

Performance Indicator Tracking S-3G

INTERMEDIATE RESULTS - YEAR 1

	Purpose / Product	Objectively verifiable indicator	Baseline	Expected	Realized	difference	Comments
Intermediate	Multi-sector response to (S)GBV: establishment of one-stop centers offering holistic case	% of (S)GBV survivors say they are satisfied with the services offered by the project	63%	85%	81%	95%	
Results 1	management (medical, psychosocial, legal and judicial support and socio-economic reintegration).	% of (S)GBV survivors report having regained stability in their daily/usual activities	N / A	50%	N / A	N / A	This data will be collected during the second year of the project
	Health system strengthening: SRH and GBV	% of health facilities that improve their quality of care for SVBG survivors	49%	80%	100%	125%	
Intermediate Results 2	services tailored to women and youth, with a strong supply	% of health structures that improve their quality of care for SRHAY clients	37%	80%	100%	125%	
chain c GBV	chain of SRH and	% of health structures that demonstrate good management of drug stocks with a score of more than 80%	52%	76%	N / A	N / A	This data will be collected during the second year of the project



		Improved governance of (S)GBV and prioritization (advocacy with	# GBV policies that have been modified to improve the living conditions of survivors	0	3	N / A	N / A	The advocacy strategy and plan will be reviewed during this second year.
Intermediate Result 3	stakeholders and governmental and non- governmental actors at	% of advocacy activities carried out	0	80%	N / A	N / A	The advocacy strategy and plan will be reviewed during this second year	
	provincial level) for resource mobilization based on better data and evidence collection.	# of stakeholders engaged in GBV activity	0	90	N / A	N / A	The advocacy strategy and plan will be reviewed during this second year	
	Intermediate Result 4	Community mobilization to foster gender transformative processes, reduce stigma and build broad community support for the protection of (S)GBV survivors	% populations in the areas of intervention who adopt positive attitudes in relation to gender.	18.50%	10%	N / A	N / A	This data will be collected during the second year of the project





IMMEDIATE RESULTS YEAR 1

	OBJECTIVE/PRODUCTS	Objectively verifiable indicator	Baseline	Expected	Realized	Completion rate	Comments
Specific objective 1	MULTISECTORAL(S) RE	SPONSE TO SGBV: Empower GBV survivors and and other refer	build their resilien ral and counter-refe		h holistic GBV man	agement withir	one-stop centers
Results Immediate 1.1	Survivors benefit from integrated and multi- sectoral assistance (medical, psychosocial, legal / judicial, socio- economic and / or school reintegration) coordinated and based on rights and gender equality at the level of 24 health centers with front-line staff trained to respond to (S)GBV and connected as a satellite to the One- stop center of the general referral hospital of the health zone or referral health center	% of GBV (S) survivors who benefit from holistic assistance in the intervention areas based on their specific needs	N / A	100%	84%	84%	Cfr. Satisfaction survey
Product 1.1.1	A one-stop center with transit houses and trained professionals in each of the six targeted health zones	# One-stop centers meeting the standard of more than 80% quality score	N / A	8	2	25%	The average score was 68% compared to 51% of the baseline .





	treats referred clients with more complex issues due to (S)GBV	# new SGBV cases reported at one-stop centers	TBD	1243	722	58%	
	and provides multi- sector follow-up services to at least	# Transit houses installed, functional and efficient	0	6	6	100%	
	50% cases reported in the health zone. Customers no longer have to travel so far	# trained service providers (medical and psychosocial OSC)	TBD	19	32	168%	Addition of additional participants: military and police hospital, health zone management teams, project supervisors
		# trained legal/judicial clinic staff	TBD	10	10	100%	8 paralegals and 2 legal supervisors
Product 1.1.2	VSLAs are installed and functional	# VSLAs installed	0	24	25	104%	Added Sake VSLA
		# survivor members of VSLAs who create and/or strengthen an IGA through the support of VSLAs	0	125	N / A	N / A	
Product	The complaint management mechanism is installed	# Hotline entry points developed and functional	0	24	24	100%	
1.1.3	and functional (pathway 4?)	% of complaints dealt with	0	70%	N / A	N / A	Planned for the second year





		# community members trained in hotline operation	0	48	115	240%	Depending on the realities encountered on the ground and budget availability
Product 1.1.4	Manuals, SOPs and clinical tools developed, printed and distributed	% of health facilities that display the complete checklist with manuals, SOPs and clinical tools	0	100%	100%	100%	
Results Immediate 1.2	Improved support from mental health experts at each zonal one-stop center	% clinical providers who improve and maintain quality in work practice for survivors of (S)GBV	60%	85%	91%	107%	
Product 1.2.1	A mentoring program (1 meeting / 2 weeks) is proposed for each GBV practitioner, designated mentors	# of clinical providers enrolled in the mentorship program	0	76	12	16%	12 trained mentors. Second follow-up phase for the second year
1.2.1	are identified in each health zone, and at the level of Heal Africa and ARQ international	% Clinical providers who actually participate in mentoring courses	0	80%	N / A	N / A	Planned for the second year
Specific objective2		TRENGTHENING: Strengthen health systems to s and affordability of SRH commodities to improve free and informed choice concerning their se	e the realization of	human rights men, in	particular the right	of women to	-





Results Immediate 2.1	Health facilities with skilled staff providing quality gender- responsive and youth- friendly SRH services, especially family planning services, and initial response to (S)GBV	% health facility staff improve knowledge of adolescent-friendly SGBV care services	TBD	80%	80%	100%	
	Capacity building (through short courses) of key health staff from 24 health centers in gender-	# key health staff in health centers trained in gender-sensitive and youth-friendly SRH services	0	48	65	135%	Addition of supervisors from each health zone to ensure monitoring and budget availability
Product 2.1.1	on sexuality, contraceptives, IUD and implant insertion and removal, HIV and STI prevention,	# Clients consulting Family Planning and contraception services in 24 health centers in six health zones (>75% of women)	TBD	65,619	20,913	32%	
	diagnosis and treatment	% youth-friendly spaces equipped with audio/visual equipment and functional	0	100%	100%	100%	
Product 2.1.2	Capacity building (through short courses) of key health	# new SGBV cases reported in health facilities excluding one-stop shops	0	3,730	801	21%	





	personnel from 24 health centers in SGBV services	# trained service providers (medical and psychosocial care/HC)	0	72	80	111%	Addition of 8 OSC providers
Immediate Results 2.2	Improvement of the supply chain in order to reach the last mile with the SSR and SGBV product	% of health facilities with zero stock-outs of SRH/FP and (S)GBV products one year after the start of the program for products available at the provincial level	TBD	75%	N / A	N / A	To be evaluated during the second year
		# of service providers trained in SCM at health zone office and health facilities level	0	270	268	99%	
Product 2.2.1	Improved local inventory management systems and logistics data to support continued availability of last-mile FP/RH medicines and supplies	Number of days out of SRH/FP and SGBV products at the regional pharmacy level	9	0	5		High and concerns only SRH/FP products. For PEP kits, despite known shortages at the start, we have zero shortage days at the end of the year.
Product 2.2.2	Transport support from the health zone to health facilities	% of health facilities in targeted health zones are supplied by IPM 1 year after the start of the program.	0	100%	N / A	N / A	Planned for the second year





	(one-stop centres, health centers and in the communities) using the IPM/CAD approach to reduce transport costs, improve inventory management systems and logistics data and ensure continuous availability of last mile PF/SGVB supplies.	Number of Distribution Axis Committees (DACs) installed and functional	0	35	29	83%	The 6 DACs of the Ruzizi health zone will be installed at the beginning of the first quarter of the second year
Product 2.2.3	Coordination and alignment between stakeholders engaged in procurement, importation and transportation of supplies to service delivery points and sustainability of interventions improved	# of functional CTMP logistics and information sub-committees	0	2	2	100%	
Specific objective 3	GOVERNANCE AND AD	VOCACY ON SGBV: Strengthen the effectiveness fight against GBV to put in pla	-	-		to enable act	ors involved in the
Immediate outcome 3.1	Improved GBV response (S) coordination among all actors and institutions based on collected evidence	Number of state structures with a functional SGBV data management system	0	2	2	100%	
Product 3.1.1	An action plan of priority activities to be carried out during the project is drawn up	# comprehensive assessment conducted	0	3	1	33%	There remains the mid-term (second year)



							and the endline (third year)
		# action plan of priority activities	0	3	100%	33%	Same
Output 3.1.2	Customer needs and service satisfaction are regularly assessed	# client needs assessments	0	4	1	25%	
Immediate	Regular and sustained stakeholder attention to promote gender	% of stakeholders involved in the fight against (S)GBV who take initiatives to promote gender equity through coordination actions	0	80%	N / A	N/A	
Outcome	equity and reduction of (S)GBV in the Kivus through coordinated actions	% of clients benefiting from services who declare having been referred by partner structures	0%	75%	N / A	N / A	The data collection tool is under development
Product	Facilitation of horizontal multidisciplinary	# coordination meetings including health center staff, women's groups and community representatives	0	96	48	50%	
3.2.1	collaboration within health zones	# stakeholders involved in advocacy activities	0	90	N / A	N/A	To be identified during the advocacy plan review workshop
Output 3.2.2	Strengthen referral and feedback mechanisms	# reference lines set up and functional	0	72	N / A	N / A	The data collection tool is under development





Product 3.2.3	Create a roadmap to coordinated services, shared ownership and sustainability	#Developed roadmap	0	2	2	100%	
Immediate outcome 3.3	The capacities of the provincial government are strengthened to ensure the coordination, monitoring and evaluation of interventions to combat sexual violence, including data collection and information sharing	Level of involvement of the state party (including decisions taken during implementation) in the implementation of actions to combat GBV	TBD	2	2	100%	
Product 3.3.1	Provincial level GBV (S) coordination structures/mechanism have the necessary technical and institutional capacities to ensure effective coordination	# Capacity building plan for gender provincial divisions	0	4	4	100%	
Output 3.3.2	Provincial GBV data collection system (S) generates information to guide advocacy,	# Provincial database (S) on (GBV) supported and functional	0	2	2	100%	





	programming and service roll-out	# Learning data report / Documents of successes and best practices produced and disseminated	0	14	N / A	N / A	To be developed during the second year
Immediate Outcome 3.4	Changes in social and gender norms expressed by community leaders	% community leaders who adopt positive attitudes towards gender and SRH	TBD	80%	N / A	N / A	Cfr. mid-term and endline (second year and final year)
	and increased use of SRH services	% of successful advocacy actions by women's rights organizations	0	50%	N / A	N / A	Cfr. revision of the advocacy plan
Product 3.4.1	Increased change in positive social norms of community leaders and increased use of	# community leaders involved in activities to promote gender, SRHR and the fight against (S) GBV	0	480	N / A	N / A	The data collection tool is under development
	SRH services	# of female members of women's rights organizations who are involved in advocacy	0	60	N / A	N / A	Cfr. revision of the advocacy plan
Specific objective 4	COMMUNITY MOE	BILIZATION: Support the engagement of men, we unfavorable to gender ed				ind cultural n	orms that are
Immediate outcome 4.1	Transformation of socio-cultural norms in target communities	% community member who adopt positive attitudes towards gender and SRH	15%	80%	N / A	N / A	Cfr. mid-term and endline (second year and final year)





		% of women of men who are members of resilient men's networks who report having improved their level of decision-making in their household	TBD	50%	75%	150%	
Product	Targeted communities adopt socio-cultural attitudes and norms	% of community members committed to positive masculinity and gender equity	0	70%	87%	124%	
4.1.1	that support gender equality and addressing (S)GBV	# community focal point referents (Health area development committees - SGBV) trained in prevention, protection and response to SGBV.	0	120	120	100%	
		% community members (parents, religious leaders) involved in SRHR of adolescents and young people	0	60%	98%	163%	
Output 4.1.2	Community mechanisms for prevention, alert, referral and protection	# of members of community structures who are involved in prevention, alert, referral and protection against (S)GBV at the local level	0	120	288	240%	The 120 people trained at the start went on to train another 168 members of the remaining Nehemiah committees
	against (S)GBV are established and functional at the local	# safe space for young people set up and functional	0	24	24	100%	
	level	# supported youth associations that demonstrate a high level of capacity score	0	20	20	100%	Target: 70%



Immediate Outcome 4.2	Land SRHR	% community members who improve their knowledge of GBV and SRHR	77%	85%	N / A	N / A	Cfr. mid-term and endline (second year and final year)
Product 4.2.1	Awareness materials (leaflets and posters) are produced and disseminated. A series of community radio sessions are developed	# of radio programs broadcast	0	24	18	75%	
		# voluntary counselors with access to the ' Rape Counseling' app and trained in the use of the app	0	120	115	96%	5 advisers from the Isopo health area did not participate because of the Iack of network coverage in this health area