskesmas, and police in Bersama’s operating areas (Papua Province, Jayapura District, Jayapura City, Jayawijaya District, West Papua Province, Manokwari District and Sorong District).
communications materials. Bersama printed the flow charts and sign boards and distributed them in Q4. Below is a table on final materials developed and printed.

Table 15: GBV Awareness-Raising Materials Developed and Printed

<table>
<thead>
<tr>
<th>MATERIAL</th>
<th>RECIPIENT</th>
<th>DESIGNS</th>
<th>PRINTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow charts</td>
<td>Dinas P3As, hospitals and Puskesmas</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>GBV Posters</td>
<td>Dinas P3As, hospitals, puskesmas, police, paralegals, counselors,</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>legal ai providers, Stop KBG network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GBV Sign boards</td>
<td>Dinas P3As, puskesmas, hospitals</td>
<td>3</td>
<td>22</td>
</tr>
<tr>
<td>GBV Briefing Booklet</td>
<td>Dinas P3As, hospitals, puskesmas, police, trained paralegals and</td>
<td>1</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>counselors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COVID-19 RESPONSE OVERVIEW

On March 31, Bersama received USAID approval to proceed with COVID-19 response and GBV awareness activities in support of USG’s COVID-19 response initiative. Due to COVID-19, Bersama could not do all activities as planned, such as in person workshops, referral launch workshop, and monitoring visits. Savings from these activities and from other travel allowed the project to take on these new projects within the existing budget. Bersama developed detailed plans to host radio talk shows and develop and disseminate PSAs through radio and social media.

Bersama worked with Dinas P3As and other service providers to organize the radio talk shows. The talk shows and PSAs were broadcasted through Radio RRI Manokwari (West Papua), RRI Jayapura District, and Radio Bahana Sangkakala FM (Papua), which is broadcast in Jayapura City. RRI Manokwari’s broadcast covers Manokwari District, South Manokwari District, Arfak Mountain District, and Tambrauw District. RRI Jayapura’s broadcast area covers Jayapura City, Jayapura District, Keerom District, Sarmi District, Mamberamo District and other areas bordering Jayapura City and Jayapura District. Radio Bahana’s broadcast covers the area around Jayapura City, Jayapura District. While

Signboard and SOP/flowchart at Puskesmas Sentani
Signboard and Briefing Booklet at Dinas P3A Jayapura City
listenership data for Radio RRI is not readily available, Radio Bahana estimates between 100,000 – 300,000 listeners.

1.3.1.2 Radio talk shows to raise awareness of COVID-19 and risks of GBV

In Q3 and Q4, Bersama developed and broadcasted 14 out of 20 planned live radio talk shows. As the project implemented the radio shows, Bersama identified other effective media to use to reach broader and younger audiences. With AOR approval, funds were redirected to support Instagram TV spots (see below). The radio talk shows were played live and replayed over ten weeks from May to August. On average, the talk shows (live show and replay) were broadcast approximately twice a week in Papua and West Papua. Covered topics included how to be safe from COVID-19, the importance of social distancing, self-isolation, what services are available, the risk of GBV during self-isolation and who is at risk, how to manage stress, how to discuss GBV-related issues with children, how to protect children during COVID-19, and good parenting practices while observing social distancing and staying at home.

Bersama began by monitoring existing talk shows related to COVID-19 broadcast by different radio stations to understand how listeners respond to content and what can be improved. Bersama learned that there is a need to provide information in simple language. Some people dialing in did not understand why it is important to stay at home. Also, the information disseminated needs to be in local dialects and the images need to reflect Papuan communities. Bersama noted that even information produced by the local government does not always represent Papuan identity. Bersama considered these lessons when designing the radio talk shows. Prior to the shows, Bersama encouraged people to use simple language and consider the cultural context. Bersama’s talk shows were the first to incorporate COVID-19 and other topics, in this case GBV.

The shows were delivered using a question and answer format between the host and the guest, followed by questions from listeners. Bersama engaged a wide range of resource persons from Dinas P3As, provincial COVID-19 task force, police, UNICEF, CSOs, and Bersama’s counseling and paralegal technical experts (consultants). The talk shows also discussed relevant guidelines from MOWE and the World Health Organization and, where appropriate, from UN Women and the United Nations Population Fund. See Annex C for a summary of the dates of the live broadcasts and the topics and speakers.

In June, Bersama consulted with the AOR to replace two radio talk shows with two discussion sessions through IGTV targeting the youth in Papua with Papuan social media influencer @jenikaray. The AOR approved the plan on June 26 (see work plan memo). The first IGTV session on COVID-19, Youth and...
Gender Equality was recorded with Yuanita Marini Nagel, Youth and Adolescent Development Officer, UNICEF, and have received 617 likes and 2,291 views.

1.3.1.3 PSAs to raise awareness

In Q3 and Q4, Bersama developed and broadcast five monologues and five dialogues for Papua and Wests Papua (20 total) out of the 24 planned PSAs. The target for the PSAs included the number of PSAs broadcast in Papua and West Papua as well as the animated PSAs. However, we are reporting the animated PSAs under section 1.3.1.4\(^3\) as the PSAs were disseminated on social media through Papuan social media influencers. During Q3 and Q4, Bersama broadcast 20 PSAs in the two provinces. The PSAs were broadcast twice a day between May and August to raise awareness about issues that emerge with GBV, violence against women and children, and COVID-19. Bersama developed the scripts for the PSAs using local dialects. The dialogues specifically related to local settings with relevant information on services.

Bersama broadcast the PSAs on Papua (RRI Jayapura and Radio Bahana) and West Papua (RRI Manokwari). The PSAs were broadcast once daily on RRI Jayapura and Radio Bahana and twice daily via RRI Manokwari in West Papua.

Table 16: Public Service Announcements

<table>
<thead>
<tr>
<th>FORMAT</th>
<th>DATE</th>
<th>TOPICS</th>
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<tbody>
<tr>
<td>Monologue</td>
<td>May 11–17, June 12 - 18</td>
<td>COVID-19 and Risk of GBV</td>
</tr>
<tr>
<td>Dialogue</td>
<td>May 18–24, June 5 - 11</td>
<td>Embracing &quot;Stay at Home&quot; Period</td>
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<tr>
<td>Monologue</td>
<td>May 26–June 1</td>
<td>COVID-19 and GBV</td>
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<tr>
<td>Dialogue</td>
<td>June 19 – July 2</td>
<td>COVID-19 and Violence against Children</td>
</tr>
<tr>
<td>Monologue</td>
<td>July 3 - 12</td>
<td>GBV Service during COVID-19</td>
</tr>
<tr>
<td>Dialogue</td>
<td>July 13 - 19</td>
<td>COVID-19 and Domestic Violence</td>
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<tr>
<td>Monologue</td>
<td>July 13 - 19</td>
<td>COVID-19 and Stress Management</td>
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<tr>
<td>Monologue</td>
<td>July 20 - 26</td>
<td>COVID-19 and Youth Mental Health</td>
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<tr>
<td>Dialogue</td>
<td>July 20 - 26</td>
<td>Change of Habit during COVID-19 and GBV</td>
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<tr>
<td>Dialogue</td>
<td>July 27 – August 2</td>
<td>Online Harassment and Stress Management</td>
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\(^3\) Outreach including social media outreach to raise awareness of COVID-19 and risks of GBV
In Q3 and Q4, Bersama developed three social media illustrations and three animated PSAs on “fair work division at home during COVID-19,” “COVID-19 and potential risk of GBV,” and “how the youth are coping with stress,” which were posted on Instagram by Papuan social media influencers Jeni Karay (@jenikaray) and Angelica Senggu (@angelicasenggu). Jeni Karay is a blogger and social media influencer while Angelica Senggu is a radio broadcaster. The three illustrations have received 7,939 likes and reached 150,932 people through mid-August. In addition, a third Papuan social media influencer, Dr. Echa Sagrim (@chaecha_), posted one of the illustrations voluntarily and the post garnered 337 likes. Bersama staff learned that Jeny Karay was approached by other non-governmental organizations who saw her posts and inquired if she could help them with getting messages out to large populations.

1.3.2 Help government entities develop and implement awareness campaigns

In Y4, Bersama supported Papua and West Papua governments with a limited number of awareness-raising campaigns. Social political unrest and riots in the region towards the end of Y3 and in early Q1Y4 and the outbreak of COVID-19 towards the end of Q2 prevented the project from implementing the activities. For International Day of the Girl Child on October 11, Bersama shared messages through social media. The 10 social media posts (Facebook/Twitter/Instagram/Linkedin) garnered 146 likes and three other responses. For 16 Days of Activism Against GBV (November 25 – December 10), Bersama encouraged participants to raise awareness and supported them with messages, materials and planning, where needed. Bersama tracked 59 posts with 1865 likes and 269 other responses. In Q3, for International Women’s Day, Bersama organized an awareness-raising activity at a local senior high school in Jayapura City where government officials facilitated the event. Bersama tracked 41 posts with 790 likes and 68 other responses.

Much of the awareness raising between April and August was directed toward COVID-19 responses and has been described under 1.3.1.

International Day of the Girl Child

Riots and political unrest in both Papua and West Papua in August and September 2019 affected planning and implementation of an important GBV awareness-raising opportunity, the 2019 International Day of the Girl Child (scheduled for October 11). Because the situation was not conducive to conducting a full-fledged awareness-building campaign, Bersama focused on posting messages on social media to inform the public about the importance of identifying, addressing and stopping GBV and the government’s involvement and engagement in tackling the problem. Some of these materials, including Twitter and
Facebook posts, included shareable images of Indonesian GBV advocates expressing their support for eradicating GBV. The posts were uploaded and shared on Winrock International's as well as USAID's social media accounts.

**Bersama’s Counterparts Recognize and Spread Messages to Commemorate 16 Days of Activism Against GBV**

The theme of 2019’s 16 Days of Activism Against Gender-Based Violence international campaign was “Orange the World: Generation Equality Stands against Rape!” During the #endGBV learning forum and quarterly coordination meeting in Jayapura in November, Bersama reminded agencies to acknowledge the International Day for the Elimination of Violence against Women (November 25) and the 16 days of Activism Against Gender-Based Violence international campaign. Bersama tracked and recorded 23 Facebook posts, six Twitter posts, and four LinkedIn posts related to the 16 Days Campaign.

In contrast to previous years, when Bersama actively worked with agencies to plan and conduct events, in 2019, Bersama observed that some agencies took ownership by initiating and funding activities on their own. Some of the activities included:

- **Jayapura District** launched their Perbup 35/2015 on Violence Free Area in Jayapura District on November 25th. Please refer to section 1.1.1.2 (“Jayapura Establishes Violence Free Area”) for more details.

- **In West Papua**, on November 30, the Women’s Organization Coordinating Board,94 Dinas P3A West Papua Province, and Bersama held a talk show on “Building Mutual Commitment to End Gender-Based Violence”. One hundred and fifty participants from Dinas P3A and various women organizations under the Women’s Organization Coordinating Board in West Papua Province participated in the event, including the Family Welfare Guidance Program, Muslimat, Aisyiyah, Dharma Wanita, the Military Wives Association,95 and the Police Wives Association.96 The head of Dinas P3A West Papua, Ms. Elsina Sesa, and Bersama’s field officer, , were the keynote speakers at the event.

- **On December 7**, as a follow-up to the talk show, the Bhayangkari Polda, an organization of the wives of Provincial Police Officers West Papua Province, held a march to commemorate Mother’s Day 2019 (December 22). For the march, Bersama provided a banner to support Dinas P3A to spread messages of anti-violence against women in line with the 16 Days Campaign.

- **On their own**, others also advocated against GBV at the march. The Family Welfare Guidance Program adapted Bersama’s design with the message of “Gabung dengan sa, LAWAN KEKERASAN BERBASIS GENDER!!!” (“Join me, FIGHT AGAINST GBV!!!”) on the 24 t-shirts they produced for

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94 Badan Kerja Sama Organisasi Wanita (BKOW)
95 Persatuhan Istri Tentara Kartika Chandra Kirana (Persit)
96 Organisasi Persatuan Istri Polisi Bhayangkari
the Women’s Organization Coordinating Board and the Women’s Community Information Center. The Women’s Community Information Center is one of the women’s organizations under the Women’s Organization Coordinating Board that focuses on voicing women’s rights.

- On December 9, Bersama was invited to the dissemination workshop on the Situational Analysis of Gender-Based Violence conducted in Jayapura District by UNDP Indonesia and Dinas P3A Jayapura District in collaboration with SCN Crest, LBH Apik and LP3AP.

**District Senior High School in Jayapura City Marks International Women’s Day**

On March 6, Bersama commemorated International Women’s Day (IWD) 2020 with more than 110 students at SMA Gabungan. The event was facilitated by Mr. Erwin Siahaya, a member of the staff at the Institutionalization of Child Rights Section, DinsosdukP3A, and , a nurse at Puskesmas Tanjung Ria. Bersama helped them to develop materials for the event over a series of discussions.

The event covered equality and #EachforEqual as the theme of this year’s IWD, gender and GBV, and services they can receive at puskesmas, including counseling. Below are three screenshots from Winrock and USAID highlighting Bersama partners in the #EachforEqual pose from IWD 2020 on social media.

Social media posts of Bersama’s partners posing “Each for Equal” for IWD 2020.

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97 Perempuan Lumbung Informasi Rakyat (Perempuan LIRA)
98 Sekolah Menengah Atas (Senior High School)
V. ACTIVITY MONITORING, EVALUATION AND LEARNING

Based on feedback from USAID in Q1, Bersama submitted a revised AMELP in Q2, which USAID approved on February 7. In October, USAID requested that Bersama change the wording of indicators 5 and 6 (related to government capacity assessments). In Q3, the AMELP was revised once more in light of changes to the work plan due to COVID-19. The Performance Indicator Reference (PIR) Sheet was revised to adjust reporting frequency, data collection methods and data sources in response to the COVID-19 pandemic. Focus group discussions were replaced with key informant interviews that can be conducted remotely. The AMELP revisions noted where there may be limited availability of informants, data disaggregation, and ability to collect hard copies of data from service providers/entities.

AMELP 1. GOVERNMENT CAPACITY ASSESSMENT AND IMPROVEMENT PLAN

Bersama was collecting data for indicator 5 and 6 by conducting a capacity assessment. In Q1, Bersama intended to complete the process of collecting data for indicators #5 and #6 for a few remaining agencies. However, after submitting the annual report, USAID suggested that Bersama adjust indicator #5 (% of local agencies increase capacity to Level 2 or higher on planning, budgeting and SOP) and indicator #6 (% of local agencies increase capacity to Level 2 or higher on counseling, referral/coordination respectively) to align with the Mission PMP. Indicator #5 is now Number of local agencies with increased capacity to improve Gender-Based Violence (GBV) services on planning, budgeting and SOPs. Indicator #6 has been changed to Number of local agencies with increased capacity to improve Gender-Based Violence (GBV) services on counseling, referral and coordination. This activity, described in the AMELP, was discontinued following changes to the methodology to collect and report the revised indicators, which no longer require government capacity assessments and improvement plans. The methodology for data collection described in the PIR data allowed each agency to measure its progress against its own goals and self-defined milestones so that we could measure each’s agencies unique progress. Instead, data was collected and assessed against a predefine set metrics and rated agencies capacity against each other. While the second methodology could have been appropriate to measure changes within each agency, it was difficult for the team to collect supporting documentation that would help verify the ratings as many agencies did not have detailed records. Therefore, it was difficult to attribute changes to Bersama.

AMELP 2. QUARTERLY PROGRESS REPORTING TO USAID

During Y4, Winrock submitted the Q1, Q2, and Q3 reports as per the terms of the cooperative agreement.

AMELP 3. QUARTERLY TEAM MEETINGS

Quarterly team meetings did not take place in Q1 due to the large number of activities, many of which had been rescheduled from the previous quarter because of social political unrest and insecurity in Papua and West Papua. Targeted discussion sessions were organized, for example, when selected staff members were relocated to Jakarta during the political violence in August and September as well as when field officers traveled to Jayapura to support activities such as the #endGBV forum. In Q2, the meeting was once again cancelled due to the outbreak of COVID-19. Since staff were working from home, the chief of party (COP) organized weekly online meetings with program and monitoring and evaluation (M&E) staff.
AMELP 4. ANNUAL PROGRESS REPORT

Winrock prepared and submitted the annual report for Y3 (FY2019) per the terms of the cooperative agreement.

AMELP 5. ROUTINE MONITORING VISITS

In Q1, the M&E team conducted spot-checks with five entities in Jayapura District and Jayapura City including Dinas P3As Jayapura District and Jayapura City, RSUD Yowari, and Puskesmas Sentani. The team focused on: 1) data recording mechanisms for GBV cases; 2) the Government Capacity Assessment process including progress towards the action plan;99 and, 3) observations of existing SOPs and services. During the same quarter, the M&E team conducted spot-checks in West Papua Province with Bappeda and Dinas P3A Sorong, Dinas P3A West Papua Province, and community members from Bogor Village.

In Q2, the M&E team had planned to conduct in-person spot-checks in Papua and West Papua. The team was able to conduct a small number of spot-checks in Papua in March. However, the spot-checks in West Papua were cancelled due to COVID-19 and the team developed a methodology to conduct them remotely in Q3. The post-checks in Papua took place from March 11–13. The team interviewed several officials from RSUD Yowari, Puskesmas Tanjung Ria, Puskesmas Sentani, RSUD Jayapura District, P2TP2A, Dinas P3A Jayapura City, Dinas P3A Jayapura District, and Puskesmas Kanda. After March 16, there was limited time to conduct the spot-checks as a result of restrictions related to COVID-19.

Spot-checks on planning and budgeting assistance were conducted through interviews with officials from Dinas P3A, Jayapura District, and Dinas P3A, Jayapura City. Both are satisfied to have received assistance from Bersama. The lesson learned from the previous planning and budgeting process is the importance of cross-sectoral involvement to address GBV issues and ensuring that all service providers appropriately budget for services. While Dinas P3A Jayapura District mentioned that they plan to establish UPTD-PPA next year (2021), for now, they will continue using their existing SOPs for GBV case handling.

In Q3, the M&E team was unable to conduct in-person spot-checks in Papua and West Papua due to COVID-19. In total, six entities were interviewed during Q3, including two in Jayapura District and five in West Papua and Manokwari District. In many cases, the team could not reach the officials who were directly involved with Bersama’s interventions as the government was busy with the COVID-19 response. Additional spot-checks were conducted Q4 between August 3-11 with 14 individuals from 14 organizations, including Dinas P3A, Jayapura City, Jayapura District, West Papua, Manokwari District West Papua Province, puskesmas, district court, West Papua police, as well as trained paralegals and counselors. Staff from Yowari and Manokwari hospitals were not available despite repeated attempts to contact them. The spot-checks were conducted remotely via phone or WhatsApp call and all findings are based on what is reported by respondents and not necessarily a review of documentation. Key findings from spot-checks are incorporated under section IV of this report (program activities).

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99 This happened before Bersama changed the indicator.
Monitoring of Community-Level Activities from Previous Years

In Q1, the M&E team visited Bogor Village, where Bersama had supported the Research Center for the Development of Women and Children at the University of Papua\(^\text{100}\) prior to the re-design of the project. Bersama conducted the visit to monitor the effectiveness of anti-GBV messages delivered previously to the community through the CSO.

The M&E team learned that once Bersama’s support of the program ceased, the discussion activities were discontinued without a mentor to lead the discussion. Based on the communities’ experience with Bersama, they allocated funding from the village fund to reprint the P4A UNIPA module that focuses on reducing GBV against children. P4A UNIPA is progressing on finalizing the module with the support of the Dinas Pendidikan dan Kebudayaan (Dinas P&K/Education and Cultural Office) of West Papua Province, which will use and distribute the module.

The M&E team met with \[\text{leaders of Wen village, Sorong.}\] The community is constructing a PAUD using their village fund (Dena Desa) 2019 budget. \[\text{participated in a Bersama funded CSO initiated GBV awareness raising in her community which had an impact on her. Discussions around gender and GBV within her women’s group led to the idea of constructing a VFA PAUD that will integrate anti-GBV content as part of its curriculum. The Wen village community wanted a PAUD for a long time, and despite advocating to the Dinas P&K Sorong, this did not materialize. Finally, during Musrenbang in April 2018, the women’s group of Wen village, led by \[\text{proposed to build the PAUD facility, and strongly advocated to the forum to approve and allocate a budget for this activity. Initially, the village authorities allocated a budget of approximately \[\text{, however after further consultation, the budget was increased by about 16% to \[\text{. Additionally, the village allocated budget for two additional teachers (Dinas P&K will provide one teacher) using village funds.}\]}}\]

AMELP 7. CONDUCT INTERNAL DATA QUALITY ASSESSMENT

The Data Quality Assessment (DQA) conducted in Q4 focused on indicators that were used for the life of the project and reinforced observations. The following is summary of key findings.

Indicator 3 Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other), did not always accurately capture Bersama’s impact because the project did not provide services to individuals directly and there is not an easily attributable causal link between some of the organizational capacity building interventions and the agencies’ service delivery. Furthermore, it was challenging to collect data from agencies as there may be double counting since agencies’ reporting procedures are not coordinated, nor is there an inter-agency victim identification system. At the same time, the numbers collected by each agency are probably significantly under reported as compared to the number of actual cases. This is due to several factors including lack of awareness or understanding of how to identify GBV victims, ambiguity about the types of cases that should be reported, or individuals choosing not to report GBV when requesting services because of concerns about stigma. For future programming, use of this indicator would be more directly relevant if

\(^{100}\) Pusat Penelitian Pengembangan Perempuan dan Anak-Universitas Papua (P4A UNIPA)
the partner organizations that provide services are managing sub-grants or other resources provided by the project to improve their service delivery.

For Indicator 4 (Number of legal instruments drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and gender-based violence at the national or sub-national level), project staff sometimes found it difficult to discern significant differences between stages (drafted and proposed phases) which led to confusion regarding if it should be counted in both phases. The project exceeded the LOP target of 164 with a total of 201 legal instruments/stages because when the target was set, they expected that there would be one SOP per agency, but then found that multiple SOPs were needed to address different procedures within an agency.

The PIRS for Indicator 7 (Number of human rights defenders trained and supported, Phase 1 indicator #5/Phase 2 Indicator #7), was inconsistent (due to a typo which said data would be collected from government officials) -- the data was actually collected from CSOs and Bersama related training events, which is appropriate. For future programming, the recommendation is that the PIRS definition should have a very clear description of the method of data collection and construction, that explains who collects the data, how it will be collected, any data collection forms or tools that should be used, how data will be compiled, any formulas that will be used in the calculation, and any data source documentation that is needed as back-up. The PIRS for all indicators should clearly state whether the reported data will be expressed as a count of a unique, unduplicated unit of measure (individuals, organizations, communes, etc.), especially if the quarterly actuals will be calculated and reported differently than the annual and LOP cumulative.

AMELP 8. CONDUCT END OF PROJECT CASE STUDIES

Winrock gathered lessons learned by highlighting outcomes in three entities based on Bersama’s work in Papua and West Papua. The purpose of the case studies was to describe key approaches of the Bersama project as well as to provide evidence of project outcomes. The case studies will be used by USAID and other project implementers to learn from Bersama’s experiences working in Papua and West Papua. The statement of work was co-developed with USAID. Bersama engaged a lead consultant and two support consultants to conduct the research. Data for the case studies was collected in July 2020 a presentation was presented to USAID on September 5 and comments were incorporated into the draft and submitted to USAID shortly after.

In July, Bersama developed a storyline for a story of change video based on the project’s work in Wen village, Sorong District. However, due to landslides and flooding in Sorong District towards the end of July, Bersama consulted with the AOR and Alternate AOR and developed an alternate storyline focused on , a nurse at Puskesmas Tanjung Ria. The Alternate AOR cleared the draft storyline and Bersama collected the video footage at the end of July and early August. The video was released and shared on September 23 and can be found here: English and Indonesian.

AMELP 9. FINAL REPORT

Bersama will prepare and submit a technical draft of the final report on in October, with the expectation that a final report will be submitted no later than December 31.
Activities not completed:

Due to COVID 19, Bersama could not facilitate KumHAM monitoring visit (AMELP 6).

VI. PROGRAM MANAGEMENT, CHALLENGES AND LESSONS LEARNED

ADJUSTMENTS IN RESPONSE TO COVID-19

The first case of COVID-19 in Papua and West Papua was identified in March 2020. The government initially closed all land and seaports in Papua from April 8 to June 10. In West Papua, flights were restricted to holders of West Papuan ID cards and civil servants. In both provinces, the government issued work-from-home orders and various other restrictions, including limited working hours for offices and businesses, school closures, and limits on gatherings in public places. As community transmission became prevalent, the government periodically closed off different parts of Jayapura City. The Bersama team reconfigured planned activities and all trainings and TA took place online via audio or video conferencing. The office staff were quite resilient. Prior to the airports’ closings, some staff flew back to Jakarta to be with their families, since they couldn’t go to the office. A few key operations staff continued to go the office to process payments and ensure sound financial management.

The Bersama team quickly learned the best way of organizing remote meetings and conferences including the following:

- For large meetings, have a meeting host who welcomes participants, gives instructions (stay on mute etc.) and introduces speakers. Ensure IT staff is around to troubleshoot problems. Develop short instruction manuals on how to navigate features of the communication software. Follow up prior to the meeting to remind participants about meeting etiquette and help them test their audio and video connectivity (particularly for speakers and presenters).
- Don’t expect spontaneous engagement. Ask ahead of the meeting if people have anything to share or contribute. Don’t surprise participants by calling on them during the meeting. Keep video off to reduce bandwidth, but reserve time at the end for everyone to gather and see each other.
- Reduce the time allocated for meetings/events or spread out the meeting over several days. People can only maintain focus on video meeting for up to two hours, most.
- Consider small, if not individual meetings/trainings/follow ups with participants. For example, Bersama felt it was best to have one-on-one follow up meetings to the counseling training. This takes more of the trainer’s time, but since they aren’t traveling nor conducting full day workshops, it is manageable.
- Engage a logistics person to call all participants and confirm they have connectivity and they are available. Remind them.

In response to the COVID-19 pandemic, Winrock’s home office established a crisis management team that consisted of Winrock’s executive team and director of global safety and security. Winrock’s home office organized several conference calls with project COPs and directors to discuss the organization’s response to COVID-19 pandemic and provide guidance for project offices and support for projects. In addition, several all-staff meetings were organized to specifically discuss the response to the pandemic. Bersama’s COP and security focal point, Fikri Karimi, coordinated with the project manager based in the
home office, the director of security, and Winrock’s crisis management team to provide regular updates on the COVID-19 situation in Papua and West Papua and the steps taken by the project. Winrock also continued to share information with the project team. Two project staff members originally recruited from Jakarta continued to work from their homes. In Papua and West Papua, project staff also continued to work from home throughout Q3 and Q4. Some operations and finance staff came to the office while observing social distancing, wearing masks and following related health protocols. In June, as the Papua government began to lift some restrictions, Bersama staff started conducting a limited number of in-person meetings with government counterparts, particularly to follow up when no progress was reported. Staff continued to observe social distancing and related protocols during these meetings. Bersama also closed out the project in Q4, with remote support and oversight from Winrock’s home office and regional offices in Manila.

M1. BUILD CAPACITY OF STAFF
Winrock conducted a Code of Conduct refresher training in May. Due to COVID-19, the training was conducted online.

M3. END-OF-PROJECT WORKSHOP
The end-of-project workshop was combined with the Q4 #endGBV learning forum.

QUARTERLY FINANCIAL REVIEWS AND HOME OFFICE OVERSIGHT
During Q1, Winrock’s accounting team followed up on all individual items and issues previously identified with Bersama to ensure they were all closed. Towards the end of Q1 and in Q2 (January and February as well as March 13—20), Bersama’s COP was working offsite and taking sick leave due to family medical issues. During this time, Winrock’s home office project management team, including the program associate and director of regional and country planning, traveled to Jayapura District to provide additional support for project management and compliance.

Table 17: Home Office Travel

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During Q3 and Q4 (July–August), Winrock’s home and regional offices continued to conduct monthly financial reviews and provide oversight to the project. As part of project closeout procedures, Bersama conducted monthly pipeline analyses to ensure there are sufficient funds available to complete all activities and Agreement requirements.
STAFF CHANGES

USAID MEETINGS AND VISITS

On December 17, Bersama’s COP and SPM/DCOP met with USAID to provide an update on program progress. The USAID team included Ms. Alexis McGinness, Agreement Officer (AO); Mr. Anders Mantius, Deputy Director, Office of Democratic, Resilience, and Governance (DRG); Ms. Marian Nurani, Sr. Project Specialist; Ms. Maureen Laisang, AOR; and Ms. Ketty Kadarwati, Alternate AOR. USAID was interested in hearing about program learnings to date and associated challenges. They were also interested in changes in program implementation, especially in light of political unrest in Q3/Q4 FY2019, and how the team could motivate other agencies to be more invested in strengthening GBV services and increase awareness of GBV. Lastly, they were interested in the Bersama team’s priorities for the remaining months of the program. The AO advised Bersama to work closely with the AOR in the design and development of the end-of-project study. The COP and SPM/DCOP also had a separate discussion with the AOR following this meeting where they discussed provisional plans for the end-of-project study.

On January 29, Bersama’s SPM/DCOP attended USAID’s Implementing Partners’ meeting to provide sector-based input on the new USAID/Indonesia Country Development and Cooperation Strategy (CDCS). Bersama shared a table with the Asia Foundation, the Association of Southeast Asian
Nations Secretariat, the Association for General Election and Democracy,\textsuperscript{101} and Harmoni (USAID-funded project on countering violence against extremism) and discussed how extremism/Islamic radical groups and intolerance have been growing and affecting freedom of religion and minority rights. The group proposed that USAID facilitate the press/media and support citizen journalism to address the issues. In the meeting, the new mission director, Mr. Ryan Washburn, was introduced.

From February 24–27, DRG Office’s Director, Walter L Doetsch; MADANI AOR/USAID; Papua Desk Officer Luthfi Ashari; and Bersama AOR Maureen Laisang traveled to Papua and West Papua. During their trip they met with Bersama partners, collected feedback on Bersama’s work, and learned more about the situation in the two regions to inform USAID’s current CDCS. Bersama’s SPM/DCOP \textsuperscript{[redacted]} and Home Office Coordinator \textsuperscript{[redacted]} accompanied the USAID delegation. \textsuperscript{[redacted]} attended the meetings in West Papua. The delegation met with partners from Bappeda, Polda, Dinas P3A, Dinkes, Dinsos and some targeted CSOs. The meetings were useful and informative. Overall, the government partners expressed their gratitude and thanks to the Bersama team as well as their priorities and challenges, which helped the USAID delegation better understand needs in Papua and West Papua.

During Q3 and Q4, the COP participated in virtual town hall meetings with the USAID/Indonesia partners in April, June and July organized by the Mission. The purpose of the meetings was to provide updates on USAID Indonesia’s COVID-19 response activities, including engagement with GoI; sharing information on the Mission’s current posture in response to COVID-19; reporting changes to contracting and granting mechanisms or requirements; and providing implementing partners with an opportunity to ask questions.

**PROJECT CLOSEOUT**

During Q2, the team prepared a closeout plan and met with Winrock’s home-office based support units to prepare for Bersama’s closeout. The team started conducting biweekly closeout meetings in addition to regularly scheduled weekly meetings. In April, Winrock submitted a closeout plan to USAID that detailed remaining program activities to achieve results, plans to conduct final case studies to document the project, meetings to inform local government stakeholders about the project’s end, and steps to close out Winrock’s presence in Jayapura. Winrock began offboarding staff at the end of March 2020. Throughout Q3, the Winrock home office staff and field staff coordinated to review legal and statutory obligations, bank closeout procedures, record retention requirements and inventory disposition. Per the Cooperative Agreement and in consultation with USAID, Bersama started discussing the transfer of custody and control of all materials and non-consumed supplies to GoI. Bersama resubmitted a revised closeout plan for the AO’s approval on August 5 and received approval on August 12. Bersama completed the handover of selected inventory items to Kanwil KumHAM between August 14 and 18. Most program staff left the project at the end of August. A few final deliverables (How to Guides and Case Studies and the video) were completed in September. Operations staff focused on ensuring digital files were complete, off-boarding staff, making arrangements to hand over inventory and closing out purchase orders and consultancy agreements. The bank account closed the second week of October.

\textsuperscript{101} Perkumpulan untuk Pemilu dan Demokrasi (Perludem)
CHALLENGES

Implementation During a Global Pandemic

In response to COVID-19, Winrock adapted program management to provide all TA remotely. While the program staff were adapting to this new approach, so were government partners. Activities that previously would have been conducted in a few days’ time took much longer. For example, the paralegal training that was originally designed as a five-day training had to be spread out over 12 days of one-hour sessions. The change in scheduling put added burden on the staff, the consultants, and potentially the trainees. However, due to the global nature of the pandemic, everyone made an effort to adapt. Several activities that involved onsite visits had to be cancelled. Others, which involved simulation of SOPs, had to be cut short. Several activities that required approval from the Dinas P3As or the provincial or district/city Ortalas took longer because staff had to rely on calls and could not directly follow up. Additionally, work with the police was delayed, especially supporting the police with the administration work to adopt SOPs. Under normal circumstances, project staff would go to the police offices to follow up and help speed up coordination. The health service providers were very busy with the COVID-19 response and could not devote much time to engaging with project staff. The pandemic also affected procurement, such as printing of awareness-raising materials. It was not possible to print from Jakarta due to ongoing, large-scale social restrictions. Additionally, in Jayapura District, many vendors were either not operating or had limited working hours.

Riots and Social Political Unrest

While much of the political violence took place in Papua and West Papua in August and September 2019, sporadic protests and demonstrations continued throughout October. There was also a resurgence of violence in Jayawijaya District towards the end of September. The violence resulted in loss of life and property and large-scale evacuations. As a result of the violence, the Jayawijaya district government was focused on an emergency response, which slowed down Bersama’s work with the government in Q1. In December 2019, in consultation with the AOR, Bersama scaled back on activities in Jayawijaya District. These changes were reflected in the revised Y4–Y5 work plan that was submitted on December 31, 2019.

Widespread political unrest also affected the planning and budgeting cycle in both provinces. Approvals were delayed, and information on budget approvals in the project’s working areas was not available until Q2. Additionally, in some cases, delays with certain activities created a domino effect. For example, delays in developing GBV service SOPs with the police at the province level affected the timeline for accomplishing this work at the district level.

Delayed Fund Disbursement and Budget Cuts

Most government offices, such as the Dinas P3A, received their 2019 funds in October 2019. As per the planning and budgeting calendar, the funds should have been transferred by the second quarter of the year. While delays are not an unusual occurrence, they affect the planning process of the agencies and create a rush to complete implementation of activities in the last quarter of the year. As a result,

102 Pembatasan sosial berskala besar (PSBB)
103 The work plan is currently under review.
agencies often focus on carrying out activities rather than taking into consideration the quality of work and whether the activities are implemented as per the approved budget. This is an institutional issue over which the project has little control.

Aside from delays with disbursements, Dinas P3A budgets are prone to cuts. In 2019, there were talks of funds being redirected for the upcoming PON in 2020. However, in Q2, due to COVID-19 pandemic, funds were redirected from Dinas P3As for pandemic response activities. Most significantly, this affected the Dinas P3A West Papua Province whose approved budget for safe house construction was cut. While the head of the Dinas is confident about getting the fund allocated for the 2021 budgeting cycle, this delay in construction will affect the quality of services to survivors. The agency has put into place GBV case handling SOPs and has strengthened coordination with service providers. However, the safe house is a key component of services that needs to be prioritized by the government.

Uncertainty Created by Province-Level Transitions

Since early 2019, there has been ongoing speculation about the potential merger of the Dinas P3A with the Dinsos at the Papua Province level. While there was no further information available about the proposed structure of the new agency or its mandate, this hampered the Dinas P3A’s ability to plan. Specifically, it impacted the planning and budgeting process in Q1, because agency staff did not want to engage in detailed discussions with regards to their Renja and RKA given lack of information and confusion about the future role of the Dinas P3A. The merger eventually took place in January 2020 and the new Social, Population, Women’s Empowerment and Child Protection Agency was established. Bersama learned that DinsosdukP3A will continue Dinas P3A’s previous functions to empower women and protect children, which includes GBV case handling through P2TP2A. Under the new structure, the office will have two units: Women’s Empowerment and Child Protection and Gender Mainstreaming. P2TP2A will continue to address GBV cases. While it is encouraging to know that the Dinas P3A is committed to providing services to GBV victims, the merger of these offices resulted in a budget of $ for women and child protection in 2020, which the Dinas P3A officials said was inadequate. Additionally, other initiatives, such as the operationalization of the province-level safe house and the execution of a MOU between the Dinas P3A and provincial police to operate and maintain the safe house, were postponed due to reorganization priorities and uncertainties. Dinas P3A officials seemed unsure about their role and hesitant to make commitments. The office will need additional support in the coming years to become fully operational and support other districts and cities in the province.

High Turnover in the Police Force

During Q2, there were a number of changes in police forces in Papua and West Papua. In January, the head of Directorate of General Investigation and Crimes of Polda Papua and West Papua, the head of the Integrated Police Service Centre of Polda Papua, and the head of Satreskrim Polresta Jayapura City, were reassigned. Due to these changes, Bersama had to resubmit vetting requests to comply with the Leahy Amendment. Since the police did not immediately assign acting heads for these positions, it took

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104 Dinas Sosial, Kependudukan, Pemberdayaan Perempuan dan Perlindungan Anak (DinsosdukP3A)
105 Ditreskrim
106 Direktorat Kriminal Polda Papua
107 Sentra Pelayanan Kepolisian Terpadu (SPKT)
some time to find out who was responsible for the units, which is required information for vetting purposes. Bersama received clearance for West Papua on March 27, followed by clearance for Papua on April 4. By that time, however, COVID-19 outbreaks caused more delays. Changes in personnel not only cause delays due to vetting requirements, but in most cases, the project must re-establish important working relationships and help to orient the incoming department heads about the discussions and agreements with their predecessors. In Q3, while activities to develop SOPs were progressing well in West Papua, there was a slow down when the SOPs were submitted to the Legal Division for review. At that time, Bersama’s main point of contact, Pak Ihot, deputy of the Directorate of General Investigation and Crimes, was transferred to another unit. While his replacement, Ibu Intan, is very committed, there was a lack of proper handover, which has created internal delays for the police.

GBV Data Recording and Reporting

While Bersama supported a number of service providers to put SOPs in place, these agencies had limited experience implementing the SOPs. GBV data recording and reporting continues to be a challenge, and this became apparent when the Dinas P3As had to report data as part of the academic analysis for UPTD-PPA establishment. Provincial Dinas P3As struggled to report accurate numbers of cases as most cases are referred to district- or city-level Dinas P3As. The spot-checks revealed that all agencies need to follow required procedures to collect, record, and report data. Due to the government’s work-from-home orders, many of these offices are closed or working shorter hours. This will likely hamper data collection efforts further.

LESSONS LEARNED

Adaptive Management during COVID-19

In consultation with the AOR, Bersama redirected funds towards raising awareness of COVID-19 and GBV. The project collaborated with a wide range of stakeholders, and while this required considerable time and effort, this was an example where the project adapted to conditions to identify activities that would help meet its objectives and raise awareness about a public health crisis. Given the large number of online meetings, Bersama deployed some strategies to make these events as smooth as possible. Many of the larger, multi-sector meetings took place via Zoom. Bersama developed a short manual on how to use Zoom in Bahasa to familiarize participants with online audio and video conferencing platforms and etiquette. In addition, the project provided short tutorials prior to meetings. While internet connectivity was an issue in almost all meetings, Bersama’s IT consultant provided TA to participants and helped them come up with solutions such as installing the Zoom application on their phones for better connectivity.

Securing Early Buy-In

Bersama found that raising awareness of GBV among service providers resulted in unexpected benefits. Bersama conducted focus group discussions on case handling SOPs with police from Papua Province, Jayapura City, Jayapura and Jayawijaya districts in Q4Y3. In Q2Y4, Bersama had to coordinate with the Jayapura District Polres to discuss the proposed MOU on case handling between Dinas P3A Jayapura City and the district police. The police were supportive of the MOU and proactively engaged with the Dinas P3A to draft the document. Due to Bersama’s TA, the police were aware of the harms of GBV and the importance of the MOU to strengthen the referral system, which facilitated the process of
drafting and finalizing the MOU with the police. Securing early buy-in and ensuring that service providers have ownership of the initiative is key in implementing important changes, such as finalizing the MOU.

**Strengthening Government Ownership**

While planning the #endGBV forum in Q1 and Q4, Bersama convened a steering committee comprised of officials from a number of service providers. This approach was particularly successful as the design and planning of the event was conducted hand-in-hand with the steering committee. Committee members were engaged, played visible and lead roles at the forum, and encouraged participation from their respective agencies. This was also an opportunity for them to share the work they have been doing with the community at large to improve services and awareness of GBV.

**Working Successfully with Police**

As mentioned in the report, activities with the police were delayed due to political unrest and riots in Papua and West Papua. Despite these setbacks, Bersama successfully resumed contact with the provincial police in Papua and West Papua during Q1. This was accomplished primarily through regular follow-ups and check-ins and approaching the police through existing channels, be it through the referral services consultant, who had a strong rapport with the police, or through police personnel in Jakarta (Bareskrim and Polda Metro Jaya). In Q3 and Q4, Bersama coordinated with the police remotely due to the COVID-19 pandemic. While there were delays because of the need to follow up on activities online, Bersama adapted to the new conditions by conducting online calls and meetings when it was conducive for the police, including weekends.

**Capitalizing on Strong Leadership in West Papua**

In Y4, Bersama made significant progress in West Papua, especially with Dinas P3A and the police. Dinas P3As in West Papua and Manokwari District have been proactive, engaged and focused on improving GBV services. This, in large part, is due to strong leadership at these agencies. Ms. Sesa and Ms. Mia, head of the Dinas P3As in West Papua and Manokwari, respectively, have both been committed to working with Bersama to improve GBV services. This has motivated their teams to be responsive and helped to move the agenda forward. From the project side, it has also been important for Bersama to work collaboratively, providing timely assistance while maintaining a level of flexibility to respond to ground realities.

Similarly, there was traction when working with the police in West Papua. Despite challenges with COVID-19, the police in West Papua were more responsive than their counterparts in Papua. The West Papua chief of police supported the establishment of GBV case handling SOPs, whereas in Papua, the Bersama team had to follow up several times before getting dedicated time with the police to start revising the SOPs and the output documents. The provincial police adopted three of four SOPs. In addition, they plan to orient their ten district police on the new SOPs and are better prepared to roll out the SOPs.

**Combining Activities**

The Dinas P3As are Bersama’s primary partners, and the project had several activities with each office, ranging from establishing UPTD-PPAs and developing SOPs to strengthening referral systems. Staff
combined activities where possible to maximize engagements and make the most efficient use of time with the officials. For example, during province-level workshops in February to discuss health sector SOPs, Bersama also solicited feedback from agency officials on awareness-raising materials, such as GBV services posters, flow charts and sign boards. During the service providers’ quarterly coordination meeting in Papua in March, the M&E team met with selected officials to conduct spot-checks. During quarterly coordination meetings in June, staff supported Dinas P3As to share their recently adopted case handling SOPs.

**Strategic Coordination with National Level Stakeholders**

Bersama learned that timing is important when working with national-level actors. For example, the president’s decree on MOWE resulted in the Ministry being very proactive about GBV service delivery. Winrock keeps MOWE updated on progress in Papua and West Papua and consults with Ministry officials to seek technical guidance, especially for the establishment of UPTD-PPA. As a result of MOWE’s new mandate, the Ministry took immediate action to plan a meeting with Papua and West Papua Dinas P3As to identify roadblocks in the UPTD-PPA establishment process.
VII. ANNEX

ANNEX A: SUCCESS STORIES

Attached separately.
## ANNEX B: INDICATOR DISAGGREGATION TABLES

### Table 19: Combined Indicator Table

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL TO DATE</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Local governments include GBV-related activities in their annual plans and budgets.</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>N/A</td>
<td>0</td>
<td>4</td>
<td>No data are reported for this indicator in Q3 because the primary planning and budgeting interventions that would contribute to this indicator was completed in Q2.</td>
</tr>
<tr>
<td>2</td>
<td>Number of local government agencies where GoI staff cite concrete improvements in GoI capacity and commitment to provide GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other)</td>
<td>18</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>[GNDR-6] Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other)</td>
<td>F: 210</td>
<td>T: 110</td>
<td>T: 222</td>
<td>T: 42</td>
<td>T: 374</td>
<td>F: 343 M: 31</td>
<td>During Q3, 42 people received services by government agencies who are supported by Bersama. The data is from Papua, Jayapura District, and Jayapura City. Service providers in West Papua reported data for the Q3 Coordination meeting, West Papua and Manokwari District service providers reported data during the Q3 coordination meeting. However, the data was not disaggregated and despite following up multiple times, the service providers did not provide any supporting documentation. Due to COVID-19, in most cases, the data was not compiled or uploaded into the SIMFONI-PPA system. The project has exceeded the Y4 target for indicator 3, as well as the LOP target. The target was revised downwards in February 2020 based on data trends at the time and the numbers reported through various service providers. However, there has been an increase in the number of cases reported by selected service providers in...</td>
</tr>
</tbody>
</table>

*108 The project was in closeout and data was not collected in Q4*
<table>
<thead>
<tr>
<th>#</th>
<th>INDICATOR</th>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL TO DATE</th>
<th>NOTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>[GNDR-5] Number of legal instruments, policies or procedures drafted, proposed, or adopted with USG assistance designed to improve prevention of or response to sexual and gender-based violence at the regional, national or local level</td>
<td>49</td>
<td>71</td>
<td>48</td>
<td>15</td>
<td>7</td>
<td>138</td>
<td>Q2, including from some service providers who did not report previously. Refer to Table 16 for disaggregation for this indicator.</td>
</tr>
<tr>
<td>5</td>
<td>Number of local agencies with increased capacity to improve gender-based violence (GBV) services on planning, budgeting and SOPs</td>
<td>16</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td>14</td>
<td>The project has exceeded the Y4 and LOP targets for indicator #4. For Y4, this is due to the timing of when many of these documents were adopted. We had anticipated that many of the SOPs would be adopted earlier on in the project. For the LOP target, in some cases, agencies such as Dinas P3A or Police decided to adopt more SOPs than previously anticipated. Data is cumulative. While in the narrative we have reported on Dinas P3A West Papua adopting SOP on inter-district cases, we are not counting in Q3 because the agency was counted in Q1. Dinas P3A, Jayapura District has been added retroactively for Q2 due to the approved RKA Rencana Kegiatan Anggaran (Budget Activity Plan).</td>
</tr>
<tr>
<td>6</td>
<td>Number of local agencies with increased capacity to improve gender-based violence (GBV) services on counseling, referral and coordination</td>
<td>19</td>
<td>N/A</td>
<td>4</td>
<td>12</td>
<td>0</td>
<td>16</td>
<td>Data is cumulative.</td>
</tr>
<tr>
<td>7</td>
<td>Number of human rights defenders trained</td>
<td>20</td>
<td>T: 9</td>
<td>F: 9</td>
<td>M: 0</td>
<td>T: 22</td>
<td>F: 8 M: 14</td>
<td></td>
</tr>
</tbody>
</table>
Table 20: Indicator 1 (Number of local governments that include GBV-related activities in their annual plans and budgets)

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>LOCATION</th>
<th>TYPE OF ENTITY</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
<th>% PROGRESS TOWARDS LOP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td></td>
<td>Manokwari District</td>
<td>Dinas P3A</td>
<td>4</td>
<td>80%</td>
</tr>
</tbody>
</table>

(Jayapura City and West Papua Province)

Table 21: Indicator 2 (Number of local government agencies where GoI staff cited concrete improvements in GoI capacity and commitment to provide GBV services (e.g., health, legal, psycho-social counseling, shelters, hotlines, other))

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 TOTAL</th>
<th>Q2 TOTAL</th>
<th>Q3 TOTAL</th>
<th>Q4 TOTAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
<th>% PROGRESS TOWARDS LOP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>10</td>
<td>10</td>
<td>56%</td>
<td>56%</td>
</tr>
</tbody>
</table>

Agencies in Y4:
- Dinas P3A, West Papua Province
- Dinas P3A Jayapura District, Papua Province
- Puskesmas Kanda, Jayapura District, Papua Province
- Puskesmas Sentani, Jayapura District, Papua Province
- Dinas P3A, Jayapura City, Papua Province
- Puskesmas Tanjung Ria, Jayapura City, Papua Province
- Jayapura Hospital, Jayapura City, Papua Province
- West Papua Police, West Papua Province
- Dinas P3A Manokwari District, West Papua Province
- Puskesmas Wosi, Manokwari District, West Papua Province
Table 22: Indicator 3 (Number of people reached by a USG funded intervention)

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
<th>% PROGRESS TOWARDS LOP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>244</td>
<td>110</td>
<td>222</td>
<td>42</td>
<td>0</td>
<td>374</td>
<td>153%</td>
<td>126%</td>
</tr>
</tbody>
</table>

Table 23: Indicator 3 Disaggregation (Number of people reached by a USG funded intervention providing GBV services (e.g., health, legal, psychosocial counseling, shelters, hotlines, other))

<table>
<thead>
<tr>
<th>Q4 DISAGREGATION</th>
<th>PAPUA</th>
<th>WEST PAPUA</th>
<th>JAYAWIJAYA</th>
<th>MANOKWARI</th>
<th>SORONG</th>
<th>JAYAPURA CITY</th>
<th>JAYAPURA</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>BY LOCATION AND SEX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>68</td>
<td>2</td>
<td>14</td>
<td>40</td>
<td>5</td>
<td>50</td>
<td>164</td>
<td>343</td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
<td>1</td>
<td>11</td>
<td>0</td>
<td>2</td>
<td>11</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td>BY AGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;10</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>0</td>
<td>11</td>
<td>16</td>
<td>42</td>
</tr>
<tr>
<td>10-29</td>
<td>31</td>
<td>3</td>
<td>11</td>
<td>17</td>
<td>4</td>
<td>20</td>
<td>76</td>
<td>162</td>
</tr>
<tr>
<td>30&lt;</td>
<td>38</td>
<td>0</td>
<td>5</td>
<td>22</td>
<td>1</td>
<td>11</td>
<td>82</td>
<td>159</td>
</tr>
<tr>
<td>BY SERVICE PROVIDER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dinas P3A</td>
<td>13</td>
<td>3</td>
<td>16</td>
<td>44</td>
<td>3</td>
<td>22</td>
<td>15</td>
<td>116</td>
</tr>
<tr>
<td>P2TP2A</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td>Police</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>2</td>
<td>37</td>
<td>26</td>
<td>72</td>
</tr>
<tr>
<td>Hospital</td>
<td>46</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>127</td>
<td>173</td>
</tr>
<tr>
<td>Puskesmas</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

109 In Y4 Bersama received information on 9 cases but did not include these for indicator #3 as the sex disaggregated data was not available.
Table 24: Indicator 4 (Number of legal instruments, polices or procedures drafted, proposed, or adopted with USG assistance designed to improve prevention of response to sexual and gender-based violence at the regional, national or local level)

<table>
<thead>
<tr>
<th>Y4 TOTAL</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
<th>% PROGRESS TOWARDS LOP TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>71</td>
<td>48</td>
<td>15</td>
<td>4</td>
<td>138</td>
<td>282%</td>
<td>121%</td>
</tr>
</tbody>
</table>

Table 25: Indicator 4 Disaggregation (Number of legal instruments, policies, or procedures drafted, proposed or adopted with USG assistance designed to improve prevention of or response to sexual and gender-based violence at the regional national or local level)

<table>
<thead>
<tr>
<th>LEGAL INSTRUMENT</th>
<th>TYPE OF INSTRUMENT</th>
<th>ENTITY</th>
<th>LOCATION</th>
<th>STAGE ACHIEVED</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOP on Handling Inter-District Cases</td>
<td>Procedure</td>
<td>Dinas P3A</td>
<td>West Papua Province</td>
<td>Adopted</td>
<td>30-Jul-20</td>
</tr>
<tr>
<td>SOP on handling cases involving children</td>
<td>Procedure</td>
<td>Police</td>
<td>West Papua Province</td>
<td>Adopted</td>
<td>07-Aug-20</td>
</tr>
<tr>
<td>SOP on Mediation for Domestic Violence in Integrated Police Service Center</td>
<td>Procedure</td>
<td>Police</td>
<td>West Papua Province</td>
<td>Adopted</td>
<td>07-Aug-20</td>
</tr>
<tr>
<td>SOP on Domestic Violence Case Reporting</td>
<td>Procedure</td>
<td>Police</td>
<td>West Papua Province</td>
<td>Adopted</td>
<td>07-Aug-20</td>
</tr>
</tbody>
</table>
### Table 26: Indicator 5 (Number of local agencies with increased capacity to improve GBV services on planning, budgeting and SOPs)

<table>
<thead>
<tr>
<th>Y4 TARGET</th>
<th>Q1 ACTUAL</th>
<th>Q2 ACTUAL</th>
<th>Q3 ACTUAL</th>
<th>Q4 ACTUAL</th>
<th>Y4 TOTAL</th>
<th>% PROGRESS TOWARDS Y4 TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>1</td>
<td>14</td>
<td>87%</td>
</tr>
</tbody>
</table>

Y4 Agencies:
1. Dinas P3A, Jayapura District, Papua Province
2. Puskesmas Kanda, Jayapura District, Papua Province
3. Puskesmas Sentani, Jayapura District, Papua Province
4. Yowari Hospital, Jayapura District, Papua Province
5. Dinas P3A Jayapura City, Papua Province
6. Puskesmas Tanjung Ria, Jayapura City, Papua Province
7. Jayapura Hospital, Jayapura City, Papua Province
8. Dinas P3A Jayawijaya District, Papua Province
9. Dinas P3A, West Papua Province
10. Dinas P3A, Manokwari District
11. Puskesmas Sanggeng, Manokwari District, West Papua Province
12. Puskesmas Wosi, Manokwari District, West Papua Province
13. Manokwari Hospital, Manokwari District, West Papua Province
14. Provincial Police Office, West Papua

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110 Winrock is in the process of collecting the supporting documentation (signed MOU).
111 Ibid
112 Ibid
113 While in the narrative we have reported on Dinas P3A West Papua adopting SOP on inter-district cases, we are not counting in Q3 because the agency was counted in Q1.
114 Dinas P3A, Jayapura District has been added retroactively for Q2 due to the approved RKA Rencana Kegiatan Anggaran (Budget Activity Plan)
Table 27: Indicator 6 (Number of local agencies with increased capacity to improve GBV services on counseling, referral, and coordination)

<table>
<thead>
<tr>
<th>MOUs Q2</th>
<th>Coordination Q3:</th>
<th>Coordination Q4:</th>
<th>Counseling Q3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dinas P3A Jayapura District</td>
<td>1. Dinas P3A West Papua Province with West Papua provincial police</td>
<td>1. Dinas P3A West Papua city with Jayapura City police</td>
<td>1. P2TP2A, Papua Province</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Puskesmas Sentani, Dinas P3A with Jayapura Police</td>
<td>5. Puskesmas Sentani, Dinas P3A with Jayapura Police</td>
</tr>
</tbody>
</table>

**MOUs Q4**
1. Jayapura City Police
2. Dinas P3A Jayapura City
3. Court District Office
4. Prosecutor District Office

**Counseling Q3:**
1. P2TP2A, Papua Province
2. Dinas P3A, Jayapura District
3. Puskesmas Sentani, Jayapura District
4. Dinas P3A, Jayapura City
5. Puskesmas Tanjung Ria, Jayapura City
6. Jayapura Hospital, Jayapura City
7. Dinas P3A, Jayawijaya District
8. Dinas P3A, West Papua Province
9. Dinas P3A, Manokwari District
10. Dinas P3A, Sorong District

**Referral Q3:**
1. Dinas P3A, Jayapura City
2. Dinas P3A, West Papua Province
3. Dinas P3A, Manokwari District
4. Dinas P3A, Sorong District
5. West Papua provincial police
6. Jayapura Hospital, Jayapura City

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115 Q3 actuals have been revised.
116 While a number of entities were identified as improving performance, these were not counted as they had been counted in prior quarters.
**Table 28: Output Indicator A - Number of people exposed to messages related to GBV through Bersama activities**

<table>
<thead>
<tr>
<th>MATERIAL/ACTIVITY/MEDIA</th>
<th>Q2 ACTUAL</th>
<th>SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Media</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Social Media Post</td>
<td>44,008</td>
<td>Facebook Page of Jeni Karay, Instagram Page of Angelica Senggu, Jeni Karay, USAID Indonesia, Rbs925FM, Twitter Page of USAID/Indonesia</td>
</tr>
<tr>
<td>Materials distributed</td>
<td>233</td>
<td>Flowchart (11), GBV Poster (N/A), GBV Signboards (22), GBV Briefing Booklet (200)</td>
</tr>
</tbody>
</table>

**Table 29: Output Indicator B (Number of entities supported to improve budgeting and planning)**

<table>
<thead>
<tr>
<th>ENTITIES SUPPORTED FOR BUDGETING AND PLANNING</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of entities supported to improve budgeting and planning</td>
<td>5</td>
<td>13</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Table 30: Output Indicator B (Number of entities supported to improve budgeting and planning)**

<table>
<thead>
<tr>
<th>ENTITIES SUPPORTED FOR BUDGETING AND PLANNING</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of entities supported to improve budgeting and planning</td>
<td>5</td>
<td>2</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Table 31: Output Indicator C (Number of entities supported to improved SOPs)**

<table>
<thead>
<tr>
<th>ENTITIES SUPPORTED FOR SOPS</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of entities supported to improve SOPs</td>
<td>23</td>
<td>16</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

1. West Papua Provincial Police Office
   - Technical assistance to Polda West Papua to adopt three GBV case handling SOPs and develop animated videos for their four SOPs.

2. Dinas P3A West Papua
   - Technical assistance to Dinas P3A West Papua to adopt SOP on handling Inter-District Cases
Table 32: Output Indicator D (Number of entities supported to improve counseling)

<table>
<thead>
<tr>
<th>ENTITIES SUPPORTED for COUNSELING</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of entities supported to improve counseling</td>
<td>13</td>
<td>0</td>
<td>12</td>
<td>NA</td>
</tr>
</tbody>
</table>

1. Dinas P3A Jayapura City  
2. Dinas P3A Jayapura District  
3. Dinas P3A Jayawijaya  
4. Dinas P3A Sorong District  
5. Dinas P3A Manokwari  
6. Dinas P3A Papua  
7. Dinas P3A West Papua  
8. Jayapura Hospital  
9. Puskesmas Sentani  
10. Puskesmas Kanda  
11. Puskesmas Tanjung Ria  
12. Papua Provincial Office

- Counseling coaching sessions

Table 33: Output Indicator E (Number of entities supported to improve referral mechanisms)

<table>
<thead>
<tr>
<th>ENTITIES SUPPORTED TO IMPROVE REFERRAL</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of entities supported to improve referral mechanisms</td>
<td>25</td>
<td>26</td>
<td>25</td>
<td>3</td>
</tr>
</tbody>
</table>

1. DinsosdukP3A, Papua Province  
2. Health Office, Papua Province  
3. Police, Papua Province  
4. Dinas P3A, Jayapura District  
5. Bappeda, Jayapura District  
6. Puskesmas Sentani, Jayapura District  
7. Yowari Hospital, Jayapura District  
8. Dinas P3A, Jayapura City  
9. Bappeda, Jayapura City  
10. Prosecutor’s Office, Jayapura City  
11. Puskesmas Tanjung Ria, Jayapura City  
12. Jayapura Hospital, Jayapura City  
13. District Court, Jayapura City  
14. Dinas P3A, West Papua Province  
15. Health Office, West Papua Province  
16. Police, West Papua Province  
17. Bappeda, West Papua Province  
18. Dinas P3A, Manokwari District  
19. Dinsos, Manokwari District  
20. Health Office, Manokwari District  
21. Bappeda, Manokwari District  
22. Puskesmas Wosi, Manokwari District  
23. Manokwari Hospital, Manokwari District  
24. Dinas P3A, Sorong District  
25. MOWE

- BERSAMA had online coordination meeting with Ms. Wasti Wabiser, DinsosdukP3A Papua Province to get information on their experience in handling children cases with Polda Papua and Bapas.  
- Q3 coordination meeting of GBV service providers – discussions included current status of referrals, challenges and solutions.  
- Q4 assistance to Polda, West Papua Province, to adopt three GBV case handling SOPs and develop animated videos for their four SOPs.  
- Assistance to Dinas P3A Jayapura City to adopt three GBV case handling MOUs  
- Assistance to Dinas P3A West Papua Province to adopt SOP on handling inter-district GBV cases
Output Indicator F (number of feedback responses received from users) and G (percentage of feedback responses received from users acted upon)— no updates this quarter because the service providers have not used the feedback forms.

Table 34: Output Indicator H - Number of communication materials, events and campaigns developed and implemented with the government

<table>
<thead>
<tr>
<th>COMMUNICATION MATERIALS DEVELOPED</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of communication materials, events and campaigns developed and implemented with the government</td>
<td>82</td>
<td>44</td>
<td>69</td>
<td>35</td>
</tr>
</tbody>
</table>

Table 35: Disaggregation for Output Indicator H (Number of Communication Materials, Events and Campaigns Developed and Implemented with the Government)

<table>
<thead>
<tr>
<th>COMMUNICATION MATERIALS DEVELOPED</th>
<th>Q3</th>
<th>SERVICE PROVIDER</th>
<th>LOCATION</th>
<th>METHOD OF DISTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animated PSA</td>
<td>3</td>
<td>N/A</td>
<td>Various</td>
<td>Through Instagram</td>
</tr>
<tr>
<td>Social Media Illustration</td>
<td>1</td>
<td>N/A</td>
<td>Various</td>
<td>Through Instagram</td>
</tr>
<tr>
<td>PSA</td>
<td>6</td>
<td>N/A</td>
<td>Various</td>
<td>Radio Bahana Sangkakala Jayapura, RRI Jayapura, and RRI Manokwari</td>
</tr>
</tbody>
</table>

| MEDIA COVERAGE                  |     |                  |          |                        |
| Facebook Posts                  | 2   | N/A              | Various  | N/A                    |
| Instagram                       | 20  | N/A              | Various  | N/A                    |
| Twitter                         | 1   | NA               | Various  | NA                     |

| CAMPAIGNS & EVENTS              |     |                  |          |                        |
| Talk shows                      | 2   | N/A              | Jayapura, Manokwari | N/A |

| TOTAL                           | 35  |                  |           |                        |
ANNEX C: LIST OF LIVE BROADCASTS, TOPICS, AND SPEAKERS FOR 1.3.1.2 RADIO TALK SHOWS TO RAISE AWARENESS OF COVID-19 AND RISKS OF GBV

<table>
<thead>
<tr>
<th>DATES</th>
<th>TOPICS</th>
<th>SPEAKERS</th>
</tr>
</thead>
</table>
| May 7–8     | COVID-19 and the Impact of Stay at Home Policy | **Papua**  
Dr. Ribka Haluk, head, DinsosdukP3A, Papua Province  
Dr. Christina Siregar, head of the Family Health and Nutrition Section, Papua Provincial Health Office  
**West Papua**  
Ms. Elsina Y. Sesa, head, Dinas P3A West Papua  
Dr. Arnoldus Tiniap, West Papua Province Health Office and COVID-19 spokesperson of West Papua Province |
| May 14–15   | COVID-19 and Gender Impact            | **Papua**  
Dr. Arry Pongtiku, chairperson of the Data and Information Team for COVID-19 Task Force, Papua Province  
Ms. Asnifriyanti Damanik, Board of Association of LBH APIK Indonesia and USAID Bersama consultant  
**West Papua**  
Dr. Arnoldus Tiniap, West Papua Province Health Office and COVID-19 spokesperson of West Papua Province  
Ms. Asnifriyanti Damanik, Board of Association of LBH APIK Indonesia and USAID Bersama consultant |
| May 21–22   | COVID-19 and Child Protection         | **Papua**  
Ms. Mutiara Pasaribu, program manager, USAID Bersama  
Ms. Dwi Utari Tamanbali, child protection consultant, UNICEF Papua  
**West Papua**  
Ms. Maria Magdalena Rumere, head, Dinas P3A, Manokwari District  
Dwi Utari Tamanbali, child protection consultant, UNICEF Papua |
| June 4–5    | COVID-19 and Services for GBV Victims | **Papua**  
Dr. Arry Pongtiku, MHM, chair of Data and Information Team/Kepala Bidang Data dan Informasi, COVID-19 Task Force, Papua Province  
Ms. Nur Aida Duwila, LBH APIK Jayapura  
**West Papua**  
Dr. Arnoldus Tiniap, Dinas Kesehatan (Dinkes/Health Office), Juru Bicara Gugus Tugas COVID-19 (spokesperson of the COVID-19 Task Force), West Papua Province  
Ms. Nur Aida Duwila, LBH APIK Jayapura |
| June 11–12  | COVID-19, GBV and Stress Management   | **Papua and West Papua**  
Jackie Viemilawati, counseling expert (consultant), USAID Bersama |
<table>
<thead>
<tr>
<th>DATES</th>
<th>TOPICS</th>
<th>SPEAKERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 18–20</td>
<td>COVID-19, GBV and Role of Police and Paralegals</td>
<td>Papua</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kompol Hakim Sode, Head of Sub Direktorat IV (Sub-Directorate IV) Remaja, Anak, dan Wanita (Renakta/ Youth, Children and Women) Polda Papua</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Asnifriyanti Damanik, Member of Asosiasi LBH Apik Indonesia and USAID Bersama consultant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>West Papua</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ipda Ihot Tampubolon, Pejabat Sementara Kepala/Acting Head of Sub-Directorate IV Renakta Polda West Papua</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms. Asnifriyanti Damanik, Member of Asosiasi LBH Apik Indonesia and USAID Bersama consultant</td>
</tr>
<tr>
<td>July 2 - 3</td>
<td>COVID-19 and Disability</td>
<td>Papua and West Papua</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Kuhlman Sutran Saputra, Chief of Perkumpulan Penyandang Disabilitas Indonesia (PPDI/Indonesian Disabled People’s Association)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr. Belly Lesmana, UNICEF’s consultant on disability and inclusive education</td>
</tr>
</tbody>
</table>