

Embassy of the Kingdom of the Netherlands, Kigali

Great Lakes Regional Programme - SRHR

NARRATIVE REPORT

YEAR 1

JANUARY 2022

Project title: Stability - 3 G (Gender & Community Guarantee, One-Stop Centers and Supply Chain Management of essential SRH and GBV commodities)	
Project number: 200659	
Intervention areas: (1) North Kivu: Karisimbi, Kirotshe and Mweso health zones. (2) South Kivu: Kalehe, Kamituga and Ruzizi health zones	
Lead organisation: Cordaid	
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Implementing partners: Heal Africa, iPeace, LPI, PAP DRC and SOS SIDA	
Technical partners: ARQ International, PNAM / Provincial Health Divisions North Kivu and South Kivu	
Total project budget: 5 350 000 Euro Estimated project budget for the current year: 3 136 924 Euro	
Project goal: 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 & Rights of especially women and girls.	
Project duration: 28 months Start date: 01 November 2020 End: 31 March 2023	Report Type: Narrative Reporting period: 01 December 2020 to 30 November 2022

Abbreviations

CODESA	: Comité de Développement de l'aire de Santé / Health Area Development Committee
CSE	: Comprehensive Sexual Education
CTMP-PF	: Comité Technique Multisectoriel Permanent pour le repositionnement de la Planification Familiale
DPS	: Division Provinciale de la Santé / Provincial Health Division
ESPER	: Ensemble pour la Sécurité et la Paix à l'Est de la République Démocratique du Congo
FP	: Family Planning
GBV	: Gender Based Violence
HZ	: Health Zone
iPeace	: Initiative for Peace and Human Rights
IPM	: Informed Push Model
LPI	: Living Peace Institute
OCB	: Organisation Communautaire de Base / Local Based Community Organisation
OSC	: One Stop Center
PAP RDC	: Programme d'Appui au développement des Populations forestières en RD Congo – Les Pygmées RDC
PEP Kit	: HIV Post-Exposure Prophylaxis Kit
PNAM	: Programme National d'Approvisionnement en Médicaments Essentiels / National Essential Drugs Supply Program
PSA	: Psycho-social Assistant
SGBV	: Sexual and Gender Based Violence
SRH	: Sexual and reproductive Health
SRHR	: Sexual Reproductive Health and Rights
UNFPA	: United Nations Population Fund
VSLA	: Village Savings and Loan Association

A. Major developments

A.1 Security, political, epidemiological, and humanitarian context

The two provinces where the project is implemented, North and South Kivu, experienced the following contextual events during the first year of project implementation:

- ❖ A periodic increase of cases linked to the Covid-19 pandemic. The two provinces remained among the top 6 provinces in the country affected by the pandemic with North Kivu in second place. As of 30 November 2021, the country had 58,462 confirmed cases, of which 6,245 were in North Kivu and 2,825 in South Kivu.
- ❖ In May 2021, a resurgence of the Ebola virus epidemic was reported in the province of North Kivu, and more precisely in Beni, with 11 cases including 6 deaths.
- ❖ Proclamation of a state of siege in the province of North Kivu on 30 April 2021 with a local government led by the military. This had the effect of centralising all legal cases in the military courts. This facilitated the closing of legal cases, but belatedly.
- ❖ The activity of armed groups in both provinces, especially in the territories of Beni, Masisi and Rutshuru in North Kivu and Uvira (Ruzizi), Fizi, Kalehe and even the town of Bukavu in South Kivu has created temporary difficulties in accessing certain health structures supported by the project.
- ❖ In the first quarter of the project, in May 2021, there was a volcanic eruption in Goma (Nyiragongo Volcano) resulting in a movement of the population estimated at around 450,000 people to the territories of Masisi and the North of the province (Rutshuru, Lubero, Beni), as well as to neighbouring Rwanda and the province of South Kivu (mainly Bukavu).

It is worth noting that, apart from the eruption of the Nyiragongo volcano which led to staff evacuations and a suspension of activities for about two weeks, all other situations did not have a significant impact on the smooth running of project activities during the reporting period.

A.2. Project implementation

The Embassy of the Kingdom of the Netherlands (EKN) in Kigali through its Great Lakes regional programme is funding the Stability -3G (S-3G) project implemented by a consortium consisting of Cordaid as lead partner and Heal Africa as consortium member, supported by their technical and implementing partners.

The S-3G project aims to contribute to stability, health and well-being in the East of the Democratic Republic of Congo (DRC) by preventing and reducing sexual and gender-based violence (SGBV) and improving Sexual and Reproductive Health & Rights (SRHR) of especially women and girls. The project targets 32 health facilities in North and South Kivu.

After one year of implementation, the project has made the following significant progress:

- ❖ The effective establishment of One Stop Centers (OSC) in the 8 health facilities planned by the project with holistic care for survivors of sexual violence. 2 out of 8 OSC are currently respecting the 80% quality assurance score.
- ❖ The effective establishment of reference structures and mechanisms at the grassroots level, consisting of 24 health centres capable of dealing with gender-based violence problems on the front line.
- ❖ Effective referral of 386 cases of gender-based violence via 72 points of referral from health centres to the OSC and 5 cases beyond the level of the OSC to tertiary structures, namely the Heal Africa hospital in Goma (North Kivu - 4 cases) and the Panzi general referral hospital in Bukavu (South Kivu- 1 case).
- ❖ The establishment of a system of detraumatization for agents in charge of caring for survivors of gender-based violence within the framework of the project.
- ❖ The functionality of the referral system for gender-based violence issues through a hotline. From the 187 calls that were concerning sexual and gender base violence, 161 were referred. The

- ❖ The integration of services for young people's SRH problems in all 24 project health facilities and the effective use of these services by young people and women seeking contraceptive methods.
- ❖ Improvement of the input supply system in 278 health structures in the 6 supported health zones through the implementation of the Informed Push Model approach, capacity building of 268 providers, the availability of inputs as well as the supply of these structures with tools for the rational management of medicines and other medical consumables.
- ❖ The effective holding of six quarterly SGBV coordination meetings in the two provinces of North and South Kivu, chaired by the provincial gender divisions of these two provinces.
- ❖ Existence of a SGBV database maintained by the two provincial gender divisions designing the data and serving for analysis to provide information for processing in provincial SGBV coordination meetings.
- ❖ A project advocacy plan was produced to achieve effective behavioural and attitudinal change towards SGBV at the local and provincial level, the plan will be completed early 2022.
- ❖ At the community level, the 4 structures working in the prevention and fight against sexual violence have been set up and their capacities strengthened. There are 24 protective communities, 4 per health zone, with a total of 288 members (144 women, 144 men) among them 48 young people (24 girls, 24 boys) and 24 women's support groups called Wamama Simameni.
- ❖ 25 village savings and credit associations for 400 women, including 125 survivors of sexual violence, are functional and serve as a framework for the socio-economic reintegration of women.
- ❖ Effective use of the Rape Crisis Counseling application by the Nehemiah community members to support survivors at the community level to access appropriate support. As a result, 120 community members have been capacitated and provided with mobile phones for this support.
- ❖ 180 men are committed to promoting positive masculinity in their households and communities. They have been accompanied by 173 spouses in this process.
- ❖ Existence of 30 facilitators (23 men and 7 women) of resilient men sessions in the project sites are committed to accompanying other men to change their attitudes towards SGBV.
- ❖ 24 Functional youth community-based organisations (CBO) are able to guide and mentor youth on SRHR according to age group (10-14 and 15-24) and vulnerability (targeting teenage mothers and youth 10-14) and refer them to health facilities for care.
- ❖ 1216 sessions of CSE were provided to 1605 young people aged 10-24 were mentored and provided with knowledge and skills on SRHR in the 24 health areas of the S-3G project. Of these groups, 426 (276 girls and 150 boys) are 10–14-year-old, 1179 (672 girls and 507 boys) are 15–24-year-olds. The tools, Like Sarah, Miriam and Joe were used, as well as the 'Educator's Guide' manual for accompanying young people aged 15-24. 200 teenage mothers were coached on SRHR with the 'Like Pamela' tool produced by Cordaid.
- ❖ 135 parents and religious leaders, including 90 men and 46 women, are able to accompany young people on SRHR issues.

B. Progress against action plan

The following activities were carried out during this first year of the project detailed by pathway:

Pathway 1: Multisectoral response to (S)GBV

Outcome 1: Multi-sectoral response to GBV: establishment of One-Stop Centres (OSC) offering holistic case management (medical, psychosocial, legal and judicial support and socio-economic reintegration).

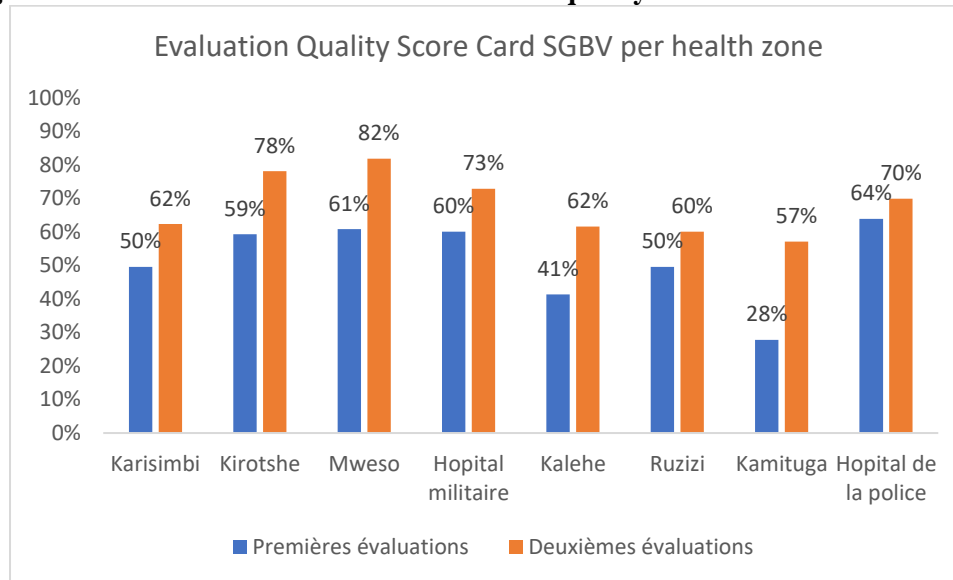
a. Main activities

- ❖ Organisation of a baseline assessment of the quality of services for survivors of sexual violence in the 8 OSC and 24 health centres supported by the project in the first half of the project. The results

showed an average quality score of 51% for all facilities, with the lowest score in Kamituga (28%) and the highest in the Bukavu police hospital (64%). An improvement plan was developed by the health facilities and Heal Africa.

- ❖ Organisation of a second evaluation of the quality of services for survivors of sexual violence in the 8 OSC and the 24 health centres supported by the project. The average score was 68% compared to 51% of the baseline, with the lowest score with a significant improvement from 28% to 57%. The highest score was observed in the Mweso health zone with 82% (improvement from 61% to 82%).

Figure 1. The first and second evaluation of the quality of SGBV services



- ❖ Support for the training of trainers on the care of survivors of sexual violence: 4 people, of which 2 from the national reproductive health programme of North Kivu and South Kivu and 2 experts from the programme (Cordaid and Heal Africa) benefited from this training on the new training module on the care of survivors of SGBV set up by the national reproductive health programme. As a result, North and South Kivu have established pools of trainers for this new training module.
- ❖ Training of 82 service providers (40 women, 42 men) on the clinical management of survivors of sexual violence for the 32 project health facilities
- ❖ Training of 80 service providers (38 women, 42 men) on the clinical management of sexually transmitted infections.
- ❖ Training of 11 paralegals (3 women, 8 men) on legal empowerment.
- ❖ Training of 97 health care providers and other local actors (44 women, 53 men) on inter-agency case management guidelines.
- ❖ 11 men and 4 women, including senior staff of the National Mental Health Programme and the S-3G project, received training of trainers on the psychological care and mental health of survivors of SGBV and on stress management in the workplace with the support of ARQ International in Bukavu.
- ❖ 2 female and 6 male psychologists from OSC, 3 female and 1 male human resource managers and 2 medical referrers were trained on staff support and stress management in the workplace with the support of ARQ International and the project trainers.
- ❖ 82 health personnel (Psychosocial Assistants (PSA), Psychologists and Titular Nurses) of whom 41 (23 women, 18 men) from North Kivu and 41 (18 women, 23 men) from South Kivu received training on psychological care and mental health by trainers trained by ARQ International (psychologists from the project and from the Mental Health Programme of North and South Kivu)
- ❖ 79 people, of which 15 women and 25 men in South Kivu and 23 women and 16 men in North Kivu (health workers, assistant head nurses, OSC staff and police) received training on cross-cutting protection, abuse and sexual exploitation.

- ❖ From 2 mobile courts organised by the Kamituga court and the Panzi foundation, as well as a special mobile court organised in North Kivu, S-3G seized these opportunities by presenting 96 cases of sexual violence in order to obtain judgments, of which 33 have been obtained.
- ❖ Organisation of 5 legal cafés (2 in North Kivu and 3 South Kivu) to discuss the state of justice institutions with those involved in the criminal justice system, and to address challenges by proposing recommendations for improving the care of survivors of sexual violence during the state of siege in North Kivu.
- ❖ 400 women, including 125 survivors of sexual violence, were trained and provided with a Village Savings and Loans Associations (VSLA = AVEC in French) kit (notebooks, boxes, pens, slats, etc.) to start an VSLA under the guidance of safe house counsellors and local supervisors from SOS Sida and PAP DRC.
- ❖ Financial and technical support for 3 supervision missions of the Provincial Health Divisions' (DPS) teams to 8 OSC providing of holistic care of survivors of sexual violence.
- ❖ Technical and financial support to the 6 health zones of the project for the availability of 8 clinical psychologists in the 8 OSC.
- ❖ Signing of 3 contracts with the owners of the houses in South Kivu that will serve as safe houses to accommodate survivors and their dependents who will need appropriate care and transit for the follow-up of judicial and legal cases at the judiciary. ¹ The safe houses will also facilitate the transit of patients with fistula to the Panzi and Heal Africa tertiary hospitals, which serve as expertise hubs.
- ❖ Support for minor rehabilitation and equipment of 8 OSC.
- ❖ Signing of 4 contracts with law firms in Bukavu-Kavumu, Uvira, Kamituga and Goma that will help support cases of survivors who have agreed to be supported at the legal level.
- ❖ Ensure supplies of Post-Exposure Prophylaxis (PEP) kits, contraceptives, and consumables to all 32 health facilities supported by the project.

Category	Kalehe HZ	Ruzizi HZ	Kamituga HZ	Karisimbi HZ	Kirotshe HZ	Mweso HZ	Health Center (24)	OSC (8)	Total
Total number of cases identified	427	84	164	309	231	308	801	722	1523
Total number of cases that received legal service	58	24	30	34	23	23	27	165	192
Cases taken to court	18	7	21	17	14	19	12	84	96
Number of judgments pronounced	0	0	2	0	8	23	31	2	33

- ❖ Accompanying 146 survivors of sexual violence who became pregnant as a result of rape.
- ❖ 473 rape cases were received within 72 hours and 323 after 72 hours, 467 rape cases received the PEP Kit.
- ❖ Accompaniment of 1 woman with genital fistula in the referral to specialised facilities.
- ❖ Equipping the 3 safe houses with furniture, bedding, and kitchen utensils. Purchase of food for the 6 safe houses (both South and North Kivu).
- ❖ Establishment of the hotline covering the 6 intervention areas and used by all communities involved in the project.
- ❖ Training of 120 community members (56 women, 64men) on understanding the use of the hotline and community awareness on the use of the hotline.

¹ In North Kivu, the consortium uses the safe houses installed by other SGBV projects

b. Overview of holistic case management follow-up at the facility level

b.1. Medical care

Category	Kalehe HZ	Ruzizi HZ	Kamituga HZ	Karisimbi HZ	Kirotshe HZ	Mweso HZ	Health Centers (24)	OSC (8)	Accumulation
Total number of cases identified	427	84	164	309	231	308	801	722	1523
Number of Girls < 18 years	98	19	94	66	92	69	206	232	438
Number of Boys < 18 years	5	3	0	11	1	6	23	3	26
Number of Women > 18 years	314	62	68	226	125	214	525	484	1009
Number of Men > 18 years	10	0	2	6	13	19	47	3	50
RAPE	164	56	51	153	145	227	411	385	796
SEXUAL ASSAULT	86	11	62	70	14	11	98	156	254
PHYSICAL ASSAULT	72	11	39	62	51	53	217	71	288
FORCED MARRIAGE	0	0	0	2	3	5	8	2	10
DENIAL OF RESOURCES, OPPORTUNITIES, AND/OR SERVICES	29	0	3	3	3	3	9	32	41
PSYCHOLOGICAL VIOLENCE	76	6	7	18	12	0	45	74	119
OTHER TYPES OF GBV	0	0	2	1	3	9	13	2	15
Number of cases of rape receiving medical care	164	55	50	145	135	203	384	368	752
Number of rape cases reported in 72 hours	57	46	22	63	97	188	301	172	473
Number of rape cases reported after 72 hours	107	10	29	90	48	39	110	213	323
Number of rape cases receiving PEP Kit within 72 hours	57	46	21	63	94	186	296	171	467
Number of cases who received treatment for STIs	300	67	80	123	122	175	405	462	867
Number of GBV cases who received medical care	398	81	126	272	200	267	703	641	1344

Comment: During this period, the project carried out medical care activities for SGBV survivors: 473 rape cases were received within 72 hours and 323 after 72 hours, 467 rape cases received the PEP Kit, 867 cases were treated for STI. The ratio women/men of total SGBV cases is 95% vs 5%. Not all rape cases received a kit PEP due to a rupture in stock.

b.2. Entry points of SGBV survivors to services

Category	Kalehe HZ	Ruzizi HZ	Kamituga HZ	Karisimbi HZ	Kirotshe HZ	Mweso HZ	Health Centers (24)	OSC (8)	Accumulation
Total number of cases identified	427	84	164	309	231	308	801	722	1523
Number of cases that came to the psychosocial service first	219	15	87	231	165	164	479	402	881
Number of cases that arrived first at the medical service	207	65	70	78	62	132	322	292	614
Number of cases that reached the legal/judicial service first	1	4	7	0	4	12	0	28	28
Number of cases referred via the hotline	24	1	4	10	51	71			161
Number of GBV cases discharged	330	57	97	175	106	150	408	507	915

Comments: 801 SGBV cases were identified in the 24 health centres and 722 cases in the 8 OSC. 881 SGBV cases came first to the psychosocial service, 614 cases came first to the medical service and 28 cases came first to the legal service. 161 cases were referred via the hotline. In total 915 SGBV cases were discharged.

b.3. Legal and judicial handling of cases

Category	Kalehe HZ	Ruzizi HZ	Kamitug HZa	Karisimbi HZ	Kirotshe HZ	Mweso HZ	Health Centers (24)	OSC (8)	Accumulation
Total number of cases identified	427	84	164	309	231	308	801	722	1523
Total number of cases that received legal service	58	24	30	34	23	23	27	165	192
Cases taken to court	18	7	21	17	14	19	12	84	96
Number of judgements pronounced	0	0	2	0	8	23	31	2	33

Comments: A total of 192 SGBV cases received legal service, 96 cases received legal support and 33 judgements were issued.

b.4. Socio-economic reintegration

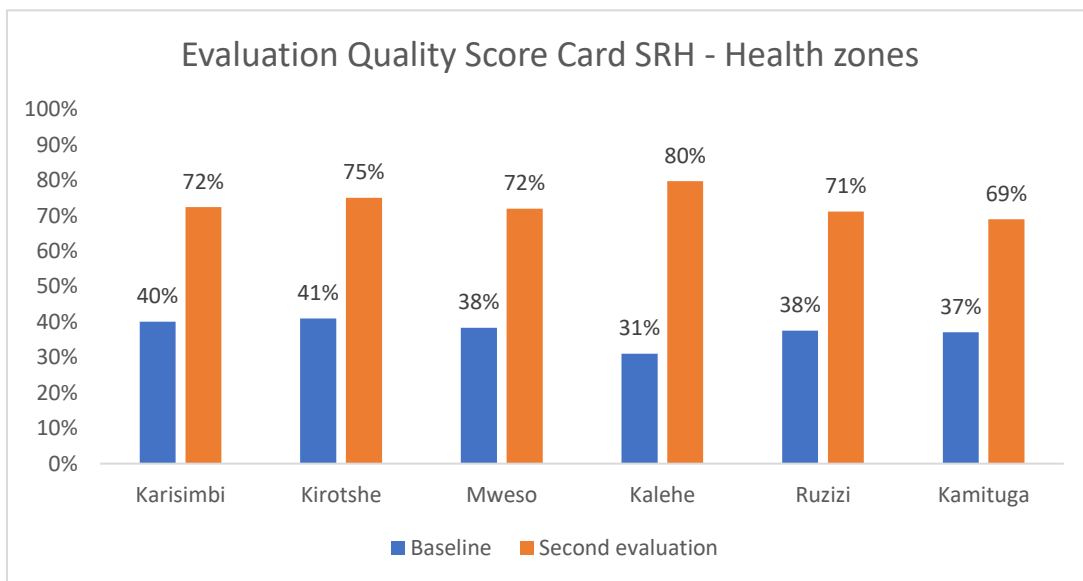
A training of 12 trainers on the VSLA approach (saving groups) was done thanks to the technical support of experts from Care International on the management of VSLA and VSLA plus². The trained trainers went to the field to train the existing VSLA committees and the survivors of sexual violence, a total of 400 women. 16 people in each health area including 5 survivors. SGBV survivors were on purpose mixed with 16 other people per group, in order to avoid possible stigmatization. All 125 survivors received a start-up fund to facilitate their savings in the VSLA cycle.

Pathway 2: Health System Strengthening

Outcome 2: Health system strengthening: women- and youth-friendly SRH and GBV services, with a strong supply chain for SRH and GBV commodities.

a. Main activities

- ❖ Organisation of the baseline assessment of the quality of SRH services in the first half of the project with an average quality score of 37%, with the lowest score recorded in Burowa (11%) and the highest in Bushuhe (79%, which is a former Jeune S3 facility).
- ❖ Organisation of a second assessment of the quality of SRH services in the 24 health centres that have integrated sexual health services for adolescents and young people. The average score was 73% with the lowest score in Kamituga (69%), but with a significant improvement from 37% to 69% and the highest in Kalehe which increased from 31% to 81%.



- ❖ Support for the organisation of training for staff in 24 health centres and 2 hospitals (Goma military hospital and Bukavu police hospital) on youth friendly SRH services and Agir Family Planning (FP), in order to strengthen their knowledge and skills in providing these services. In total, 77 health providers benefited from the training out of the 52 expected.
- ❖ Support for the organisation of 18 supervision visits to health facilities by health zone management teams. The 32 health facilities benefited from the support of their hierarchy to improve the quality of services offered to beneficiaries.
 Organisation of 6 supervision missions coupled with performance evaluation of 6 central offices in the health zones supported by the project by the 2 DPSs. All 6 health zones improved their performance. In the first quarter, the health zone management teams and an average score of 68%

² VLSA plus: certain VLSA rules are not followed: the cycle goes beyond 12 months, the number of members goes beyond 25, etc.

in South Kivu and 61% in North Kivu, while in the third quarter, the average was 92% in South Kivu and 94% in North Kivu, i.e. an average improvement of 30%.

- ❖ Equipping 24 youth corners in the 24 health centres supported by the project.
- ❖ Allocation of performance bonuses for three quarters to providers in 32 health facilities supported by the project.
- ❖ Allocation of performance bonuses for three quarters to the 2 DPS and the central offices of the health zones.
- ❖ Technical and financial support to 3 supervision missions of the 2 DPS to the members of the health zone management teams as well as to the providers to improve their skills.
- ❖ Technical and financial support for 3 supervision missions to the health zone management teams to carry out supervision missions in the 24 health centres supported by the project.
- ❖ Organisation of several bilateral meetings with IMA World Health for the provision of PEP kits in health facilities supported by S-3G. This has helped to align the health areas supported by the project among the areas that should benefit from PEP kits.
- ❖ Support for the establishment of 29 drug distribution committees in the 6 health zones of the project.
- ❖ Organisation of the training of 22 provincial master trainers (1 woman, 21 men) on supply chain management (SCM).
- ❖ Organisation of the training of 18 zonal trainers (1 woman, 17 men) on SCM. A total of 30 provincial trainers are put in place
- ❖ Organisation of training for 268 health providers (25 women, 243 men) on SCM.
- ❖ Financial and technical support for a supervision mission of the DPS Technical Support Office team on SCM.
- ❖ Purchase and delivery of antibiotics, contraceptives, and other medical consumables to 6 project health zones.
- ❖ Support for the transport of PEP kits, contraceptives, and antibiotics to 134 structures supported by the project.
- ❖ Support for the organisation of 3 meetings of multi-sectoral technical committees on FP as well as sub-committees (advocacy and resource mobilisation, information and logistics, adolescents and youth, religious leaders) in the respective provinces of North and South Kivu. These meetings helped to improve the quantification of FP commodities, harmonisation among stakeholders offering these commodities and for government-supported health facilities to benefit from these commodities as well.
- ❖ Production and distribution of SCM tools to 134 health facilities.

b. Data on the use of family planning services

Health zone	Number of cases advised on FP	Number of cases using FP	Proportion of FP use over number of cases advised
Kalehe	2738	1773	65%
Kamituga	1469	1126	77%
Ruzizi	1760	1035	59%
Total SK	5967	3934	66%
Kirotshe	9387	8198	87%
Karisimbi	3044	1268	42%
Mweso	2515	1596	63%
Total NK	14946	11062	74%
Total N/SK	20913	14996	72%
Target	65619		
Achieving the objective	32%		

Comment: 20 913 Clients received FP counselling in the supported facilities, which represents 32% of the target. Of these 20 913 clients who received counselling, 14 996 clients received contraceptive methods for the first time, i.e. 72% of the cases who received counselling. In Karisimbi (42%) the prevention activities were quite low due to the strike of health personnel. In Kirotshe (87%), the rate of using PF methods is high due to the high number of intervening actors in this health zone.

Pathway 3: Governance and Advocacy

Outcome 3: Governance & Advocacy: Improving (S)GBV governance and prioritisation (advocacy) for resource mobilisation based on improved data collection and evidence.

a. Main activities

- ❖ Holding of 6 technical meetings with the provincial gender divisions of North (4) and South Kivu (2) with the aim of revitalising the coordination meetings for the fight against SGBV in South Kivu and its organisation in North Kivu.
- ❖ Holding of 6 coordination meetings to combat SGBV in North (4) and South Kivu (2).
- ❖ Support for the training of 55 managers and focal points of the provincial gender ministries, including 25 in North Kivu (13 women, 12 men) and 20 in South Kivu (7 women, 13 men) on the referral circuit and on tools for collecting data on SGBV.
- ❖ Financial and technical support for 4 supervision missions of the provincial gender divisions of North and South Kivu relating to activities to prevent and combat sexual violence, as well as monitoring the collection of SGBV data in the intervention zones.
- ❖ Holding of 2 meetings of the project steering committee in North and South Kivu, chaired respectively by the head of the Gender Division and the representative of the General Commissioner for Gender.
- ❖ Organisation of the joint mission to assess the project's achievements in the field led by government officials, mainly from the provincial ministries of gender and health.
- ❖ Organisation of 4 monthly meetings with the different project implementing partners and consortium members.
- ❖ Organisation of the workshop to develop the project's advocacy plan.

Pathway 4: Community Mobilisation

Outcome 4: Community mobilization to foster gender transformation processes, reduce stigma and gain broad community support for the protection of survivors of (S)GBV.

Main activities

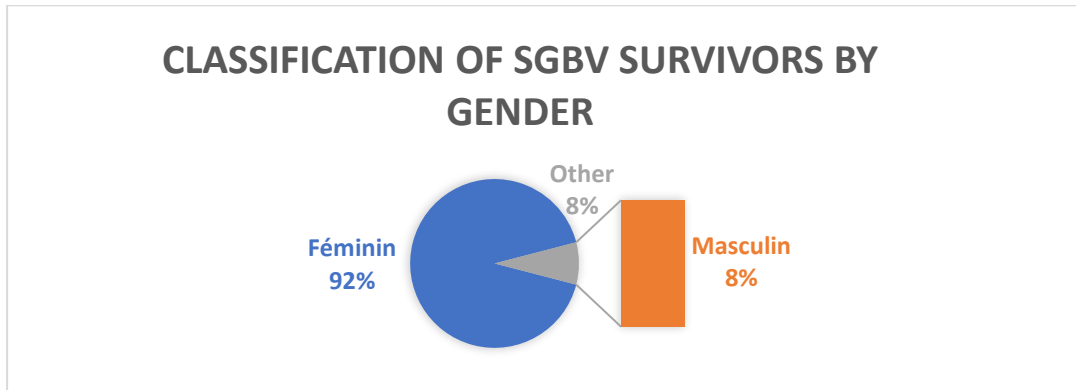
- ❖ 24 Protective communities set up jointly with the project partners in the 24 project health areas.
- ❖ 2 Meetings organised between the staff of the health areas and the members of the protective communities, which brought together 360 participants (183 women, 177 men), of which 72 health care providers and 288 members of the protective communities.
- ❖ 4 Radio programmes produced and broadcasted by 8 community radio partners. Advertising spots were broadcasted 3 times a day.
- ❖ 1 Feedback session on the knowledge acquired during the training workshop on prevention, protection and response to SGBV to all members of the different health areas. The feedback has been done by 5 members representing the protective community who had been trained initially to their colleagues (i.e. 7 remaining members) under the supervision of the iPeace supervisor.
- ❖ 2 Outreach missions carried out by community members. 478 people (220 women, 258 men) were sensitised in all 6 project health zones.
- ❖ Establishment of an operational (alternative) free phone number/hotline: + 243-896-089-999.
- ❖ Development of a case registration database of the hotline.
- ❖ Integration in the database of a mapping of people involved in the response to SGBV.

- ❖ 161 Referrals (148 women, 13 men) registered through the hotline.
- ❖ 120 Nehemiah committee members (56 women, 64 men) were trained in the use of the hotline.
- ❖ 120 Members (60 women, 60 men, 5 per health area) of protective communities trained on SGBV prevention, protection and response.
- ❖ Training on the Rape Crisis Counseling application. Out of 120 planned participants, 115 volunteers (47 women, 68 men) completed the training on the application. The 5 remaining planned participants from Isopo (ZS Kamituga) have not been selected in the end given the absence of telephone network in their health area.
- ❖ Training of 30 resilient men's network facilitators (7 women, 23 men).
- ❖ Mentoring of 180 resilient men in 6 project health areas.
- ❖ Organisation of 6 celebrations with 718 persons (283 women, 435 men) among which resilient men, their spouses, community leaders and neighbours.
- ❖ The profiles of the beneficiaries of training on resilient men's networks reveal the following characteristics:
 - The average age of the participants is 37 years. The total number of children is 880, which is an average of 5 children per family.
 - 36.1% of the men identified are known to be violent in their communities, 31.7% of the men identified exercise community power, 21.7% are men known to have integrity in their families and communities and 10.6% are members of protective communities.
 - 92% of participants in North Kivu are monogamous while 8% are polygamous. For South Kivu province, 93% of participants are monogamous while 7% are polygamous.
 - 60.6% of the participants have primary education, 21.7% have secondary education, 11.1% have university education, 6.7% are without formal education.
- ❖ Recruitment, contracting and mentoring of 24 youth CBOs in the 6 project health zones.
- ❖ Assessment of the capacity of youth associations on SRHR through the 3-dimensional assessment tool revealing an average of 32.1%.³
- ❖ Training of 48 youth supervisors (23 girls, 25 boys) in safe spaces on Comprehensive Sexuality Education (CSE).
- ❖ Training of 136 parents and religious leaders (46 women, 90 men) on the emotional and relational development of children in families.
- ❖ Establishment and operation of the 24 youth safe spaces in the 24 CBOs.
- ❖ 2 Quarterly performance reviews of the 24 CBOs.
- ❖ An evaluation of the card score of the 24 CBOs/safe spaces.
- ❖ The holding of 1216 CSE sessions in the 24 CBOs by CSE supervisors and the holding of 475 key population sessions in the 6 project health zones. 1985 young people (1367 girls, 618 boys) attended the CSE sessions.
- ❖ Awareness raising and referral of 665 young people on SRH in the 6 health zones of the project.
- ❖ Monitoring and supervision of the C sessions held in the 24 CBOs.

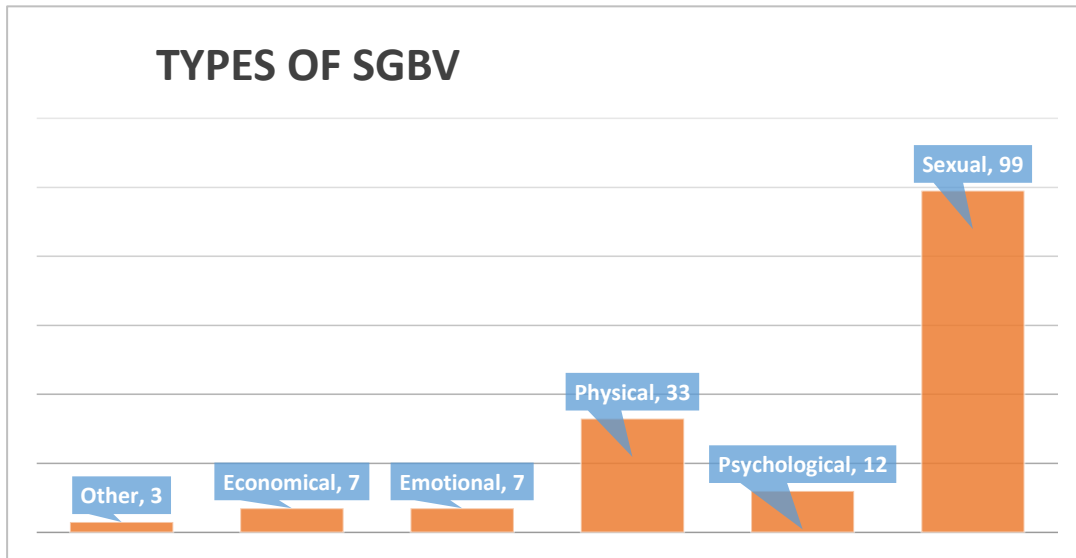
³ 1) Knowledge or SRH thematic, 2) Advocacy and youth mobilization, 3) Advocacy objectives – Plan - Strategy

b. Data

b.1. Hotline data

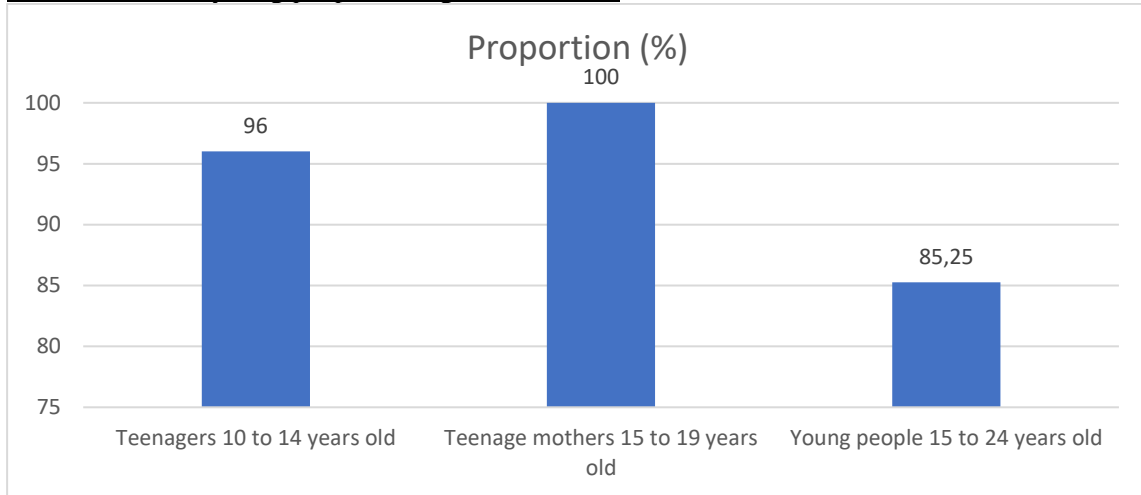


Comment: The above graph shows the gender distribution of SGBV survivors reported through the hotline. With regard to the complaints received during the last 4 months of the year 2021, 148 cases (92%) are female and only 13 cases (8%) are male. Women continue to suffer more from SGBV compared to men.



Comment: During the months of September, October and November 2021, sexual violence was the most experienced of all other types of SGBV: 99 out of 161 survivors experienced sexual violence, 33 experienced physical violence, 12 experienced psychological violence, 7 experienced emotional violence and 7 experienced economic violence, while 3 people experienced violence other than the five types named.

b.2. Retention of young people during CSE sessions



Comment: This graph shows that the retention rate of teenage mothers is highest (100%) and higher than that of teenagers aged 10 to 14 (96%) and young people aged 15 to 24 (85.25%). This can be explained due to the fact that teenage mothers are the most available and mostly independent (the majority live outside their respective families) and follow the CSE sessions in the mornings. The other young people are mostly pupils, live with their parents and may be faced with certain situations at school (additional lessons, remedial lessons, etc.) because they attend CSE sessions in the afternoons.

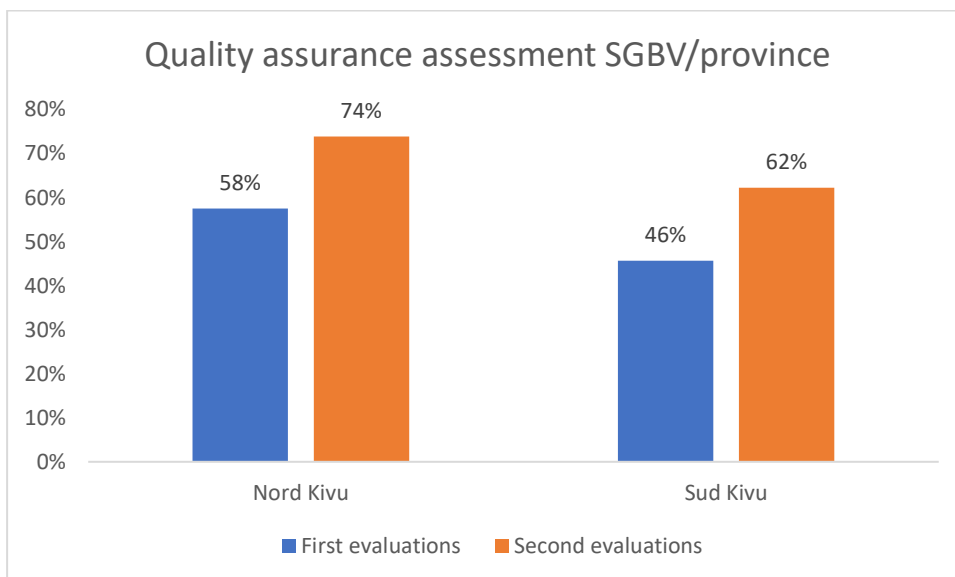
C. Project results - Analysis of performance indicators

Intermediate results

At this stage of the project, some intermediate results have been produced. These are the results based on the score card evaluations, the satisfaction surveys of the survivors who benefited from the services.

The results are as follows:

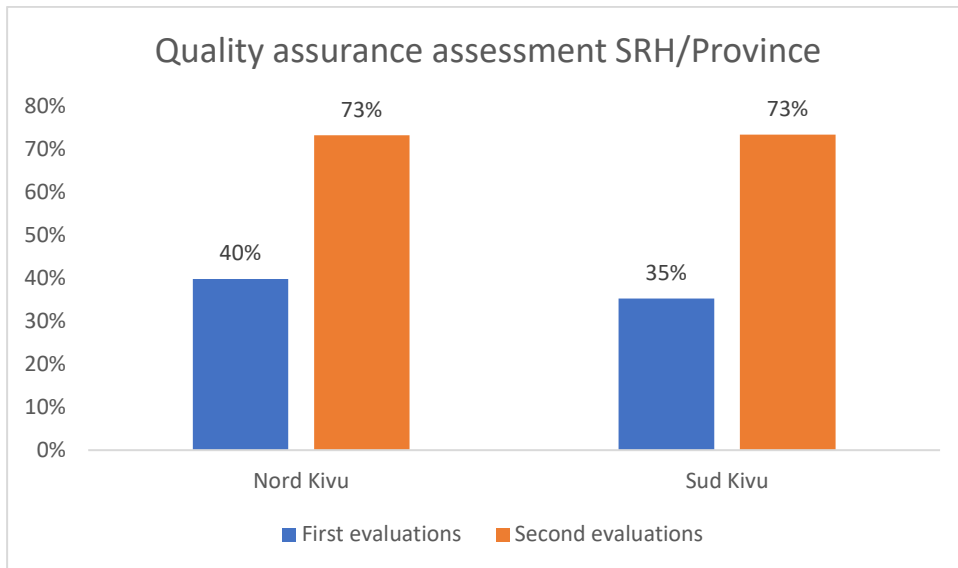
a. Evaluation Scorecard SGBV



We noted an improvement in the results of the second quality assurance assessments of SGBV services in October 2021 compared to the first assessments in both provinces in April 2021. For the first assessments, we have an average score of 52% for the two provinces, i.e. 58% in North Kivu and 46% in South Kivu. For the second evaluations, we have an average score of 68%, i.e. 74% in North Kivu

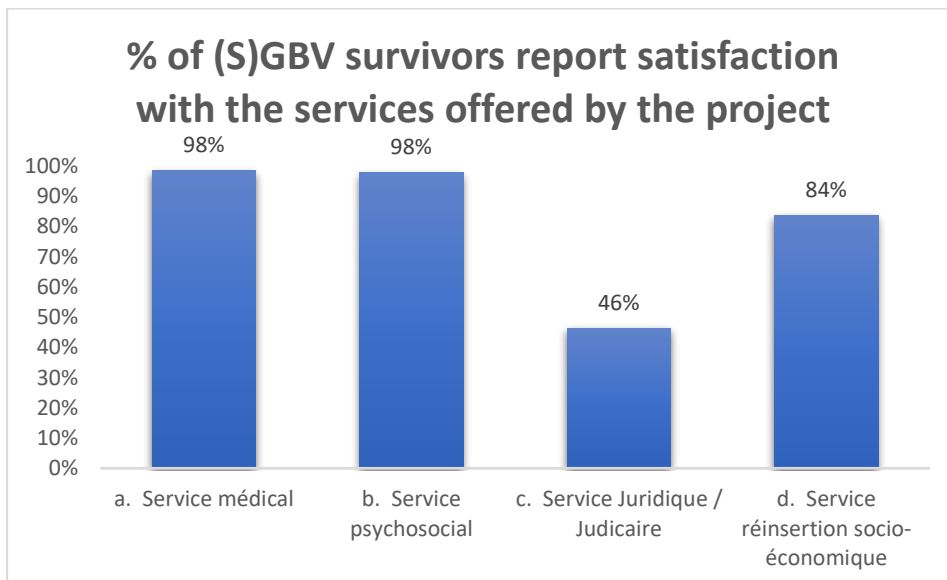
and 62% in South Kivu. The objective being to reach 80%, 5 out of 32 health facilities (3 health centres and 2 OSC) evaluated demonstrated more than 80% quality assurance score for SGBV services.

b. Evaluation Scorecard SRH



For the quality assurance evaluations of SRH services, we note that for the first evaluations in April 2021 we have an average of 38% for the two provinces, i.e. 40% in North Kivu and 35% in South Kivu. And for the second evaluations in October 2021, we have an average of 73% for the two provinces, i.e. 73% in North Kivu and 73% in South Kivu. The objective being to reach 80%, 4 out of 26 health structures (2 health centres and 2 OSC) evaluated demonstrated more than 80% quality assurance score for SRH services.

c. Satisfaction survey of beneficiaries of VSBG services



Overall, 81% of SGBV survivors stated that they were satisfied with the services offered by the project: 97% in North Kivu and 68% in South Kivu. The justice services are low (46%) for the following reasons: cumbersome legal procedures, strike by clerks (South Kivu), the state of siege in North Kivu (insufficiency of military magistrates), and an unfair judicial system.

Immediate results (outcomes and outputs)

The following results are based on the performance indicator tracking which is attached for details.

Pathway 1: Multisectoral response to (S)GBV

Specific objective 1: Empower GBV survivors and strengthen their resilience capacities through holistic GBV management within OSC and other referral and counter-referral mechanisms.

At this level, the following results can be noted:

- 84% of survivors received a holistic response (2 or 3 services) according to their needs.

At the output level, the following results were achieved:

- 2/8 OSC met the standard of over 80% quality assurance score;
- 1523/4973 (31%) of new SGBV cases were reported in health facilities including OSC;
- 100% of OSC installed and operational;
- 20913/65619 (32%) of targeted clients consulted FP services;
- 5/6 (83%) installed transit houses are functional;
- 168% of service providers (medical and psychosocial) and 120% of legal/judicial staff were trained. The project trained more people than originally planned.
- 25/24 (104%) AVEC are installed and functioning;
- The hotline is up and running 120/48 (250%) of community members have been trained in its operation;
- 100% of the health facilities display the complete checklist with manuals, SOPs and clinical tools;
- 91% of the clinical providers have improved and maintained quality in the practice of working with survivors of (S)GBV.

Pathway 2: Health System Strengthening

Specific objective 2: Strengthen health systems to support the provision of SRH services and promote continuous availability and affordability of SRH commodities to enhance the realization of human rights, including women's rights, to be able to make an informed and free choice regarding their SRH, including the use of contraception.

In terms of results, the baseline assessment of the quality of SRH services in the project-supported facilities showed an average quality score of 38%. The results (73%) obtained during the second surveys and evaluations assessed the professional competence of the providers and the quality of the services offered to the beneficiaries and verified the improvement in performance and quality over time as a result of the project support.

At the output level, the following results were achieved:

- 135% of key health centre staff have been trained in gender-sensitive and youth-friendly SRH services. The project trained more people than originally planned;
- 100% of health facilities with youth-friendly spaces in place;
- 105% of the providers were trained in SCM at the level of the central offices of the health zones and health facilities;
- The number of days out of stock is high at 5⁴;
- 83% of the Distribution Axis Committees installed are functional;
- 100% of the CTMP's logistics and information sub-committees are functional.

⁴ This for several reasons: (1) irregular supply of family planning inputs by Chemonics (Prosani project), (2) delay in the delivery (end of November 2021) of products ordered by the S-3G project, (3) the strike of the health personnel resulting in the non-reporting of data did not allow us to be able to prevent these ruptures in time.

Pathway 3: Governance and Advocacy

Specific objective 3: Strengthen the effectiveness of provincial coordination and governance on GBV in order to allow actors involved in the fight against GBV to put in place strategies for prevention and response to (S)GBV.

At the output level, the following results are noted:

- A comprehensive assessment was conducted resulting in the development of a priority activity plan;
- A customer needs and satisfaction assessment was conducted;
- 100% of targeted provincial Gender Working Group meetings were held;
- 100% of the SRHR platform meetings were held;
- 183% of provincial and territorial encoders were trained in data collection and processing techniques. This is an increase in the initially expected number of persons as the budget could cover more persons than initially planned;
- 7% of the clients benefiting from the services say they were referred by the partner structures;
- 50% of coordination meetings including health centre staff, women's groups and community representatives were conducted;
- 100% of the state structures have improved the card score by more than 80%.

Pathway 4: Community Mobilisation

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

75% Of women and men in the resilient men's networks reported improved decision-making in their households.

Even though the activities related to this pathway started with a slight delay due to the identification and administrative contracting processes with local organisations carrying out most of the activities of this pathway, the following results were achieved on output level:

- 100% of safe spaces for young people established and functional;
- 100% of local youth associations supported and supervised;
- 87% of members of resilient men's groups are committed to positive masculinity and gender equity;
- 120/120 (100%) of community focal points (CODESA-SGBV) have been trained on prevention, protection and response to SGBV;
- 141% of community members (parents and religious leaders) are trained and 94% are actively involved the promotion of SRHR of adolescents and youth;
- 18/24 (75%) radio programmes were broadcasted;
- 115/120 (96%) of the volunteer counsellors have access to the Rape Counseling application and are trained to use it.

D. Project successes

D.1. Beneficiary testimonies at the health facility level (consent has been obtained)

Success N° 3 Y1/Code: *STTTO5 / AS. KITSHANGA*

Profession: Student
 Age: 14 years
 Marital status: single
 Type of incident: rape
 Date of incident: January 2021
 Listening date: 1^{er} September 2021
 Title of the story: Saving from despair (I almost underestimated myself)
 Case received in OSC KITSHANGA)

My name is STTTO5, I am 14 years old, the only daughter of my family, and throughout my childhood I was the object of the attentive care of a mother who had hopes for me. One day, my mother decided to send me to school in Burungu, where I stayed with my cousin, who had a shop on the premises, where I often went after school hours. In January 2021, I was asked to spend the night in the shop and unfortunately a young man from the neighbourhood came and sexually assaulted me, he took me by force and ended up sleeping with me and as it was my first time to know a man, I started to develop a strong guilt followed by physiological discomfort.

Taking into account the suffering and humiliation, my tendency was to believe that life was meaningless, if I denounced, I would be condemned, I had nothing to live for, ... In the long run, my cousin suspected something and she called my mother, they found out that I was pregnant. My cousin and my mother were disappointed, I went through hard times characterised by social withdrawal, guilt and feelings of self-sabotage; I no longer believed that my life could become useful, I decided to ask my mother for forgiveness but alas because he had just been so sorry for me. While insisting and showing her that it was beyond my control, she understood me but she asked me to join my mother finally to wait for the day of delivery because I could not go to school anymore. A few months later, my mother suggested that I go to the hospital to start the pre-natal consultations, I understood that my mother still cared about me and the only action for me was to submit to her to see if I could gain the trust I had abused. From time to time I wondered what kind of mother I would be in a short time? Will I still have a chance to go to school? And if so, will I still succeed as before? As my mother still had an affection for me, on 1 September 2021 she took me to the Kitshanga referral health centre where I was treated but the lack of confidence in me still persisted.

While I was still in the hospital, the paralegal from Heal Africa came to listen to me and find out my real problem, unfortunately I was not willing because the psychological suffering was really intense, she just talked to my mother. She in turn referred me to the psychosocial support service where I found the psychologist who helped me. That day I started to understand that my life can still have a meaning and that I can recover my emotional stability. Thanks to her support, today I have taken my time, I have learnt to trust myself, I already have my baby and I have become the mother of a little girl.

I sincerely thank Heal Africa's S-3G project for this great action in favour of the oppressed in the Mweso health area.

Success N°4 Y1/Code : RKTVO71 / MILITARY HOSPITAL

Profession: Student
 Age: 37 years
 Marital status : Widow
 Type of incident: psychological violence
 Incident date: January 2021
 Listening date: 29 October 2021
 Title of the Story: Saving from depression

My name is RKTVO71, 37 years old, my mother's seventh daughter, "I have been a widow for several years on top of this misfortune comes this life again". "My father died when I was one year old and I grew up with difficulties and as soon as I got married my husband died too. For some time a provincial deputy showed up who wants me to sell him our family plot..., as I didn't agree and he is financially, politically strong, he gave the order to policemen and soldiers to drag me on the ground with kicks and slaps. Since this incident, I have been bleeding, I can no longer sleep, I can no longer do my work to survive This emotional suffering and humiliations; for me the solution was to commit suicide as I could not face a rich and politically strong man.

All the time I'm answering the appointment of the psychologist at the military hospital, who always listens to me and encourages me when I talk to him about my problem, I understand that what happened to me is only an incident that does not depend on my will. Since the different appointments I understand that my life is changing and I am becoming more and more stable emotionally and physically. I am beginning to trust myself and my parents and this is thanks to her support. I sincerely thank the S-3G project for its great action in my favour

Thanks to the S-3G project for its presence at the military hospital in Goma.

Success N°1 /Code: AHTH-4 / OSC KITSHANGA

Miss Neema MABUNDA, a 19-year-old teenage mother supervised in the UJAM safe space of the Methodist health area in the Karisimbi health zone gives her testimony after the training on "Like Pamela". For Neema, Pamela's story coincides with her own life. She became pregnant at the age of 17, she was isolated from her family for a lonely life without friends or contacts. The feeling of guilt is an inner wound in her, carried away by anger against all members of her family, especially her own parents. After the coaching, Neema did not hide her feelings and saw fit to give her testimony, she reconciled with her parents, made friends and became an ambassador and sensitiser for her peers who are more affected than she is. Very grateful for this moral reintegration, she thanks "Stabilité-3G" for the opportunity offered to her to recover her humanity which was taken away from her by the consequences of youthful adventures

D.2 Success story of resilient men

I am a P13 participant of the "Wanaume Tusonge Mbele" group in Tchofi. I have just received positive experiences through the exchanges of the community discussions of LP⁵ groups that really help me to improve my relationships in the family and at home. I am committed to involving my wife in family decision making, creating new rules together in my family and sharing with other community members on violence reduction and how to deal with emotions positively. I have become responsible in my home towards my wife and children. I thank you very much.

I am a P5 participant in the "Umoja ni nguvu A" group in the Murara health area: since my integration and participation in the various sessions, I have decided to start involving my wife in all decisions and initiatives. I am no longer violent towards my wife, such as slapping her, insulting her, ... as far as sexuality is concerned, we agree on everything first. I have adopted a principle that I must collaborate with my wife in carrying out certain tasks at home.

Some testimonies from the wives from resilient men

MU/GRO2/EP5: I thank the 'Union fait la force' group because my husband has changed completely through the guidance he received in this group. He did not know the value of women in our families. Today my husband does housework like helping me wash clothes, he involves me in planning family activities, I really thank the Living Peace group.

MU/GR02/EP3: "I am very grateful to this men's group because a lot has changed. My husband always came home late at night and forced me to have sex. Now he prepares me before having sex. My husband could not involve me in the financial management of the house and had bad companies. Now he has given up these bad companies and works for the family.

SB/GR01/P11: "This group helped me a lot because my husband did not show me his salary. Today things are very good. My husband could never play with the children, today I see the change. My husband could not give me the ration. Today if he earns even 500 CFA he brings it home. He used to be aggressive, today he is humble. Before, when I was pregnant, he couldn't buy me clothes or a baby. We could never walk together. Today we go into the shower together and we share food together. I really thank you very much.

ME/GRO1/P2: "... my husband has just changed his attitudes and behaviour positively. He used to be a real drunk in the community but thanks to the group exchanges of the LP community discussions, he has reduced his alcohol intake significantly. He doesn't come home late anymore and our family relations are good at home. He has started to give me time for dialogue and listens to my ideas in the family.

⁵ Living Peace

TC/GR01/F3 is the wife of a participant in the 'wanawume tusonge mbele' group in the Tchofi health area. "Since my husband's participation in this men's group, he has changed in all respects: he no longer hits me, he has started to show me money, he helps me to do work. We work together, he has stopped taking the toxic products that contributed to his aggressiveness towards me and the children".

E. Capacity building

During the reporting year, capacity building activities included the following:

- ❖ Monitoring of the assignment of clinical psychologists to health structures with a view to their effective integration into the system. This was done in the health zones of Kirotshe, Mweso, Kamituga, Kalehe and Ruzizi.
- ❖ The establishment of OSC in hospitals and referral health centres with a psychosocial officer (case manager) at the centre of the referral circuit. This facilitates case management, ensures confidentiality and relieves survivors of the stress of telling their story at every contact.
- ❖ Selecting and building the capacity of psychosocial workers as part of the health facility, thereby making the facility more accountable for survivor care and integrating it as an activity in the health centre's minimum package.
- ❖ Selection of existing youth structures working in SRHR with low organisational capacity to support and equip them to offer the required information and skills on SRHR to the young people in their care.
- ❖ Supporting these youth grassroots organisations to be effective in providing adequate information and knowledge on SRHR to young people in selected communities.
- ❖ Effective integration of activities to address the SRH problems of young people in the 24 project health facilities.
- ❖ Establishment of a framework for collaboration between health centre nurses and youth associations by strengthening the capacities of the actors of these two structures.
- ❖ Capacity building of two people per youth facility and fostering good communication between youth facilities and health centres, including OSC, in terms of referral and care for young people and adolescents.
- ❖ Support to the CTMP-FP and in particular the logistics sub-committee to enable International Non-Governmental Organisations to develop the FP commodity quantification document and organise redeployment to address the shortage of supplies in health zones.
- ❖ Setting up community structures that can work on resilience to GBV by training and accompanying them.
- ❖ Accompaniment of two provincial gender divisions, North Kivu and South Kivu, which organised quarterly meetings dealing with GBV issues and data validation.
- ❖ Thanks to the training organised by ARQ International on mental health and psychosocial care as well as the training on stress management, the staff of two mental health programmes in North and South Kivu as well as the clinical psychologists in the health zones are able to accompany the providers in the health structures to manage their stress on a daily basis and not only in relation to the care of survivors of sexual violence.

The following are some of the outcomes of some of the training courses held during the reporting period:

- ❖ **Training on the medical management protocol:** The training shows a clear progression of participants at the end of the seminar-workshop: the average score increased from 50% to 64%, i.e. a gain of 14% for the training organised in Goma and Bukavu with participants from Karisimbi, Kirotshe, Mweso, Kalehe and Ruzizi. Clear progress was made by participants in the Kamituga health zone at the end of the seminar-workshop: the average score increased from 49% to 63.2%, a gain of 14.2%.
- ❖ **Training on sexually transmitted infections:** 80 participants (45 women, 35 men) were strengthened in terms of their capacity to treat STI in the 6 project health zones. The training shows

a clear progression made by the participants at the end of the seminar-workshop: the average score went up from 50% to 64%, a gain of 14%. Given the results of the STI training in Goma for providers in the Karisimbi, Kirotshé and Mweso health zones, it is clear that the training was worthwhile: a 53% success rate in the pre-test compared to 95% in the post-test, i.e. a gain of 42% of which a gain of 3 for the lowest score, 5 for the highest score and 6 for the average score. Regarding the same training organized in Bukavu for the providers of Kalehe and Ruzizi, clear progress was made by the participants at the end of the workshop: the average score went from 17% to 68%, a gain of 51%. The average score rose from 26% to 48%, a net improvement of 22%. The analysis of the results proves the relevance of all the training sessions organised, which helped to strengthen the capacity of health care providers to improve the quality of services offered to survivors of sexual violence.

- ❖ **Training of paralegals:** In response to the need expressed by the paralegals and to effectively meet the project's expectations, strengthening their knowledge and skills was of paramount importance to play their role as companions to survivors of sexual violence and to act as intermediaries between the beneficiaries who have consented to legal support, the legal supervisor and the legal clinics identified by the project. The training focused on reminding them of the instructions, legal procedures, the constitution of legal files and the establishment of a communication mechanism between the paralegal, the survivors of sexual violence, the legal clinic and the judicial authorities. A total of 11 people (3 women, 8 men) participated in the training.
- ❖ **Training of young people from youth associations on sexual health rights:** 48 youth leaders were empowered to conduct CSE sessions with young people according to their vulnerability and age groups. The pre-test average was 43% and the post-test average was 67%.
- ❖ **Training of parents and religious leaders:** 136 parents and religious leaders were trained on the emotional and relational development of children in the family to enable them to accompany their own children in CSE but also to sensitise other parents and religious leaders to carry out their tasks of educating their children on sexuality.
- ❖ **Training for service providers on supply chain management** of 268 health care providers (2 per health area trained on supply chain management). The modules covered were the following: health product safety, introduction to the logistics system/health product supply chain, logistics management information system, elements of the drug management cycle, development of the improvement plan, know-how and waste management.
- ❖ **Training of Nehemia committees:** 120 members (5 per health area) of protective communities were trained on SGBV prevention, protection and response. The module covered several topics: definition of concepts (violence, sexual violence, gender, sex, GBV, victim/survivor, etc.), causes, factors, consequences and case management of SGBV, prevention strategy, fighting SGBV.
- ❖ **Training on the use of the hotline.** 120 Nehemiah committee members (56 women, 64 men) were trained in the use of the hotline. The hotline or free phone number is one of the EU mechanisms for reporting SGBV cases. The use of the hotline requires knowledge of several aspects for its best use: guidelines for managing the line, receiving and managing information, information transmission scheme, alternative procedures, coding/numbering of feed backs, appeal procedures, recording and categorising feedbacks, reporting.
- ❖ **Training with the Rape Crisis Counselling application.** Out of 120 planned participants, 115 volunteers were trained on the application. This was to help them to better sensitise community members on the issues of gender-based violence and community resilience to these issues. The Rape Crisis Counseling app provides support to survivors and their advocates in navigating emergency health care services following a sexual assault.
- ❖ **Training of Resilient Men Facilitators.** The aim of the training is to support the commitment of men, women and youth as well as communities to transform social and cultural norms unfavourable to gender equality and to promote the fight against GBV. In total, 30 people (7 women, 23 men) regularly participated in the different trainings. The average score in the pre-test increased from 24.4% to 59.7% in the post-test in Goma and from 29.7% in the pre-test to 61.1% in the post-test in Bukavu. This proves that there has been an improvement in knowledge of the concepts covered in the training.

F. Alignment with national and regional priorities and synergy with other Great Lakes programmes

F.1. National / regional priorities

- ❖ The activities related to the operation of the OSC are included in the strategic component 5 of the revised national strategy to fight GBV: Ensure the holistic management of survivors. More specifically, in the strategic axes: 1) Ensure case management and psychosocial support for GBV victims; 2) Ensure medical assistance to victims; 3) Ensure case management and referral of victims to judicial structures and their follow-up and 4) Ensure the socio-economic reintegration of GBV survivors.
- ❖ The project's strategic axis 2 aims at institutional strengthening. This automatically leads the project to align itself with national and international standards as well as with the strategic axis: 3) Promote SRHR of women and adolescents of the strategic component 1: Prevent GBV of the revised SNVBG in order to improve results. The following actions show the alignment with the health pyramid: training of trainers on the clinical management of survivors based on the new training module; pools of state trainers for training on SRH and SGBV adapted to young people; use of national training modules; capacity building of service providers in public health facilities; contracting with state partners; capacity building of local organizations in the framework of South-South skills transfer.
- ❖ The activities of axis 3 of the project respond to strategic component 7: Data collection, monitoring and evaluation of the implementation of the SNVBG as well as the institutional framework for the implementation and coordination of the revised SNVBG. These actions are as follows: establishment of the project steering committee chaired by the ministry in charge of gender; validation of data on sexual violence by the gender division; data collection circuit and tools following the standards of the ministry in charge of gender; capacity building of the ministry in charge of gender carried out by its own ministry teams.
- ❖ The actions of the project's strategic axis 4 are part of the strategic axes 2: Engage communities and individuals in a behavioural change towards GBV and 4: Strengthen protection mechanisms of the strategic component 1: Prevent Sexual Violence as well as the strategic axis 3: Involve men in a positive masculinity against violence of the strategic component 2: Strengthen the empowerment of Congolese women of the revised SNVBG.
- ❖ Mental health and psycho-social care is currently considered a priority in the world, for the Ministry of Foreign Affairs of the Kingdom of the Netherlands and even for the World Health Organisation. This component is taken into account in the project and a large organisation such as ARQ International has been assigned to take care of this aspect in the project and works in capacity building of the supervisors and even clinical psychologists.

F.2. Synergies with other projects funded under the Great Lakes Programme and other initiatives

- ❖ ***Collaboration with Care International in the Mawe Tatu project, on :***
 - Selection of youth structures in the Karisimbi health zone.
 - Training of trainers of women's associations on the AVEC and sharing of tools.
 - Reference for young people supervised by Care International for training on CSE.
 - Contribution to their advocacy plan on transforming social norms.
- ❖ ***Harmonisation within Cordaid, ESPER project on :***
 - Feasibility of organising mobile courts on sexual violence by ESPER teams at least one or two cases per year.
 - Referral and counter-referral of cases of sexual violence identified by ESPER's community structures to the health structures supported S-3G.

- Raise awareness in the community of the existence of structures for the management of girls' and women's sexual health issues and the management of sexual violence.
- ❖ **Harmonisation with iPeace**
 - Share the mapping of health facilities to facilitate referral of cases requiring care or contraception for the cities of Bukavu and Goma.
 - Production of videos as part of the visibility of the project.
- ❖ **Collaboration with Benevolencia and ESPER**
 - Definition of partnership lines for the production and broadcasting of radio awareness sessions and political engagement programmes on GBV issues to be produced by Benevolencia.
- ❖ **Collaboration with Living Peace International**
 - Supervision of the stakeholders of the positive masculinity project.
 - Reference to cases of sexual violence at the military hospital in Goma.
- ❖ **Collaboration with other partners**
 - UNFPA: Contraceptive procurement in North and South Kivu.
 - Panzi Foundation: The holding of mobile court hearings on sexual violence in Mwenga territory (for cases involving Kamituga)
 - IMA World Health: provision of PEP kits in both provinces.
 - Chemonix: Contraceptive supply in South Kivu.
 - UN Women: Supporting the provincial gender division in North Kivu to improve its coordination system.

G. Operational constraints and solutions

During the reporting period, the implementation of the project faced a number of challenges, including

- ❖ ***From a security point of view,*** during the implementation of activities, a relative calm was observed throughout the area of action, although the presence of armed groups was reported in Masisi territory, more specifically in the health zone of Mweso, and in Kalehe territory towards the *haut plateau*. It should be noted that in some areas of intervention, despite a relative lull, human rights violations were reported, the majority of which involved children and women. ***Some community activities have been relocated to safe areas surrounding these communities.***
- ❖ ***At the political level,*** following the insecurity in North Kivu with the massacres and killings in the *grand nord* and in the territories of Masisi and Lubero, as well as in the city of Goma, more precisely in the commune of Karisimbi, the Congolese government has declared a state of siege, with the army managing the province and the territories. ***Permanent contact is maintained with the new authorities through some key project partners.***
- ❖ ***In terms of health,*** the project was implemented in the context of the Covid-19 pandemic, of which a third wave had been declared in the DRC, but especially in the two intervention provinces of North and South Kivu. These two provinces continue to record cases of coronavirus and ask the population to respect the barrier measures to avoid contamination. Several cases also got reported in the Goma / Bukavu Cordaid offices requiring disinfection of the offices and vehicles and staff to work temporarily from home. We have taken advantage of our visits to the sites to share messages on precautions and barrier measures. This virus has had an impact on all commercial, humanitarian and socio-economic activities. ***All project activities are carried out with respect to barrier measures, social distancing, mandatory hand washing and mask wearing.***
- ❖ ***In terms of infrastructure,*** we noted accessibility to the project's health areas, except for the road in the Kamituga health area, which is currently being rehabilitated. As work is still ongoing, in the Isopo health area, the project team has to use motorbikes each time as it is inaccessible by vehicle. The same applies to the Ndunda health area in the Ruzizi health zone. ***We have opted for integrated and long-term activities for interventions in the Kamituga health zone and the use of motorbikes for the movement of the teams in Isopo and Ndunda.***
- ❖ The province of North Kivu, more precisely in the city of Goma (the health zone of Karisimbi), experienced a natural calamity following the volcanic eruption of the Nyiragongo volcano, which caused the displacement of the population towards the province of South Kivu and the neighbouring

territories of Rutshuru, Masisi and towards Rwanda. This movement paralysed the socio-economic and health situation of the population of Goma and led to a humanitarian crisis, which resulted in sexual and gender-based violence in the IDP camps. ***Emergency assistance in terms of PEP kits was provided to these*** survivors of sexual and gender-based violence and regular close monitoring of the situation was carried out ***by the project coordination team.***

- ❖ The lengthy processes of preparing and approving the budget reallocation led to delays in finalising and signing contracts with some key partners, which resulted in a delay in the implementation of most activities at EU level (pathway 4). ***An acceleration plan has been put in place until November 2021.***

H. Lessons learned

- The S-3G project is a new experiment in health system strengthening where psychosocial workers, doctors and psychologists are hired by the Health Zone and the Public Health Division and the Mental Health Programme, as well as a new experiment in placing lawyers working in hospitals for holistic and comprehensive management of SGBV cases.
- Good communication, information sharing and transparency between all implementing partners are key factors for the successful implementation of a consortium project such as S-3G. For example, it was one of the project's implementing partners who alerted the SGBV sub-cluster, the DPS / PNSR South Kivu and the project coordination about the implementation of another SGBV project adopting the same approach as S-3G in the Kalehe health zone. This made it possible to convene a harmonisation meeting between all partners working in this health zone.
- Good collaboration and communication between project partners lead to the achievement of results.
- Care becomes increasingly professional and efficient when there is weekly contact between case managers and supervisors,
- The psychological management of GBV cases requires a permanent service and provider in the safe space.
- The permanent contact between the clinical psychologist, the safe house counsellor and the PSA produces positive results in the psychosocial and mental health care for GBV cases.
- The positioning of dignity kits, PEP kits and other inputs in the intervention zones reassures providers of a good response to possible GBV incidents.
- The respect of inter-agency guidelines in the management of GBV cases, as well as the national protocol for the psychosocial and mental health management of cases, makes interventions efficient within safe spaces and in the entire community.
- Effectiveness of OSC in all hospitals in the S-3G project health zones ensures that authorities such as the police and the community refer cases of sexual violence safely to use the available services.
- The involvement of state and non-state actors in the implementation of the project, such as public prosecutors and courts, improves the referral circuit.
- The close collaboration between the project and the staff of the Kamituga court (prosecutor's office and court) has influenced the sexual violence cases by integrating them into the mobile court hearing organised by the Panzi Foundation in Mwenga, an opportunity to obtain the judgment and conviction of the perpetrators of rape.
- The pharmacist of Heal Africa's tertiary hospital benefited from the training on drug SCM organised by Cordaid and the DPS is able to manage waste well as out-of-use medicines require proper management during disposal, He also received the basics of INFOMED⁶, the data visualization and decision-making tool, it is of major importance to set up the drug reporting system useful to Heal Africa hospital, also the rational allocation of revenue from drug disposal. This has improved the way it works.

⁶ INFOMED is a software used in the framework of the management of the drug supply chain which makes it possible to analyze data relating to the management of drugs at all levels: health zones, province and national.

I. Sustainability

To ensure sustainability, the S-3G project has set up a system of working with existing sustainable structures.

1) Pathway 1:

- Establishment of OSCs in state structures with the providers of these health facilities integrated into the structures.

2) Pathway 2:

- Capacity building of provincial executives as trainers on national modules.
- Capacity building of health facility providers: at least 2 providers per health facility.
- Strengthening of contraceptive supply systems following the pattern described at the provincial level through meetings of the technical committees of the CTMP-PF.
- Involvement of recognised community structures for the transport of inputs.

3) Pathway 3:

- Alignment with the national gender strategic plan by giving the Ministry of Gender the chair of the steering committee.
- Capacity building on data collection following the process established by the gender division.
- Strengthening of gender coordination meetings chaired by the division.
- Support for the development of the roadmap for gender promotion at provincial level.

4) Pathway 4:

- Selection and strengthening of sustainable community structures (basic youth associations, protective communities, women's groups).

J. Risk management and challenges

The risks and challenges of the project during the implementation period are as follows:

- 1) Difficult geographical access for the Kamituga health zone: setting up a system for organising combined missions to carry out all the activities planned for this site over a long period.
- 2) Security access problematic in the Mweso health zone: visit of accessible facilities and remote supervision of providers in hard-to-reach facilities.
- 3) Rotation of health zone managers during implementation: organisation of orientation sessions on the project for newly assigned managers.
- 4) Presence of another partner in Kalehe using the direct intervention approach without any contact with the Ministry of Health: coordination meeting with UNFPA, DPS, Health Zone, HGR for harmonisation.
- 5) Delay in project implementation: acceleration plan put in place.

K. Planning for next year

The major activities planned for the next semester are the following:

- Mid-term evaluation of the project;
- Monitoring the quality of services and activities;
- Implementation of the advocacy plan at local, provincial and national level;
- Analysis and monitoring of conflict sensitivity.