Embassy of the Kingdom of the Netherlands, Kigali

Great Lakes Regional Programme - SRHR

NARRATIVE REPORT

Final

December 2020 - March 2023

Project title: Stability - 3G (Gender and Community Guarantee, One Stop Centres and Supply Chain Management of Essential Sexual and Reproductive Health Commodities)	
Project number: 200659	
Intervention zones:(1) North Kivu: Karisimbi, Kirotshe and Mweso health zones. (2) South Kivu: Kalehe, Kamituga and Ruzizi health zones	
Lead organisation: Cordaid	
Contact details: Alexander DAVEY, Country Director, DR Congo. Tel: +243 977 735 927. E-mail: alexander.davey@cordaid.org	
Implementing partners: Heal Africa, iPeace, LPI, PAP RDC and SOS SIDA	
Technical partners: ARQ International, PNAM / Provincial Health Divisions of North and South Kivu	
Total project budget: €5,350,000	
Project objective: To contribute to stability, health and well-being in the east of the Democratic Republic of Congo by preventing and reducing sexual and gender-based violence and improving sexual and reproductive health and rights, particularly for women and girls.	
Project duration: 28 months **Start date:** 01 November 2020 **End date:** 31 March 2023	**Type of report:** Narrative **Reporting period:** 01 December 2020 to 31 March 2023

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0. ABBREVIATIONS

ABA : American Bar Association

CODESA : Comité de Développement de l'Aire de Santé / Health area development committee

CTMP-PF : Comité Technique Multisectoriel Permanent pour la Planification Familiale / Permanent Multisectoral Technical Committee for Family Planning

DRC : Democratic Republic of Congo

FP : Family Planning

HIV : Human Immunodeficiency Virus

ICGLR : International Conference of Great Lakes Region

IGA : Income Generating Activities

IMA : International Medical Association

IPEACE : Initiatives for Peace and Human Rights

IPM : Informed Push Model

LPI : Living Peace Institute

PAP RDC : Programme d'appui au développement des populations forestières en RDC / Support program for the development of forest populations in the DRC

PEP KITS : Post Exposure Prophylaxis Kits

PNAM : Programme National d'Approvisionnement en Médicaments Essentiels / National Essential Drugs Supply Program

SCM : Supply Chain Management

(S)GBV : (Sexual and) Gender Based Violence

SOP : Standard Operating Procedures

SRH : Sexual and Reproductive Health

SRHR : Sexual and Reproductive Health and Rights

ST I: Sexual Transmitted Infections

TB : Tuberculosis

UNFPA : United Nations Population Fund

USAID : United States Development Agency

VSLA : Village Savings and Loans Association

1. SUMMARY

1.1 Introduction

The Stability - 3G project was carried out over 28 months in two provinces of the DRC, namely North Kivu and South Kivu, respectively in the health zones of Karisimbi, Mweso and Kirotshe in North Kivu and the health zones of Kamituga, Kalehe and Ruzizi in South Kivu. The project covered 24 health centres and 8 referral health structures serving as One Stop Centres.

Stability - 3G's main objective is to contribute to stability, health and well-being in the eastern DRC by preventing and reducing sexual and gender-based violence and improving sexual and reproductive health and rights, particularly for women and girls.

Specifically, the project aims to:

i. Empower SGBV survivors and build their resilience through holistic SGBV case management within one stop centres and other referral and counter-referral mechanisms.
ii. Strengthen health systems to support the provision of SRH services and promote the continued and affordable availability of SRH commodities to enhance the realization of human rights, including women's rights to make an informed and free choice concerning their reproductive health, including the use of contraception.
iii. Strengthen the effectiveness of provincial coordination and governance on SGBV to enable stakeholders involved in the fight against SGBV to implement strategies to prevent and respond to SGBV.
iv. Support the commitment of men, women and young people, as well as communities, to transform social and cultural norms unfavourable to gender equality and to promote the fight against SGBV.

To this end, four strategic areas have been identified to achieve the objectives:

i. **Multi-sectoral response to SGBV:** Creation of one stop centres offering comprehensive case management (medical, psychosocial, legal and judicial support and socio-economic reintegration);
ii. **Strengthening the healthcare system:** SRH and SGBV services adapted to women and young people with a solid supply chain for SRH and SGBV products;
iii. **Governance and advocacy**: Improve governance and prioritisation (advocacy) of SGBV for resource mobilisation based on better data collection and evidence;
iv. **Community mobilisation**: to bring about processes of gender transformation, reduce stigmatisation and obtain broad community support for the protection of survivors of SGBV.

Together, these pathways ensure the creation of a comprehensive approach to SGBV, which focuses both on prevention of SGBV through community mobilisation, good governance of SGBV, coordination and advocacy, thus creating an enabling environment and on a holistic response to SGBV through strengthening the health system and improving the supply chain, multi-sectoral response to SGBV, strengthening SGBV governance and coordination. The project targets are made up of two groups, namely:
1. Survivors of SGBV seeking SGBV services in health centres and one stop centres for holistic follow-up in each of the six health zones.
2. Women and men in communities seeking SRH information, services, and products in the six health zones.
Secondary target groups include professionals and community volunteers who will respond to SGBV or who have an influence on advocacy at regional and national levels, for example: 1. SRH service

providers and SGBV service providers in existing health facilities in the targeted health zones; 2. Community leaders and community health committees, known as "CODESA", who work closely with health centres and with "Protective Communities", Community members, relatives and religious leaders. 3. VSBG community focal points or "Protective communities"; 4. Women's rights groups in the two provinces and their local departments; 5. Staff from the regional military hospital in Goma and the police hospital in Bukavu (training in SGBV and supply of SGBV products); 6. Pharmacists, pharmacist assistants and health staff in charge of health products and part of supply chain management (SCM); 7. CODESA members contributing to the processes of verification and reporting of supply chain data at health facility level and to the transport of health products; 8. Members of technical and policy development platforms at provincial level, both in the health sector and in multisectoral technical committees on SGBV reporting to provincial gender ministries.
Indirect secondary target groups, through advocacy and synergy with other key players implementing other projects in the two target provinces: women's rights organisations, police units, paralegals for mobile legal clinics, journalists and media experts, etc.
The project was implemented by a consortium made up of Cordaid and Heal Africa, with Cordaid as lead agency. Four local organisations were involved, including LPI, iPeace, SOS SIDA and PAP RDC.

1.2 Results achieved and challenges

During the 28 months of implementation of the S-3G project, considerable results have been achieved in the two provinces of North and South Kivu:

1. The effective integration of 8 One Stop Centres for the holistic care of survivors of gender-based violence in North and South Kivu through:
   - Training for service providers (health, psychosocial, legal, community for socio-economic reintegration) with particular emphasis on the case management approach.
   - Rehabilitating and equipping the 8 health facilities serving as "One Stop Centres" with user-friendly and confidential reception facilities for survivors of sexual violence.
   - Training and monitoring of the supply chain commodities.
   - Supervising, monitoring and evaluating the performance of various service providers carried out by teams from the provincial health divisions and the project.
   - Payment of performance bonuses in proportion to the performance achieved by each structure.
   - Setting up a clear referral circuit in health facilities with a confidential hotline (219 survivors of gender-based violence were referred to health facilities via the hotline).
   - Effective provision of quality holistic services to survivors of SGBV in the 8 One Stop Centres.
   - Actual use of services by SGBV survivors: a total of 1,681 SGBV survivors received services at these facilities between March 2021 and 28 February 2023.

2. Contributing effectively to strengthening the health system in terms of SRH and SCM:
   - Effective integration of user-friendly SRH services for young people and women in 24 health centres, focusing on contraception through:
     - Training health service providers in SRH for adolescents and young people, and in family planning: 77 providers received training in SRHR and 56 in family planning.
     - Setting up youth corners in the 25 health centres, providing them with equipment and furniture.
     - Organising educational talks sessions in young people's corners.
     - Monitoring and supervision of providers to improve the quality of services offered to SRH clients.
     - The granting of performance bonuses in proportion to the performance achieved.
     - Distribution of management and awareness-raising tools on SRHR.

- The effective provision of SRH services in the 25 health centres.
- Effective use of services by 62.045 clients for family planning and contraception consultations in the 24 health centres in six health zones (>75% women).
- Scorecard assessments of healthcare facilities.

- Integration of a minimum package for the holistic management of SGBV cases and referral of cases to more competent structures where necessary.
  - Training health centre service providers in the clinical management of SGBV survivors, psychosocial care, treatment of sexually transmitted infections using the syndromic approach and case management.
  - Monitoring the supply of PEP kits to these facilities.
  - Monitoring and supervision of health facilities by health zone management teams and Heal Africa teams.
  - 2.623 SGBV survivors received holistic care in the 24 health centres.
  - Scorecard assessments of healthcare facilities.
- Improving the supply chain for medical inputs, especially drugs related to reproductive health, through:
  - Training providers in drug management.
  - Support from the provincial level to help service providers manage the supply chain.
  - The integration of the Informed Push Model (IPM) approach in all 6 health zones supported by the project (integrating the community in the last-mile routing of commodities through distribution axes).
  - Technical and financial support for provincial supply chain coordinators.
  - 32 health facilities (24 health centres and 8 One Stop Centres) supported by the project with zero stock-outs of SRH and SGBV commodities.

3. Contribute to improving the governance structure at provincial and local level in favour of gender-based violence, in particular:
   - Regular quarterly statutory GBV coordination meetings at provincial level, thanks to technical and financial support from Cordaid.
   - Centralisation and validation of SGBV data by the provincial gender division.
   - Supervision of local structures by the provincial ministry for gender on the management of SGBV data.
   - The 24 health facilities have agreed to reduce the fees charged for treating young people's sexual health problems to a level that is affordable for young people, thanks to community-led advocacy.

4. Effective community involvement in the fight against SGBV and social norms that were detrimental to SRHR:
   - 120 members of community structures are involved in prevention, warning, guidance and protection against SGBV at local level (Nehemiah Groups, Wamama Simameni and youth associations).
   - 320 women of men who are members of resilient men's networks who say they have improved their level of decision-making in their households.
   - 25 youth associations strengthened in their capacity to provide young people with guidance on SRHR.
   - 5,899 young people (251 cohorts) developed skills and competencies in SRHR thanks to the support they received in the 25 safe spaces, including 52 cohorts of 10–14-year-olds (1,430 young people), 49 cohorts of teenage mothers (1,225 teenage mothers) and 132 cohorts of 15–24-year-olds (3,244 young people).
   - 123 Parents involved in promoting the SRHR of adolescents and young people.

- 96 parents and religious leaders involved in promoting the SRHR of adolescents and young people.

The major challenges faced by the project in its implementation are essentially:

- Insecurity in the intervention sites, especially in North Kivu, where the Mweso health zone was inaccessible for the last three months of the project.
- The availability of free and/or low-cost antibiotics for the treatment of sexually transmitted infections in young people.
- Difficulty in integrating the whole package of sexual health services for adolescents and young people into the Catholic structures.
- Monetary inflation and rising market prices are making it difficult to implement activities, especially those relating to socio-economic reintegration.

2. PROGRESS ON THE ACTION PLAN

2.1 Security, political, epidemiological and humanitarian context

Security context: During the 28 months of project activities, security in the two project provinces was precarious but experienced differently in the two provinces.
In North Kivu, the security situation in the Mweso health zone was characterised by violent fighting between the FARDC and the M23 rebels, leading to massive displacement of the population, especially during the last half year of the project, making the area inaccessible for the continuity of activities.
A number of health areas in the Kirotshe health zone were also affected by the same insecurity, notably the Bushuhe, Burowa and Rubaya health areas, making these sites inaccessible for monitoring activities. We have connected with the refugees sites in and around Goma, to communicate about the reference scheme that is present.
The Karisimbi health zone in turn provided accommodation for displaced people from war-affected areas. This has led to an increase in the number of cases of rape and other forms of sexual violence being treated in the facilities supported by the project.
For its part, the province of South Kivu was characterised by sporadic periods of insecurity, especially in the Ruzizi plain, where a number of acts of violence against the civilian population by "road cutters" had been identified, at times slowing down the implementation of project activities. However, during the period leading up to the project's closure, a lull settled in all three of the health zones in South Kivu supported by the project, allowing the project's activities to come to a peaceful close.

Political context: Politically, during the project implementation period, North Kivu has been under a state of siege since May 2021. This situation has disrupted the monitoring of the legal and judicial cases of survivors of sexual violence, as only the military court has the capacity to deal with legal cases, resulting in a heavy workload. The two provinces were also marked by (violent) protest marches by civil society, either against the war or against those responsible for it. Also, the anti-Monusco protests that became violent in Goma have had an effect on project implementation. In some places, all these events slowed down the smooth running of the project's activities.

Socio-economic context: The period during which the project was being implemented was marked, in socio-economic terms, by a surge in secondary market prices for fuel and foodstuffs, initially caused by the war in Ukraine and then the war in North Kivu, which left the town of Goma cut off from all food supply routes. This situation has had a negative impact on the income-generating activities of the women supported by the project, as well as on the socio-economic reintegration of survivors of sexual violence.

Epidemiological and health context: During the 28 months of the project's implementation, the pandemic peaked in Covid-19, with a fairly marked drop towards the end of the project. In South Kivu, there were also periods of outbreaks of the cholera epidemic, particularly in the Kalehe and Ruzizi health zones.

2.2 Implementing the project

The Stability - 3G project is being implemented in 6 health zones, three in North Kivu and three in South Kivu, and in 24 health centres, including 8 one stop centres. Its main objective is to contribute to stability, health, and well-being in the east of the Democratic Republic of Congo by preventing and reducing sexual and gender-based violence and improving sexual and reproductive health and rights, particularly for women and girls.

a. Updating the results monitoring framework

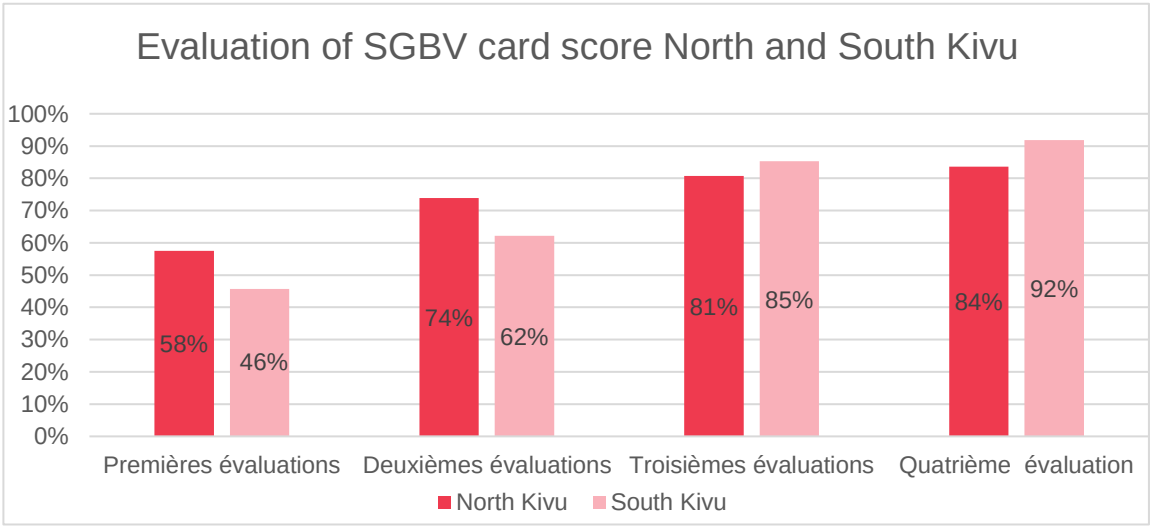
Table 1. Indicator trends from December 2020 to March 2023 in relation to the target for strategic priority 1: Multisectoral response

	Objectively verifiable indicator	Baseline	Target	% progress since start against target	Full completion of the project
Specific objective1	**MULTISECTORAL RESPONSE TO SGBV: Empowering survivors of SGBV and building their resilience through holistic management of SGBV within one-stop centres and other referral and counter-referral mechanisms.**				
Intermediate results 1	of SGBV survivors say they are satisfied with the services offered by the project	63%	**85%**	**99%**	84%
	of SGBV survivors say they have regained stability in their daily activities		**50%**	**150%**	75%
Results Immediate 1.1	of survivors of (S)GBV who receive holistic assistance in intervention areas based on their specific needs		**100%**	**92%**	92%
Product 1.1.1	# One-stop centres meeting the standard of over 80% quality score	0	**8**	**100%**	8
	# new SGBV cases reported in one-stop centres	TBD	**1243**	**135%**	1681
	# Transit houses installed, functional and efficient	0	**6**	**100%**	6
	# service providers trained (One Stop Centre medical and psychosocial care)	TBD	**19**	**105%**	20
	# trained legal clinic staff	TBD	**10**	**80%**	8
Product 1.1.2	# VSLAs installed	0	**24**	**229%**	55
	# survivors who are members of VSLA and who create and/or strengthen an IGA with the support of VSLA	0	**125**	**297%**	371
Product 1.1.3	# Developed and functional Hotline entry points	0	**24**	**88%**	21
	% of complaints dealt with	0	**70%**	**114%**	80%
	# community members trained in hotline operations	0	**48**	**250%**	120
Product 1.1.4	% of healthcare organisations displaying the complete checklist with manuals, SOPs and clinical tools	0	**100%**	**100%**	100%

Results Immediate 1.2	% clinical providers who improve and maintain quality in their work with survivors of SGBV	60%	**85%**	**107%**	91%
Product 1.2.1	# of clinical providers enrolled in the mentoring programme	0	**76**	**71%**	54
	% Clinical providers who actually take part in mentoring courses	0	**80%**	**114%**	91%

Specific objective 1: *Empower survivors of SGBV and strengthen their resilience through holistic management of SGBV within one stop centres and other referral and counter-referral mechanisms.*

Intermediate outcome 1: *Establishment of one stop centres offering holistic case management (medical, psychosocial, legal and judicial support and socio-economic reintegration).*
At the end of the 28 months of project implementation, in the intervention zones of North and South Kivu provinces, 8 functional "One Stop Centres" had been set up, meeting the standard of over 80% quality score and offering holistic support (health, psychological, legal, socio-economic reintegration) to survivors of sexual and gender-based violence, including 4 in North Kivu and 4 in South Kivu, as shown in the graph below:



Graph 1: Changes in the quality of SGBV services in North and South Kivu from March 2021 to November 2022
Comments*: This table shows a positive trend in the quality of services offered to Survivors in North and South Kivu, with results above 80% in both provinces and 84% and 92% respectively at the end of the project, against a target of 80%.*

This would be the result of various actions carried out at the level of these health structures serving One Stop Centre in particular*:*

- The training of 20 health service providers out of the 19 expected, i.e., 105% of the target, in all areas of care for survivors of sexual and gender-based violence (clinical care for survivors of SGBV, care for Sexual Transmitted Infections, psychological care, case management and collection of forensic evidence).
- The training of 8 out of 10 expected legal and judicial service providers, i.e., 80% of the target on issues relating to legal support for SGBV. It should be noted that these legal service providers all had their support offices housed in the structures used as One Stop Centres.
- To facilitate the socio-economic reintegration and stability of the survivors, 6 of the 6 expected transit houses have been installed, equipped and made operational to provide accommodation and vocational training (for occupational therapy) for the survivors. In all, 208 survivors have benefited from vocational training.

- 55 VSLA installed over 24 expected (229% increase).
- Support for 371 survivors of SGBV who are members of VSLA to create and/or strengthen an income-generating activity through the support of VSLA, whereas it was planned to carry out this activity for 125 survivors of SGBV and the project therefore achieved its objective at 297%. This is due to the fact that the activities targeted by the women did not require very substantial funding.
- In order to facilitate confidential referrals for survivors in need of support, the project has set up a hotline with 24 entry points. 21 entry points have been set up, representing 87% of the target set at the start of the project.
- 120 members out of an expected 48 were trained on how to operate the hotline, raise awareness, and help people in need to use it.
- All the health facilities, i.e., the 8 one stop centres and the 24 health centres supported by the project, also received posters, checklists, and guidelines for the management of SGBV.

As a result, 1681 SGBV survivors used the services out of 1243 expected, i.e., 135% of the target was achieved. The customer satisfaction survey showed that 92% of SGBV survivors had benefited from holistic assistance in the intervention zones, based on their specific needs. Of the 465 customers questioned, 84% said they were satisfied with the services, out of the 85% expected as the target set at the start of the project. 75% said that they had regained stability in their daily activities, whereas the target set was 50%, bringing the result to 150% of the target. This is shown in the graph below:

Graph 2: Changes in customer satisfaction with SGBV services

Comment: *This graph shows a good assessment of satisfaction with the services received by survivors in the structures supported by the project. The quality of legal services, which was assessed at 30% at the first evaluation, had risen to 97% by the end of the project, thanks to increased monitoring by the partner Heal Africa.*

As far as **psychosocial care** is concerned, 4079 survivors of sexual and gender-based violence received psychosocial care, 1171 of whom were followed up by One Stop Centre clinical psychologists. Of all the cases identified, 4140 have been discharged, i.e., 96%, and 164 are being followed up in various facilities.

For legal support: 1096 people (792 women and 304 men) attended the 8 One Stop Centres in North and South Kivu, with 610 survivors identified (574 women and 36 men). 289 complaints were lodged

(132 in North Kivu and 157 in South Kivu); 553 people received legal advice (431 women and 122 men) and 39 cases are currently before the courts. A total of 82 judgements were handed down (25 in North Kivu and 57 in South Kivu).

Socio-economic reintegration: To help empower survivors, 425 survivors were integrated into 55 VSLA groups in the 24 health areas, i.e., 210 beneficiaries, 202 of whom are active (96% in South Kivu). In North Kivu, a total of 215 survivors have joined the VSLA groups.
In addition, 305 newly identified survivors received financial support to strengthen their individual IGAs and a group of 15 survivors in each health area (10 new and 5 old) received support for collective IGAs of their choice, including VSLA kits for the VSLAs that integrated the new survivors.
In South Kivu, 210 survivors benefited from socio-economic reintegration, either directly through a start-up fund or through group support. Those who strengthened their IGAs through VSLA support totalled 185 beneficiaries. In North Kivu, 210 survivors benefited from socio-economic reintegration including 186 who strengthened their IGAs through VSLA support.
The total value of the loans granted is 7896.5 US dollars ($1987 in North Kivu and $5906.5 in South Kivu).
In addition, it should be noted that, to fight against discrimination against survivors of sexual violence, 1,025 other vulnerable women from the communities (560 in North Kivu and 465 in South Kivu) were assisted together with the survivors. sexual violence through groups of VSLAs with a total loan value estimated at 12,058 US dollars.

The project also focused on maintaining the mental health of service providers through clinical mentoring. Only 91% of clinical providers improved and maintained the quality of their work with SGBV survivors, the target was 85% (107% of the completion rate). A total of 54 of the 76 expected providers were enrolled in the mentoring programme (71% of the completion rate), 91% of whom actually took part in the clinical mentoring course with a target of 80%.

Table 2: ***Indicator trends from December 2020 to March 2023 in relation to the target for strategic priority 2: Strengthening the healthcare system.***

	Objectively verifiable indicator	Baseline	Target	% progress since start against target	Full completion of the project
Specific objective 2	**STRENGTHEN THE HEALTH SYSTEM to support the provision of sexual and reproductive health (SRH) services and promote the continued availability and affordability of SRH commodities to enhance the realization of human rights, including the right of women to be able to make a free and informed choice about their sexual and reproductive health, including the use of contraception.**				
Interim result 2	% of health facilities that improve the quality of care for survivors of SGBV	49%	**80%**	**106%**	85%
	% of health facilities that are improving the quality of care they provide to SSRAJ clients	37%	**80%**	**106%**	85%
	% of health facilities that demonstrate good stock management of medicines with a score of over 80%.	52%	**76%**	**132%**	100%
Results Immediate 2.1	% health facility staff improve their knowledge of SGBV and SRH services for adolescents	TBD (See post-training test)	**80%**	**94%**	75%
Product 2.1.1	# key health centre staff trained in gender-sensitive and youth-friendly SRH services	0	**48**	**135%**	65

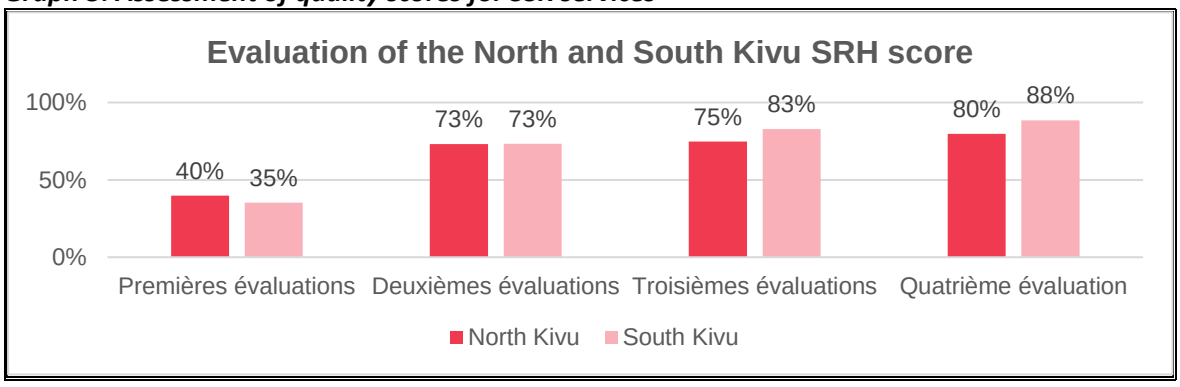
	# Clients using family planning and contraception services in 24 health centres in six health zones (>75% women)	TBD	**65619**	**95%**	62045
	% spaces adapted to young people, equipped with visual and functional audio equipment	0	**100%**	**100%**	100%
Product 2.1.2	# new cases of SGBV reported in health facilities excluding one-stop shops	0	**3730**	**70%**	2623
	# service providers trained (Health centre / medical and psychosocial cares)	0	**57**	**84%**	48
Results Immediate 2.2	% of health facilities with zero stock-outs of SRH / FP and SGBV products one year after the start of the programme for products available at provincial level	TBD	**75%**	**112%**	84%
Product 2.2.1	# of providers trained in SCM at Health zone office and Health facilities level	0	**270**	**105%**	284
	Number of days SRH/FP and SGBV products were out of stock at the zonal pharmacy	9	**0**	**900%**	1
Product 2.2.2	% of health facilities in the targeted health zones are supplied by IPM 1 year after the start of the programme.	0	**100%**	**100%**	100%
	Number of distribution axis committee installed and operational	0	**35**	**106%**	37
Product 2.2.3	# of functional CTMP-PF Logistics and Info sub-committee	0	**2**	**100%**	2

Specific objective 2: Strengthen health systems to support the provision of SRH services and promote the continued availability and affordability of SRH commodities in order to improve the realization of human rights, including the rights of women to be able to make an informed and free choice concerning their reproductive health, including the use of contraception.

Intermediate result 1: *SRH and SGBV services adapted to women and young people, with a strong supply chain for SRH and SGBV products.*

After two years and four months of project implementation, sexual and reproductive health services for young people have been integrated into the health centres supported by the project, and simple cases of SGBV are being treated in the 24 health centres in North and South Kivu. Four service quality score assessments were carried out in the 24 health facilities and showed a positive trend in the quality of services offered in these facilities, which exceeded the pre-established target of 80% standard quality score. This is shown in the graph below:

Graph 3: Assessment of quality scores for SSR services



Comment: *This graph shows a positive trend in the quality of SRH services offered in the health facilities supported by the project, ranging from 35-40% in South Kivu and North Kivu to 88-80% respectively. The project had set a target of 80% service quality, which was achieved at 84%,*

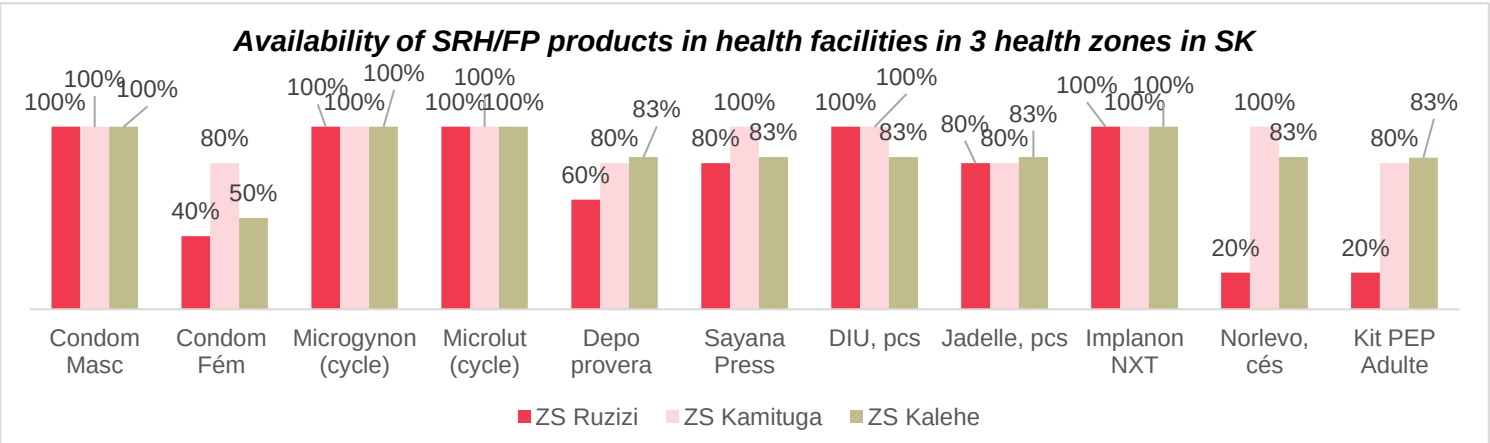
In terms of supply chain management, the project has helped health facilities to improve the supply chain for reproductive health inputs, particularly contraceptives and PEP kits. 100% of the facilities have demonstrated good stock management of medicines, with a score of over 80%.
This objective of establishing service quality and supply chain management was achieved thanks to :

- Improving providers' skills and knowledge of SGBV and SRH management: the pre- and post-test results collected from providers during clinical training showed that 75% of health facility staff improved their knowledge of SGBV management and SRH services adapted to adolescents after the various training and support sessions.
- Improved availability of SRH/FP and SGBV products in the health zones supported by the project. It was found that 84% of service delivery points had zero stock-outs of SRH/FP and SGBV products one year after the start of the programme for products available at provincial level,

To achieve these improvements, the following actions have been implemented:

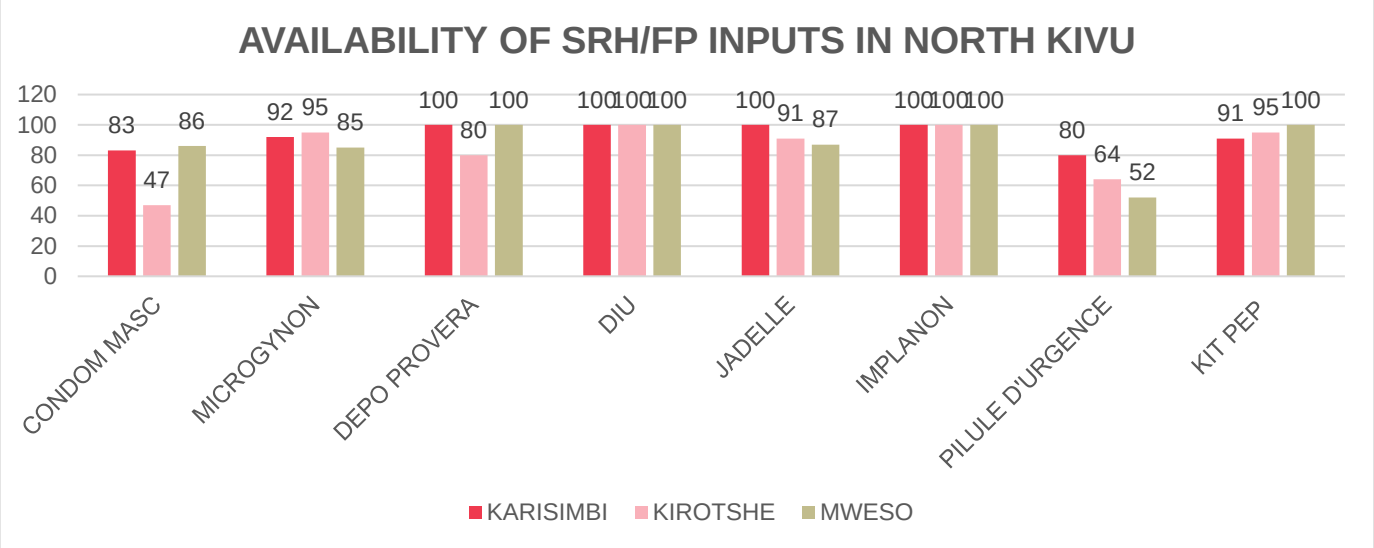
- 77 key health service providers in health centres trained in gender sensitive SRH services adapted for young people.
- 56 providers trained in family planning in the 6 health zones.
- 14 supervision missions coupled with performance evaluation from the provincial health divisions to the health zone central offices and one stop centres.
- Payment of 46 performance bonuses to health facilities, central health zone offices and provincial health divisions.
- Organisation of 4 SRHAY score card evaluation missions in the two provinces.
- 48 service providers trained in the medical and psychological care of SGBV survivors.
- 284 providers trained in supply chain management at central office and health facility levels.
- 100% youth-friendly spaces equipped with functional audiovisual equipment.
- The number of days on which SRH/FP and VSBG products were out of stock at the zonal pharmacy was estimated at 1 day.
- 100% of service delivery points in targeted health zones are supplied by IPM 1 year after the start of the programme.
- 37 drug distribution committees up and running in the 6 health zones supported by the project.
- 2 logistics and information sub-committee of the functional CTMP-PF.

Graph 4: Availability of products in health facilities in SK in the last quarter of year 3 of the project



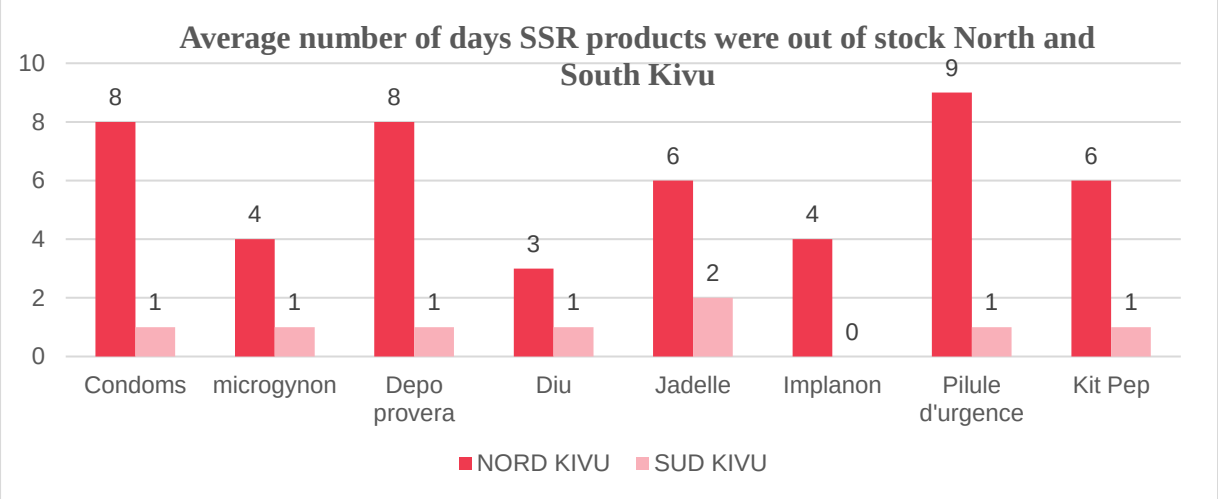
Comments: *Considering the health facilities that have at least 3 modern contraceptive methods (implantable, injectable, oral and grouped condoms), the proportion of availability is 100%. The PEP kits supplied to South Kivu by the partner IMA do not fully cover the needs expressed by the health zones, hence the stock-outs that occur each time before the next deliveries are scheduled, as is the case for the end of the third year for Ruzizi.*

Graph 5 showing the availability of SRH/FP inputs in North Kivu in the last quarter of year 3 of the project



Comment: *From this table, we can see that Kirotshe's performance is poor compared with Karisimbi and Mweso, but also that no zone reached 100% during the year. This is due to the Mubambiro military camp in the Kirotshe health zone, which continues to have more population movements in the Kirotshe health zone (displaced people fleeing the war in Mweso and in the Buroha/Kingi health area). The other inputs are in good supply, except for the emergency pill, which remains our biggest challenge in North Kivu Province.*

Graph 6 showing the average number of stock-outs of SRH products in North and South Kivu



Comments: The average number of days of breakage per product in health facilities is between 0 and 6; this figure is below 9, which is set as the target for the project.

Overall, analysis of this graph shows that: in the two provinces where the S- 3G project is being implemented, the average number of days of stock-outs for all SRH products in the province is 6 days, whereas in the province of South Kivu the average number of days of stock-outs for all SRH products is 1 day.

It should be noted that the province of North Kivu has a higher score, which can be explained by the Mweso health zone, where accessibility was a severe problem due to insecurity in the area. The Kirotshe zone was affected by the IDPs from Mweso, which had an impact on the consumption rate. In the Karisimbi health zone, IDPs from Nyiragongo consumed inputs from the Karisimbi health zone, while this had not been planned.

As a result of all these achievements, SRH services were well used. The results are such that health facilities received 62.045 clients consulting family planning and contraception services in 24 health centres in six health zones (>75% women) out of 65619 expected, i.e., **95% of** the target was reached. The breakdown by province is shown in the table below:

Table 3: Use of FP services from March 2021 to February 2023.

Health zone	FP consults	FP New Cases	Proportion of FP use over number of cases recommended
Kalehe	10001	5120	51%
Kamituga	9444	6163	65%
Ruzizi	5860	4541	77%
Total South Kivu	25305	15824	63%
Kirotshe	20286	16538	82%
Karisimbi	7395	6718	91%
Mweso	9059	3793	42%
Total North Kivu	36740	27049	74%
Total North and South Kivu	62045	42873	69%
Target	65619		
Achieving the objective	95%		

Comments: *This table shows that 95% of the clients who consulted the family planning services achieved their objective. Of these, 42873 out of 62045 adopted a contraceptive method, i.e., 69% of all those who consulted the services.*

As regards the clinical management of SGBV survivors in health centres, 2623 cases were managed out of an expected 3730, i.e., 70% of the target.
In fact, the total number of SGBV cases treated in the "One Stop Centres" and health centres reached a total of 4304 cases treated for SGBV problems by the project, making it possible to achieve the 87% target.

Table 4: ***Change in indicators from December 2020 to March 2023 compared with the target for strategic priority 3: Governance and advocacy***

	Objectively verifiable indicator	Baseline	Target	% progress since start against target	Total project completion
Specific objective 3	**SGBV GOVERNANCE AND ADVOCACY: Strengthen the effectiveness of provincial coordination and governance in relation to SGBV to enable those involved in the fight against SGBV to put in place strategies to prevent and respond to SGBV.**				
Interim result 3	# SGBV policies that are changing to improve the living conditions of survivors		**3**	**0%**	0
	% of advocacy activities carried out		**80%**	**103%**	82%
	# of stakeholders involved in VSBG activities		**90**	**76%**	68
Immediate result 3.1	Number of state structures with a functional VSBG data management system	0	**2**	**100%**	2
Product 3.1.1	# full assessment carried out	0	**3**	**100%**	3
	# action plan for priority activities	0	**3**	**67%**	2
Product 3.1.2	# clients' needs assessments	0	**4**	**75%**	3
Immediate result 3.2	% of stakeholders involved in the fight against SGBV who take initiatives to promote gender equity through coordination actions	0	**80%**	**125%**	100%
	of clients benefiting from services who say they were referred by partner organisations	0	**75%**	**24%**	18%
Product 3.2.1	# Coordination meetings including health centre staff, women's groups and community representatives	0	**96**	**75%**	72
	# Stakeholders involved in advocacy activities	0	**90**	**76%**	68
Product 3.2.2	# Reference lines set up and functional	0	**72**	**100%**	72
Product 3.2.3	# Roadmap developed	0	**2**	**100%**	2
Immediate result 3.3	Level of involvement of the State (including decisions taken during implementation) in implementing actions to combat SGBV	TBD	**2**	**100%**	2
Product 3.3.1	# Capacity-building plan for provincial Gender, Family and Children divisions	0	**6**	**67%**	4
Product 3.3.2	# Provincial databases on SGBV supported and operational	0	**2**	**100%**	2
	# Learning data report / Documents of successes and best practices produced and disseminated	0	**14**	**43%**	6
Immediate result 3.4	% community leaders who adopt positive attitudes towards gender and SRH	TBD [Pre and post test]	**100%**	**100%**	100%
	% of advocacy actions carried out by women's rights organisations that resulted in	0	**50%**	**0%**	0
Product 3.4.1	# Community leaders involved in gender promotion activities, SRHR and the fight against SGBV	0	**480**	**74%**	355
	# of women members of women's rights organisations involved in advocacy activities	0	**60**	**200%**	120

Specific objective 3: Strengthen the effectiveness of provincial coordination and governance on SGBV to enable those involved in the fight against SGBV to implement strategies to prevent and respond to SGBV.

Intermediate result 1: Improved governance of SGBV and prioritisation (advocacy with stakeholders and governmental and non-governmental players at provincial level) for the mobilisation of resources on the basis of improved data collection and evidence.

During the 28 months that the project has been running, two advocacy initiatives have been launched in coalition with other stakeholders in favour of VSBG and SRH, and the process is underway and progressing well. These include:

1. *The process of proposing legislation on the prevention and repression of sexual and gender-based violence at national level.*
   The draft law on the prevention and repression of sexual and gender-based violence has been appropriated by the government, through the office of the President of the DRC's special adviser on the fight against sexual and gender-based violence, with a view to meeting the commitments made by the ICGLR heads of state in the Kampala Declaration. With the exception of the DRC, all the ICGLR member countries already have a specific law on SGBV.
   During its implementation phase, the S-3G project helped support the women's organisations that make up the Alliance Stratégique pour le Plaidoyer platform in their fight to get the Congolese government to honour its regional commitment on this issue. The bill is progressing well and is in the hands of the Minister of Justice, who is leading the process to ensure that the government adopts it and submits it to parliament for a vote. The promulgation of this law will not only be beneficial for the legal protection of Congolese women, it will also enable the DRC to fulfil its commitment and thus be counted among the States concerned with the promotion and protection of women's rights.

2. *Integrating the "One Stop Centre" approach into national policy on responding to sexual violence.*

In the draft law on the prevention and repression of sexual and gender-based violence submitted to the Presidency by the Gender Adviser to the Head of State of the DRC, the vision and spirit of the S-3G project have been incorporated verbatim into the draft law.

In addition, the project had initiated advocacy actions at local level, including:

- ✓ At local level: Advocacy for the reinstatement of the contraceptive procurement budget line in the budgetary decisions of 6 decentralised territorial entities (chiefdoms of Bashali, Bahunde and the commune of Karisimbi in North Kivu, chiefdoms of Kalehe, Ruzizi and the Kamituga town hall in South Kivu): The local authorities of 6 decentralised territorial entities in which the S-3G project is involved have been made aware of the benefits of contraceptives for the development of their area and have agreed to create a new budget line entitled "purchase of contraceptives" in their 2023 budget decisions. The budget decisions have been validated at provincial level. For 2023, we supported the health facilities working in these areas in their advocacy activities to persuade the local authorities to decide to disburse this budget line and supply the facilities with contraceptives.
- ✓ Advocacy for the adoption of user fees: All the health facilities involved in the project in South Kivu have adopted the system and set the fee at 2000 Congolese francs for the treatment of young people's sexual and reproductive health problems. As for North Kivu, in Kirotshe the system has become operational with a fee of 2000 Congolese francs in 4 out of 5 health areas and 1500 Congolese francs in Mweso in two health areas (Saint Benoit and Mokoto). In the case of Saint Benoît, the organisation called on young people to raise the price to 1500

Congolese francs, but this has not yet been done. In Karisimbi, the moderating fee has been set at 4500 Congolese francs.

- ✓ At provincial level: Advocacy for the disbursement of the budget line for the purchase of contraceptives in the provincial budgets of North Kivu and South Kivu: despite the activities organised during the year to get the provincial governors to disburse the amount of money provided for in the budget line, neither of the two provinces has been able to disburse this budget line in favour of the CTMP-PF. For the two provinces, the purchase of contraceptives is not a priority at the moment, given the budgetary emergencies linked to security problems. However, stakeholders are continuing to work on the issue.

The S-3G project involved 68 stakeholders in achieving the advocacy results out of a planned 90, bringing the completion rate to 76%.
All these actions enabled the project to execute its advocacy plan to 82%, i.e., 106% of the target.
In addition, the project has helped the gender ministries of North and South Kivu, which represent the two planned state structures, to make the VSBG data management system operational in their respective provinces, North and South Kivu.
Also 100% of stakeholders involved in the fight against SGBV taking the initiative to promote gender equity through coordination actions.
To achieve this, the project has :

1. Assisted the two provincial gender divisions to draw up their priority activity plans, so two priority action plans were set up for two provinces.
2. The project team had carried out 3 performance evaluations of the gender divisions out of the 4 planned.
3. Two customer needs assessments were carried out out of the 4 planned.
4. Two roadmaps have been drawn up by the two provincial gender divisions (North and South Kivu)

At local level, a total of 72 synergy meetings were held between community players involved in the project and health service providers. The main objective was to create a framework for dialogue between the community and the health structures in order to highlight the various problems relating to SGBV and SRH in general, and to use them as advocacy objectives with local government bodies.
Thanks to the actions carried out at community level, the project has reached 100% of community leaders who have been trained and supported, and who are adopting positive attitudes to gender and SRH.

Over the course of the project, 355 community leaders have been involved in activities to promote gender, SRHR and combat SGBV.

Table 5: ***Indicator trends from December 2020 to March 2023 in relation to the target for strategic priority 4: Community mobilisation***

	Objectively verifiable indicator	Baseline	Target	% progress since start against target	Total project completion
Specific objective 4	**COMMUNITY MOBILISATION: Support the commitment of men, women and young people as well as communities to transform social and cultural norms unfavourable to gender equality and to promote the fight against SGBV.**				
Interim result 4	% of populations in the intervention areas who adopt positive attitudes in relation to gender.	18.5% on average have a negative perception of gender (R.2.34 to R.2.37)	**10%**	**890%**	89%
Immediate result 4.1	% of community members with positive attitudes towards gender and SRH	15%	**80%**	**93%**	74%
Product 4.1.1	% of women of men members of resilient men's networks who say they have improved their level of decision-making in their household	TBD	**50%**	**162%**	81%
	% of community members committed to positive masculinity and gender equity	0	**70%**	**127%**	89%
	# Community focal points (Codesa- SGBV) trained in prevention, protection and response to SGBV	0	**120**	**100%**	120
	% community members (parents, religious leaders) involved in SRHR for adolescents and young people	0	**60%**	**157%**	94%
Product 4.1.2	% of members of community structures involved in prevention, warning, referral and protection against SGBV at local level (Nehemia, WASI and the youth association)	0%	**60%**	**70%**	42%
	# Safe spaces for young people set up and operational	0	**24**	**104%**	25
	# Supported youth associations with high capacity scores	0	**20**	**125%**	25
Immediate result 4.2	% community members improving their knowledge of GBV and SRHR	77%	**85%**	**98%**	83%
Product 4.2.1	# of radio programmes broadcast	0	**48**	**150%**	72
	# Volunteer counsellors with access to the "Rape Counseling" application and trained in its use.	0	**120**	**96%**	115

Specific objective 4: Support the commitment of men, women and young people as well as communities to transform social and cultural norms unfavourable to gender equality and to promote the fight against (S)GBV.

Intermediate outcome 1: Reduce the incidence of SGBV by transforming socio-cultural norms in target communities

In response to the findings of the basic evaluation of the project at community level, concerning gender stereotypes and a poor community perception of the gender and reproductive health approach, the project proposed to work on transforming social norms.

The results after the interventions will be given in the final project evaluation report.
The following actions were carried out as part of the involvement and commitment of men and women in the fight against SGBV and the promotion of SRHR through three approaches:

- Promoting positive masculinity and gender equality by setting up networks of men who are resilient in the face of SGBV, using a transformative approach to support the commitment of men, women, young people and communities to transform socio-cultural norms that are unfavourable to gender equality and to promote the fight against gender-based violence.
- This approach was implemented by the partner Living Peace Institute in the 6 health zones in the level of 12 health areas of the project.

This led to the following conclusions :

- 81% (i.e. 174) of the wives of men who are members of resilient men's networks say that they have improved their level of decision-making in their household out of 216 women interviewed.
- 89% (320) of community members who received coaching are committed to positive masculinity and gender equity out of 360 coached.
- Community mobilisation in the fight against SGBV through the creation of protective communities, mass and door-to-door awareness campaigns and the production of radio programmes.
- 120 community focal points (CODESA - SGBV) trained in prevention, protection and response to SGBV.
- 42% of community structures out of 60% planned (69% completion rate).
- 72 radio programmes broadcast messages on gender out of 48 planned, i.e. a completion rate of 150%.
- 115 community members received rape counselling training out of a planned 120, representing a 96% completion rate.
- Training parents, religious leaders and local youth associations on the SRHR of adolescents and young people.
- In 25 health areas, the project supported a youth association in promoting SRHR. The following results were obtained:
- 25 safe spaces for young people have been set up and are functional. Functionality is defined by :
  - Selection and supervision of 25 local youth associations.
  - Training of 56 youth leaders in comprehensive sex education (29 girls and 27 boys).
  - 251 cohorts of 10–24-year-olds on comprehensive sex education, broken down as follows:
  - 3244 young people aged 15 to 24 (1828 girls; 1416 boys) enrolled and supervised in 132 cohorts completed the full comprehensive sex education sessions, with an average retention rate of 93.5%.
  - 1430 young teenagers aged 10 to 14 (847 girls and 583 boys) enrolled in 52 cohorts and who completed the comprehensive sex education sessions in the "like Sarah, Miriam and Joe" module, with a retention rate of 95.6%.
  - 1225 teenage mothers enrolled in 49 cohorts completed the comprehensive sex education sessions in the "like Pamela" module, with a retention rate of 91.3%.

In terms of coaching parents and raising awareness of the promotion of SRHR, the project achieved the following results:

- 94% of community members (parents, religious leaders) involved in promoting SRHR among adolescents and young people, with 123 involved out of 133 trained.
- 24355 parents and religious leaders were reached by awareness-raising sessions on SRHR for adolescents and young people.
- 399 family mediation activities facilitated by trained parents were completed during the implementation of the project.

3. PROJECT SUCCESS STORY

Story 1

I am Y, aged 47, and I work at the X health centre in the Kalehe health zone. I have received a number of training courses as part of the S-3G project, including the course on collecting forensic evidence, which was a new experience for me and many others.

In order to apply the theory, I received a survivor for whom forensic evidence had been collected and whose case had been referred to the courts because the perpetrator had been apprehended and imprisoned.

When the time came for the analyses, the courts called on me for further clarification, which was so frightening because I wasn't used to this kind of trial.

However, I had to go at all costs because my responsibility required it. After a stormy interview in which I had to defend my report, the court found my arguments convincing, even though I was very much afraid of going to prison. I was delighted and grateful to see that all my arguments had been enriched by the training in the collection of forensic evidence that we had undergone as part of the S-3G project, a course in which my life and career were in danger.

Later I met the same people who interviewed me and congratulated me on the defence, and now they have become sympathetic towards me simply because they felt that I had made it easy to have a good court case against the accused perpetrator. I am very grateful to the S-3G project and Heal Africa in particular for the capacity-building that is now enabling us to provide the essential elements for legal and judicial support for survivors.

Story 2

Young X (did not want to give his photo), aged 18, living in Rugarama, demobilised by his parents from the local armed group, was lucky enough to be looked after in the Umoja ni nguvu safe space in the Rugarama health area. Although he had been demobilised, he was still keen to return to his armed group to live off the illicit spoils they made from various operations, as he still had relationships with his peers. However, the comprehensive sex education sessions he received in his safe space shaped him so much that he decided to go back to school to embrace a new life while practising his carpentry trade. In the safe space, X became close to friends who were opposed to a life of crime in armed groups. It was during the "My place in the life cycle" session that the majority of the young people's responses showed their antipathy towards the behaviour of those in armed groups. Indeed, it is never too late to change in order to regain his place in the cycle of life, and X has made a firm resolution not to return to the bush. He congratulates the Stability - 3G project for having coached the young people on their behaviour, and X has become a sensitiser of his peers who were inclined to join the armed group. He declares "long live Stability - 3G, long live PAP – RDC".

Story 3

The implementation of the Stability - 3G project, in its "Sexual and reproductive health" section, has enabled parents to get closer to their children to discuss sexuality and sexual health. Practices and customs used to treat these subjects as taboo, to the point of never talking about them with children in the family.

This is how the physiological changes in our children's bodies came about without any prior preparation on the part of the parents; the children learn from outside the family after receiving only partial information, and they remain reticent about the parents' late guidance. Mr AJABU NTURANYI, a parent and head of the GJLVI community based organisation in the Rubaya health area, says that thanks to the emotional and relational education training for parents in the "Daddy, Mummy, where do babies come from" module, parents have come out of their ignorant silence to accompany young adolescents through the physiological changes in their bodies. Today, AJABU is working with other parents to break down this barrier in terms of the advice to be given to both male and female children.

As a result, parents feel comfortable talking to their children about sexuality and sexual health as a family.

4. ALIGNMENT WITH NATIONAL AND REGIONAL PRIORITIES AND SYNERGY WITH OTHER GREAT LAKES PROGRAMMES

a. The project itself, in its design, is aligned with regional and national priorities and with other Great Lakes programmes. The same was true of its implementation.
Indeed, the S-3G project in all its approaches has placed an emphasis on institutional strengthening (SDG 17) on SRHR (SDG 3) and effective, accountable and inclusive SGBV for survivors of sexual and gender-based violence (SDG 5) and contributes to giving them access to justice (SDG 16). Secondly, by working with communities on harmful social and gender norms, this contributes to the reduction of sexual and gender-based violence and harmful practices, leading to more peaceful communities, less conflict and corresponding consequences (SDG 5 and SDG 16). By providing a holistic response to sexual and gender-based violence, the project thus affects the eastern DRC as a whole by strengthening peace, security and therefore long-term stability.

1. All training for service providers (VSBG, SRH for adolescents and young person and even FP) has been aligned with the national programme, and it is worth noting that both the trainers and the modules used are those of the national programme.
2. Supply chain management followed the circuit established by the DRC's national health policy.
3. The project provided technical and financial support for the integration of statutory VSBG coordination and supply chain management meetings.
4. The various young people's training courses followed the acceptable content at national and international level.

b. Synergy with other Great Lakes programmes

- Participation in the meeting of the SRHR platform of organisations funded by the Ministry of Foreign Affairs of the Kingdom of the Netherlands.
- Collaboration with the ESPER project within the framework of the synergy concerning community engagement in the convergence zones.
- Collaboration with Care International to provide expertise on the implementation of VSLA. Care International had facilitated a training of trainers in VSLA for the S-3G project.

c. Collaboration with other partners, in particular

- Panzi Foundation: for the mobile courts in Kamituga.
- ABA: Mobile courts in Kalehe.
- IMA: Supply of PEP kits.
- UNFPA: Supply of contraceptive.
- Chemonics / USAID: Supply of contraceptives.
- Global Fund HIV-TB project / Cordaid: Supply of PEP kits.
- Sisi na polisi project / Cordaid: complementarity with the Kalehe police units in the referral of cases of sexual violence for better care at the level of the One Stop Centre of Kalehe.

5. OPERATIONAL CONSTRAINTS

During the period under review, the implementation of the project encountered a number of difficulties:

1. *From a security point of view*: insecurity in the Mweso and Kirotshe health zones making all or part of the health zone inaccessible. Apart from this, kidnappings of humanitarian workers were observed during the project implementation period. It should be noted that in some areas of intervention, despite a relative lull, human rights violations were reported, the majority of which concerned children and women.
2. *On the political front*, following the insecurity in North Kivu, with massacres and killings in the conflict zones, particularly in the territories of Rutshuru, Masisi and Lubero, as well as in the city of Goma, more specifically in the commune of Karisimbi, the Congolese government declared a state of siege, with the army managing the province and the territories. ***Permanent contact was maintained with the new authorities through some of the project's key partners.***
3. *In terms of infrastructure, on the whole* we noted good accessibility to the project's health zones, with the exception of the road in the Kamituga health zone, which experienced geographical access problems during the rainy season. The same applies to the Ndunda health area in the Ruzizi health zone.

6. LESSONS LEARNED

- The One Stop Centre approach can be integrated into a hospital and a referral health centre. What is important is proper coordination through a trained case manager, trained providers and a proper management framework. This facilitates the care and rapid recovery of SGBV survivors.
- Consideration of the mental health of service providers, especially those working with survivors of sexual violence. The work on the detraumatisation of service providers has revealed the need to work on stress management.
- The Informed Push Model is an effective approach for dealing with stock-outs in health facilities, reducing the cost of transporting commodities from the zonal pharmacy to health facilities and even involving the community in health centre activities.
- Sexual health activities for young people and adolescents can be integrated into all health structures. What is essential is to work on the skills, knowledge and attitudes of service providers. A provider with negative attitudes to SRHR is a major barrier to the use of services.
- The greatest demand on the Hotline goes even beyond the problems dealt with by the project. On a number of occasions, the Hotline has received calls about property issues, help with recovering a loan, in short questions that are not related to the VSBG. This shows the importance of a toll-free number, which seems to offer a solution to the community's countless concerns.
- The direct involvement of the National Mental Health Programme in the project's activities ensures the project's determination to support the government in integrating mental health care into primary health care by assigning psychologists to the One Stop Centres.
- The positioning of transport and energy costs in each safe space makes the various psychosocial and mental health follow-up appointments more productive, especially for the most vulnerable cases, with the exception of referral and counter-referral cases at the One Stop Centres.

- Collaboration with the other partners has made it possible to resolve some of the project's difficulties, in particular certain legal issues, which have been resolved thanks to the organisation of mobile court hearings by the other organisations.
- The trust between the care providers (Psycho-social Agent) and the survivors and the project staff enabled the results to be achieved quickly.
- The allocation of an additional Hotline management unit has enabled the Hotline to be operational at weekends and on public holidays, which has led to an increase in the use of the Hotline.
- Feedback on the results of quality score assessments of SGBV care carried out in the health zones helps to improve the quality of services.
- Given that the beliefs, customs and backward norms that exacerbate the rate of SGBV in the community come from the community itself, we have seen and dare to believe that advocacy at local level is very important. As long as advocacy is based on true facts, it is likely to bring about positive changes within our communities.
- Given the testimonies of change expressed by the wives of resilient men in the face of their husbands and their requests to join a community discussion group, the community can change some of the backward customs that are at the root of SGBV if its members are supported in sharing their experiences in the fight against SGBV.
- By identifying the participants in the community, the facilitators of the sessions on positive masculinity were able to acquire new knowledge.
- The organisation of orientation meetings at the start of each new year of the project ensures that each stakeholder takes ownership of the project.
- Skills training at safe house level improves survivors' social and mental health care.
- Joint meetings between the partners, a consolidation of ideas for improving the project's indicators and overcoming challenges help to guide decisions at a strategic level.
- The mobile court hearings organised by the other organisations are an opportunity to obtain judgments in cases of sexual violence within a short space of time and are a lesson learned in the community to prevent SGBV incidents.
- The good collaboration between the managers of the legal clinics in the field and the police officers has enabled us to obtain information and identify the difficulties faced by police officers, particularly in terms of their command, but which have an impact on the legal and judicial care of survivors of sexual violence.
- The presence of legal clinic managers in the One Stop Centres is an opportunity for hospitals to respond to invitations relating to legal and judicial issues addressed to them.

7. SUSTAINABILITY

From conception to implementation to closure, the project has put in place a strategy for sustaining the gains made and strengthening the system.

- Selection of community members: the project used community members belonging to local associations to form the Nehemiah communities; the young people for the SRHR coaching came from local associations; to implement the Informed Push Model approach, members of the CODESA were used.
- The training of trainers approach as part of the transfer of skills to local and state structures.
- Training parents and religious leaders in SRH helps to spread the advice to young people from generation to generation.
- The use of educational materials in the training of parents, young people, religious leaders, etc. leaves traces of the intervention in the community.
- Setting up VSLA in the community enables women in the community to get back on their feet economically, as well as learning trades.

- The IGAs set up under the project are used to provide long-term support for family incomes.
- Apprenticeships for survivors.
- The introduction of a co-payment system for the treatment of sexually transmitted infections in young people and adolescents at health facilities.
- At the end of the project, meetings were organised at local level with the various stakeholders in order to secure their commitment to the sustainability of the results achieved:

1. PARENT TRAINED GROUP

- Continue with awareness-raising in the community and share reports with service providers.
- Advocacy and mediation in families with problems between parents and young people.
- Selecting and raising awareness of new groups in different environments.

2. NEHEMIA COMMITTEE GROUP

- Identify and brief other leaders to make the approach sustainable.
- Involve other community leaders in health areas not covered by the project.
- Intensify mobilisation by raising awareness within our communities.
- Raising awareness in areas not covered by the project.
- Develop other relationships with the judicial system to provide legal support for survivors (always report cases).
- Home visits to survivors and referrals to care structures.
- Use of the services of paralegals from other associations.

3. SERVICE PROVIDER GROUP

- After the project, the providers will continue to maintain the services, given the training they have received.
- Providers will always work with community structures to care for survivors and all cases of rape and GBV, while respecting the referral circuit.
- 24-hour work continuity for holistic care.
- The providers promise to take ownership of the S-3G Project activities by strengthening supervision in their facilities and continuing with all routine activities.

4. RESILIENT MEN GROUP

- Mobilise other men to support positive masculinity in our health areas.
- Continue to form community resilience networks in the form of several people (several resilient men).
- Support the VSLA installed by resilient men.
- Exchange of experiences between resilient men from different health areas.
- After the project, the resilient men will form the resilient men network.

5. COMMUNITY-BASED YOUTH ORGANISATIONS GROUP

- Continuing to raise awareness of SRH in associations.
- Supervision of young people of different themes in Comprehensive Sex Education in safe spaces.
- Referring young people to the health service.
- Close collaboration between service providers and local authorities.
- Organising home visits to young people's households.
- Raising parents' awareness of the importance of teaching in safe spaces.
- Creating intergenerational dialogue in communities.

6. WAMAMA SIMAMENI GROUP

- Become aware of their strengths and weaknesses.
- Positivise their weaknesses.
- Continue with their activities.
- Maintaining good relations with the project after it has finished.
- Recruit new members and train them in all areas.
- Maintaining good relations with health centres, hospitals and psycho-social workers.
- Supporting VSLA and their IGAs.
- Maximising revenue to ensure the continuity of Safe House.

8. RISK MANAGEMENT AND CHALLENGES

In addition to the security challenges shared by all the partners, the following challenges should be taken into account during the implementation of the project:

- Sudden cessation of activities in the Mweso health zone due to security inaccessibility.
- The working environment (infrastructure) does not respect the confidentiality of survivors in certain health facilities, even though the project did not include the cost of refurbishing health centres in the budget.
- Movements (transfers) in certain health zones of both health zone managers and health service providers from structures supported by the project disrupted the quality of services during implementation.
- The unavailability of antibiotics and HIV screening tests for young people, as the project financed by the Global Fund has adopted a selective approach without taking young people into account.
- Difficult access to certain health facilities during the rainy season (Ndunda health centre in the Ruzizi health zone and the Kamituga health zone).
- Suspension of a partner's activities due to management problems.

9. CONFLICT SENSITIVITY ANALYSIS

During the project implementation period, stakeholders benefited from capacity building on conflict sensitivity analysis. The Cordaid, Heal Africa, PAP RDC and SOS SIDA teams benefited from this.

This enabled the project to draw up its conflict analysis document. As a result, the following actions were carried out, taking into account conflict sensitivity:

- In the Kirotshe health zone, during implementation, the Rubaya health centre was transferred to the Katoyi health zone and the S-3G project needed to be able to transfer activities to another health zone. Given the problem of ethnic conflict in this zone and the fact that the transfer of activities could create difficulties, after consultation with the managers of the two health zones and the North Kivu provincial health division, it was proposed that the activities should remain in Rubaya and that the structure's data should be transmitted from the Kirotshe health zone as in the past.
- The field staff who worked on the project were selected locally.
- In the Score Card assessments of the facilities, there were headings to check whether all ethnic, religious and social strata could use the services without distinction.

SOME PICTURES

Distribution of the commodities by a Distribution Axis Committee member.

Delivery of visibility materials and equipment to members of a protective community.


From left to right, souvenir photos taken with the BUHAVU chiefdom authorities and those of the KAMITUGA town hall during the advocacy workshop on the integration of the "Purchase of contraceptives" budget line.


Community awareness campaign by members of the protective communities on the left and awareness on the green line on the right.


Community celebrations in the Kalehe, Karisimbi and Ruzizi health zones organised by the Living Peace Institute with resilient men.

The buildings used as the One Stop Centre at the Goma Regional Military Hospital and the Sake Reference Health Centre with the team of service providers.