

**Embassy of the Kingdom of the Netherlands, Kigali**  
**Great Lakes Regional Programme - SRHR**

**NARRATIVE REPORT**

**BI-ANNUAL - YEAR 2**

**JULY 2022**

<b>Project title:</b> Stability - 3 G (Gender & Community Guarantee, One-Stop Centers and Supply Chain Management of essential SRH commodities)	
<b>Project number:</b> 200659	
<b>Intervention areas:</b> (1) North Kivu: Karisimbi, Kirotshe and Mweso health zones. (2) South Kivu: Kalehe, Kamituga and Ruzizi health zones	
<b>Lead organisation:</b> Cordaid	
<b>Contact details:</b> Alexander DAVEY, Country Director DR Congo. Tel: +243 977 735 927. E-mail: alexander.davey@cordaid.org	
<b>Implementing partners:</b> Heal Africa, iPeace, LPI, PAP DRC and SOS SIDA	
<b>Technical partners:</b> ARQ International, PNAM / Provincial Health Divisions North Kivu and South Kivu	
<b>Total project budget:</b> 5 350 000 Euro <b>Estimated project budget for the current year:</b> 2 661 753 Euro	
<b>Project goal:</b> 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.	
<b>Project duration:</b> 28 months <b>Start date:</b> 01 November 2020 <b>End:</b> 31 March 2023	<b>Report Type:</b> Narrative <b>Reporting period:</b> 01 December 2021 to 31 May 2022

## **Abbreviations**

ABA	: American Bar Association
AYSRHR	: Adolescent and Youth Sexual and Reproductive Health and Rights
CBO	: Community Based Organisation
CF	: Congolese Franc
CTMP-PF	: Permanent Multisectoral Technical Committee for Repositioning of Family Planning
DRC	: Democratic Republic of Congo
EKN	: Embassy of the Kingdom of the Netherlands
FP	: Family Planning
HC	: Health Centre
HZ	: Health Zone
IGA	: Income Generating Activities
IMA	: International Medical Association
iPeace	: Initiative for Peace and Human Rights
LPI	: Living Peace Institute
NC	: New Cases
NK	: North Kivu
OSC	: One Stop Centre
PAP DRC	: Programme d'Appui au Développement des Populations Forestières en RDC, les Pygmées Aussi
PEP Kit	: Post Exposure Prophylaxis Kit
PNAM	: National Programme for the Supply of Essential Medicines
PR	: Penal Role
RECL	: Role of Children in Conflict with the Law
RMP	: Role of the Public Ministry
RTCT	: Radio Télévision Communautaire Tayna
SCM	: Supply Chain Management
(S)GBV	: (Sexual) and Gender-based Violence
SK	: South Kivu
SRHR	: Sexual and Reproductive Health and Rights
SVS	: Sexual Violence Survivor
UNFPA	: United Nations Population Fund
USAID	: United States Agency for International Development
USD	: US Dollar
VSLA	: Village Savings and Loan Association

## A. Major developments

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

During the reporting period, the **security situation** was very volatile, with pockets of insecurity in various places, notably the Mweso, Kirotshe and Ruzizi health zones. These periods of insecurity, characterised by kidnappings of the population and even affecting humanitarian staff, led to a temporary suspension of missions to the field, and the S-3G project staff were not spared. The consequences for the project included a reduction in the frequency of monitoring activities in the above-mentioned areas.

In addition, the Kamituga health zone also experienced periods of difficult **geographical access** following the deterioration of the road during the rainy season, which led to the extension of the missions of some field staff.

Furthermore, on the **political level**, the province of North Kivu (NK) remains under a state of siege and is therefore ruled by a military governor, which slows down the processing of judicial cases, since only the military court is assigned to deal with judicial cases. Apart from the state of siege, NK also suffers from insecurity in its northern part due to the incursion of the M23 rebels, which has led to a massive displacement of the population towards Goma, though without any direct consequences on the implementation of the project. In South Kivu (SK), the period was more or less calm apart from a few pockets of tension, especially in the first half of the year, characterised by protest marches by the population against the reinstatement of the once suspended provincial governor. Nevertheless, the political situation in this province normalised in the second half of the year.

On the **health front**, December was characterised by a resurgence of the Covid-19 pandemic, the third wave, in both provinces, followed by a considerable drop in positive cases from the end of January onwards. Currently, the pandemic is in a latent state in both provinces with sporadic cases noted at times.

On the **socio-economic level**, the soaring market prices have affected the entire population, especially the most vulnerable, both women and men, since the war between Russia and Ukraine. The activities of the Village Savings and Loan Associations (VSLA) of vulnerable women, especially sexual violence survivors, supported by the project have not been spared. It is in this complicated context that the activities of the S-3G project have been implemented.

### 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 project implemented by a consortium consisting of Cordaid as consortium lead and Heal Africa as consortium member, together with their technical and implementing partners contributing to stability of Eastern DRC, focusing on 32 health facilities in North and South Kivu.

The Stability-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.

During the first six months of the second year of project implementation, the following major activities were carried out:

#### **At the project coordination level:**

- Organisation of the partners orientation workshop, from 25 to 26 January 2022 in Goma, to share the major achievements of the first year of the project as well as the lessons learnt and to jointly determine the priority actions to be carried out to achieve the results for the continuation of the intervention.
- Organisation of two joint missions with the teams from the provincial Ministries of Gender and Health and the project coordination team in NK province, from 25 April 2022 to 02 May 2022, and SK province, from 19 to 30 April 2022, to ascertain achievements on the ground and make recommendations for improvement.
- Organisation of two meetings of the provincial steering committees of the project under the chairmanship of the commissioner in charge of gender (SK) on the 14 May 2022 and the provincial coordinator in charge of gender (NK) on the 10 May 2022.
- Organisation of four monthly meetings to monitor the activities of the project implementing organisations.
- Participation in two SRHR platform meetings organised by the EKN Kigali. The first meeting was held in Bukavu on the 30 March 2022 while the second in Goma on the 6 May 2022.
- Participation in the training on "Conflict Sensitivity" organised by the EKN Kigali and the development of the S-3G project's own conflict management strategy in November 2021 in Goma.

#### **Pathway 1: Multi-sectoral response to SGBV**

- Finalisation of the rehabilitation of the One Stop Centre (OSC) building at the regional military hospital in Goma.
- Signing of contracts with the lead lawyers of four OSC.
- A new six-digit number has been assigned to the hotline.
- Referral and registration of 117 sexual violence survivors through the project's hotline.

#### **Pathway 2: Strengthening the Health System**

- Signing of Memoranda of Understanding with the two provincial health divisions of NK and SK and with the six central offices of the health zones for a period from December 2021 to November 2022.
- Finalisation of the equipment of the youth corners in the 22 structures in six health zones offering family planning services to young people and women. The health centres of Bushuhe and Rubaya (Kirotshe health zone) benefiting from the equipment offered by the Jeune S3 project did not receive this equipment, while a batch of equipment was given to CBK Virunga OSC (Karisimbi health zone) for its AYPSRH service.
- Technical and financial support for the organisation of supervision missions on Adolescent and Youth Sexual and Reproductive Health and Rights (AYSRHR) and SGBV in the six health zones by the National Reproductive Health Programme teams of the two provinces.
- Technical and financial support for the organisation of supervision missions on Supply Chain Management (SCM) in six health zones by teams from the provincial health divisions in two provinces.
- Technical and financial support for the organisation of Permanent Multisectoral Technical Committee for Repositioning of Family Planning (CTMP-PF) meetings in NK and SK as well as meetings of the CTMP-PF sub-commissions.
- Organisation of the monitoring and evaluation mission of SRH activities and SCM by the project teams.
- Monitoring of supplies of contraceptives, Post Exposure Prophylaxis (PEP) kits, antibiotics, vaccines, and consumables in the six project health zones.
- Procurement and distribution of SCM data collection tools in the six project health zones.

#### **Pathway 3: Governance and Advocacy**

- Follow-up on advocacy actions to be carried out at national level with other stakeholders, on the proposal for a specific law on GBV and the institutionalisation of the OSC approach in the national health system, ensuring that the OSC set up by the S-3G project are included in the final document.

- Signing of Memoranda of Understanding with the two provincial gender divisions NK and SK for the period from December 2021 to November 2022.
- Financial support for the meetings of the gender working groups in both provinces.
- Financial support for supervision missions by the two provincial gender divisions in NK and SK.
- Accompanying the process of advocacy and lobbying for the adoption of the bill on the prevention and repression of GBV. The bill was endorsed by the advisor to the head of state on SGBV. The copy of the bill was shared by the national Gender Minister, the Minister of Human Rights and the Minister of Justice for their inputs.

#### **Pathway 4: Community Mobilisation**

- Support for the broadcasting of radio programmes in the Karisimbi health zone on the prevention and response to GBV: four programmes were broadcast on Radio Télévision Communautaire Tayna (RTCT) Goma and an advertising spot was broadcast three times a day for 28 days.
- Organisation of 24 meetings between members of the protective communities and health centre staff in the health areas with 326 participants, including 162 women and 164 men.
- Organisation of 24 mass outreach sessions with members of the protective communities.
- Organisation of training on techniques for identifying resilient men: 30 people benefited from this training, including 24 facilitators (8 women and 22 men) and 6 technical supervisors.
- Organisation of missions to monitor and evaluate the work of the male facilitators of the resilient men's groups.
- Identification of 180 men to participate in the resilient men's group sessions. 12 groups were formed with 15 men per group.
- Organisation of 10 community discussion sessions of resilient men identified in the intervention areas of the S-3G project took place for ten weeks.
- Organisation of three clinical supervision sessions with the community.
- Organisation of a community celebration, which is a community awareness campaign at the end of the mentoring sessions for resilient men.
- Operation of 25 youth safe spaces for the promotion of SRHR in the 25 community-based organisations (CBO) supported by the S-3G project.
- Training of youth leaders in the Kalehe health zone on how to accompany young people in comprehensive sexuality education sessions.
- The conduct of comprehensive sexuality education sessions in the 25 CBO by the coaches and the conduct of sessions for key populations in the six health zones by the S-3G supervisors.
- Monitoring and supervision of comprehensive sexuality education sessions held in the 25 youth CBO.
- Referrals of young people to SRHR in the 24 health centres and and OSC (Sake) supported by the S-3G project.
- Monitoring of activities to promote the SRHR of parents and religious leaders trained on the "Daddy, mommy, where babies come from" picture box.
- Holding the quarterly meeting of parents and religious leaders involved in the six health zones of the S-3G project.
- Evaluation of the first and second quarter performance of the 24 youth CBO supported by the project. The Sake youth CBO was evaluated only once due to the late approval of the budget reallocation.
- Monitoring of family mediation activities by parents involved with families with separation problems with their children.

#### **Monitoring and evaluation**

- Organisation of the mid-term evaluation of the project in February 2022 and sharing of the results with the different partners from 17 to 18 March 2022.
- Organisation of the third quality score evaluation of SGBV and AYSRHR services in health facilities in April and May 2022.

- Organisation of the second survey on the satisfaction of the needs of clients who have benefited from holistic services in the health structures supported by the project in April and May 2022.

## **B. Progress against action plan**

It is worth noting that there was a slight delay in carrying out the planned activities due to administrative imponderables in the signing of collaboration contracts with the various project implementation partners while waiting for the EKN approval of the Year 2 plan and budget. Nevertheless, most of the activities planned for the semester were carried out.

### **Pathway 1: Multisectoral response to (S)GBV**

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

#### a. Main activities

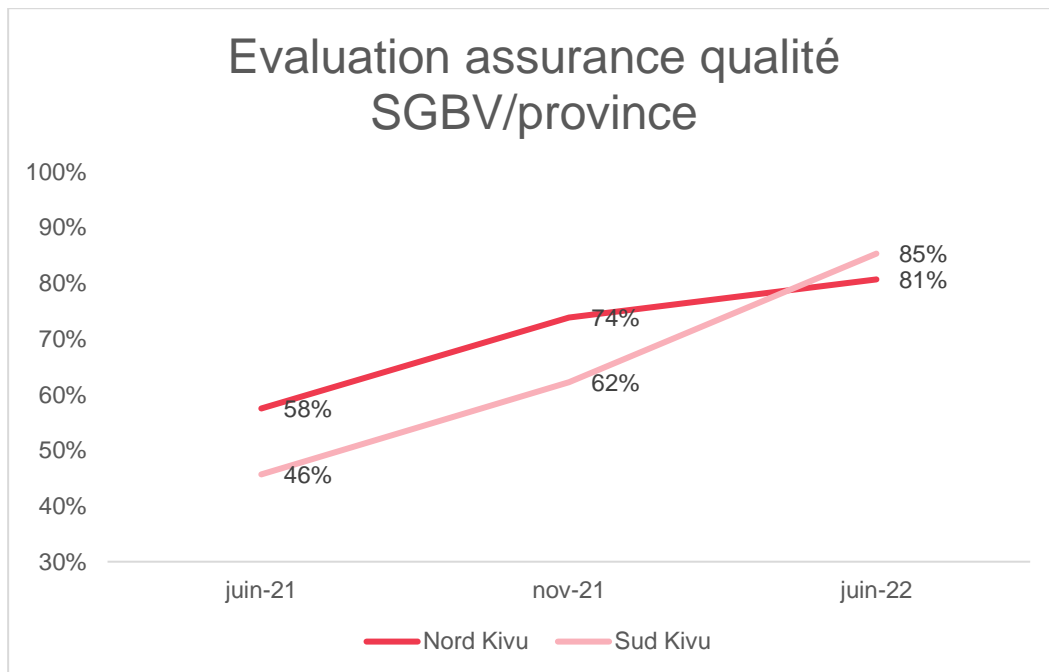
All the structures for the holistic care of survivors of GBV remained functional and none of them were interrupted despite the delay in signing contracts with the various structures.

The achievements are as follows:

- Renewed contract with ARQ International for training and mentoring on mental health.
- Follow-up on the functionality of the hotline for the referral of cases of GBV. A new six-digit number has been assigned to the hotline. From December 2021 to May 2022, 117 cases of GBV were referred to the psycho-social agents through the hotline, 42 of which were under 18 years old and 75 over 18 years old. Of these, 11% were men and 89% were women.
- Organised training for 85 people (18 women and 67 men) including doctors, nurses from health centres, magistrates, police, lawyers from OSC on the collection of forensic evidence.
- Organisation of a de-traumatisation session for psychosocial workers and staff of the OSC. A total of 63 people benefited from these de-traumatisation sessions, of which 37 women and 26 men.
- Organisation of the mentoring activity with Heal Africa's clinical psychologist on stress management in the workplace.
- Carrying out six supervision missions on the four components (i.e. medical, psychosocial, legal and social reintegration) in all six health zones.
- Operationalisation and functioning of eight OSC, four of which are in NK and four in SK, as well as 24 health centres for the holistic care of sexual violence survivors through:
  - Clinical management: during this reporting period, 856 cases of sexual violence were recorded in eight OSC with 317 cases and 24 health centres with 539 cases, among which nine cases of fistulas and prolapses were referred to specialized facilities (Panzi Hospital and Heal Africa Hospital) for fistula repair.
  - Psycho-social care: of these survivors, 610 survivors of GBV received first-line support from case managers (psychosocial workers) at the health centres and OSC and 552 were followed up by clinical psychologists at OSC. 12 cases were accompanied by the project's clinical psychologists.
  - Legal support: 230 cases were recorded in NK and SK in the OSC, 82 complaints were lodged, and 71 cases are being investigated by the high courts, the public prosecutor's office, the auditor's office and the garrison military court. A total of 17 judgments were pronounced for the six-month period.
    - NK: 78 survivors have been registered in the four OSC in NK, 54 complaints have been lodged and 15 cases are progressing before the garrison military prosecutor's office,

in addition to 22 old cases being examined by the court, of which 8 are under consideration. 6 Judgements were pronounced in the first half of the year.

- SK: 152 survivors were identified in the four OSC, 28 complaints were initiated, 34 cases are being investigated, a total of 11 judgements have been pronounced and 9 cases are under consideration.
- **Socio-economic reintegration:** to make survivors more autonomous, 120 survivors were integrated into 25 VSLA groups for the 24 health areas, with 342 members in SK and 331 members in NK. So, a total of 673 members of the VSLA for 24 health areas with a membership of 120 sexual violence survivors.
- Monitoring the functionality of six safe houses in the six health zones. In SK, apprenticeship in trades was organised with 86 beneficiaries (32 in Kalehe, 34 in Ruzizi and 20 in Kamituga) enrolled in cutting and sewing, pastry-making, basketry and knitting. They will spend six months in apprenticeship in the trades. In NK, 58 beneficiaries (30 at the Virunga Safe House, 21 in Kitshanga and 7 in Sake) are registered in the various trades at the safe house.
- SGBV Quality Assurance assessment in May and June 2022:



**Comment**

There has been a marked improvement in the quality of services offered to survivors in the health facilities. SK has a more marked improvement with 39% than NK with 23%, as the evaluation couldn't reach the health zone of Mweso, so there is no updated score there. The health zone of Kirotshe has not improved but declined (78% in November 21 to 77% in June 22). In South Kivu, every health zone has improved remarkably.

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

**b.1. Statistical data on accompanied SGBV cases from December 2021 to May 2022**

Category	Karisimbi HZ	Kirotshe HZ	Mweso HZ	Kalehe HZ	Ruzizi HZ	Kamituga HZ	Total cases S1 2022	Accumulated Total March 2021-May 2022
<b>Total number of cases identified</b>	<b>207</b>	<b>118</b>	<b>198</b>	<b>160</b>	<b>60</b>	<b>113</b>	<b>856</b>	<b>2379</b>
<b>Cases disaggregated:</b>								
Number of girls < 18	75	46	59	51	15	51	297	736
No. of Boys < 18	7	0	0	1	0	0	8	33
Women ≥ 18 years	122	72	138	108	43	61	544	1557
Men ≥ 18 years	3	0	1	0	2	1	7	53
<b>Type of SGBV</b>								
Rape	163	79	173	125	49	64	653	1449
Sexual assault	5	4	0	3	3	6	21	275
Physical aggression	28	25	24	26	7	22	132	431
Forced marriage	0	2	0	1	1	0	4	14
Resource, opportunity and service denial	6	4	0	1	0	4	15	58
Psychological abuse	5	4	1	4	0	17	31	152
<b>Type of entry point:</b>								
Number of cases that came to the psychosocial service first	169	80	120	141	29	71	610	1491
Number of cases that arrived at the medical service first	36	32	74	17	30	42	231	845
Number of cases that came to the legal and judicial service first	2	6	4	2	1	0	15	43
<b>Type of care:</b>								
Number of GBV cases receiving medical care	194	103	197	157	60	106	817	2201
No. of Rape cases that received medical care	163	79	173	125	49	64	653	1449
Number of rape cases reported within 72 hours	114	56	152	38	38	26	424	898
Number of rape cases that received PEP kits within 72 hours	114	56	152	38	38	25	423	892
% of rape cases that received medical attention							100%	99%
Number of cases receiving at least two services	176	113	198	158	59	112	816	2099
Number of GBV cases that received counselling	176	113	198	158	59	112	816	2125
Number of GBV cases discharged	174	113	166	144	59	106	762	2109
% of cases discharged in psycho							89%	89%



Comments

This table shows that during the first half of the second year of the project 856 cases were accompanied and received quality services in the six health zones of the project. We see a decrease in the number of cases compared to the previous six months, which is justified by the positive impact of the prevention activities at community level. 297 Girls under the age of 18 were subjected to GBV, which is 54% of the women. The cases discharged represent 89% of the cases, while 11% will be discharged in the future. 99% Of the cases out of the total number of rapes that occurred within 72 hours received PEP kits. The only case that did not receive a kit was a case of rape in pregnancy that had received other medical treatment only.

**b.2. Distribution of cases assisted in the OSC and by province**

Category/province	Q1		Q2		Total GBV cases from 8 OSC	
	NK	SK	NK	SK	NK	SK
Girls < 18	25	25	38	36	63	61
Boys < 18	0	1	0	0	0	1
Women ≥ 18 years	59	46	57	29	116	75
Men ≥ 18 years	0	0	0	1	0	1
<b>TOTAL</b>	<b>84</b>	<b>72</b>	<b>95</b>	<b>66</b>	<b>179</b>	<b>138</b>

Comments

Of the total number of cases assisted, 317 cases (37%) received services through the 8 OSC, of which 179 were in North Kivu and 138 in South Kivu.

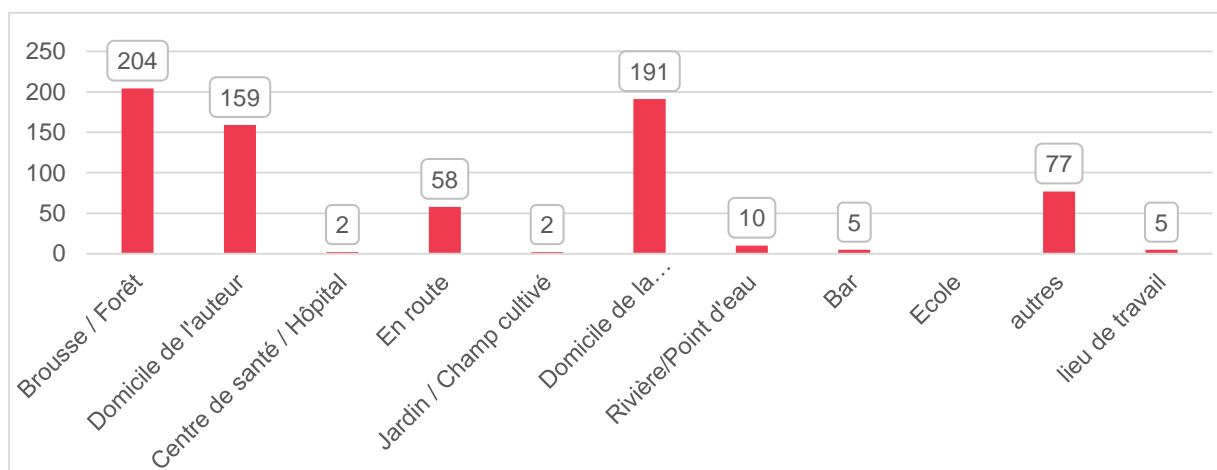
**b.3. Distribution of cases attended in the health centres and by province**

Category/Province	Q1		Q2		Total GBV cases of 24 HC	
	NK	SK	NK	SK	NK	SK
Girls < 18	56	27	61	29	117	56
Boys < 18	5	0	2	0	7	0
Women ≥ 18 years	97	65	119	73	216	138
Men ≥ 18 years	3	0	1	1	4	1
<b>TOTAL</b>	<b>161</b>	<b>92</b>	<b>183</b>	<b>103</b>	<b>344</b>	<b>195</b>

Comments

Of the total number of cases assisted, 539 cases (63%) received services through the 24 health centres, 344 of which were in North Kivu and 195 in South Kivu.

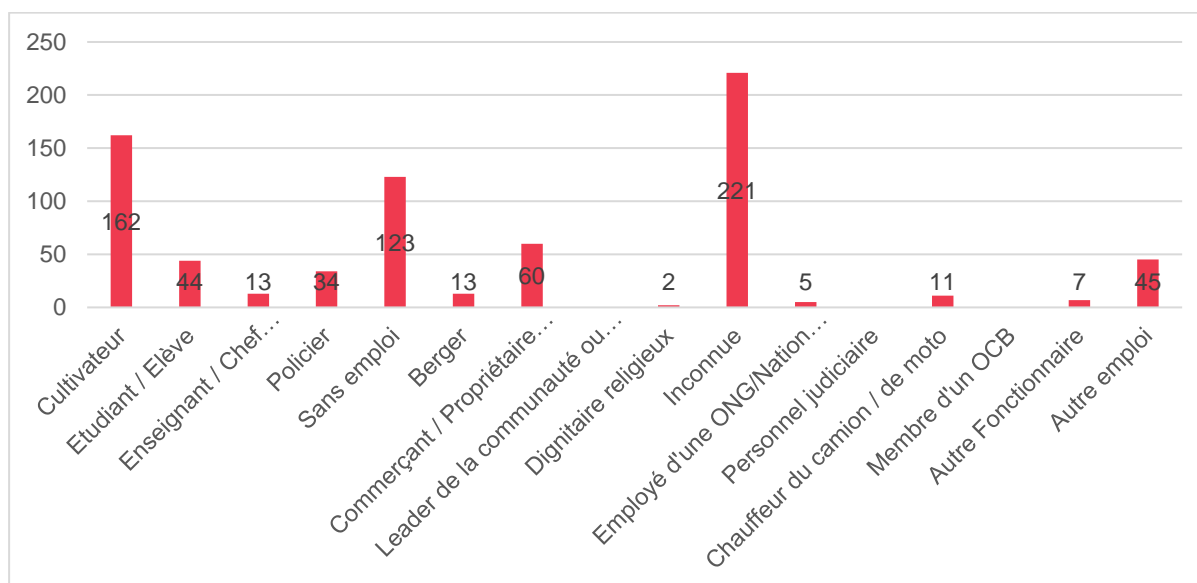
**b.4. Place where the incident occurred**



Comments

Most of the GBV incidents took place in the forest (29%), at the survivor's (27%) or the perpetrator's home (22%), others took place in a bar/hotel, on the road or in the field. The data shows that GBV occurs almost everywhere and in almost any situation where women find themselves.

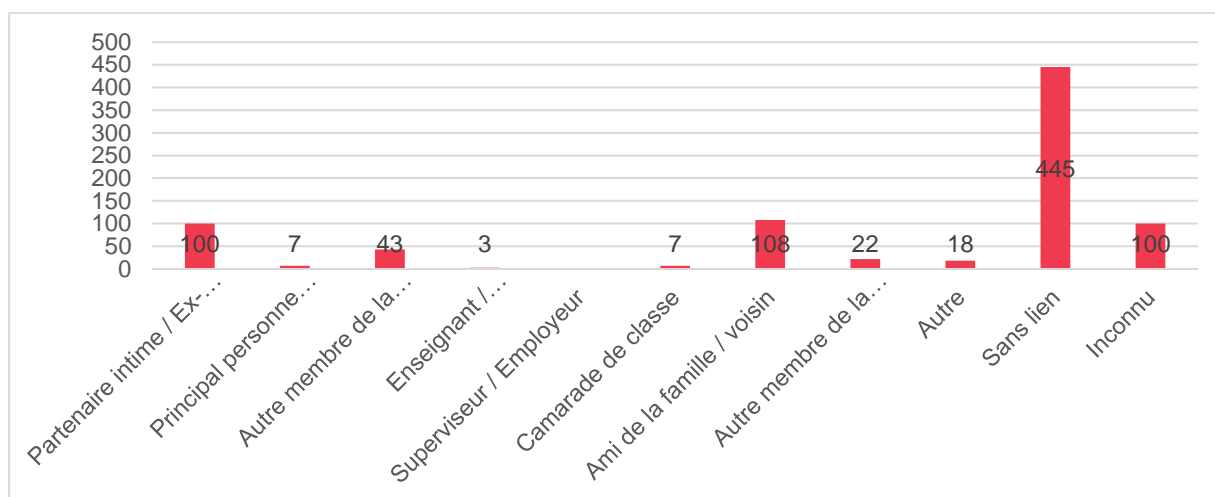
**b. 5. Author's profession**



Comments

It is clear from this graph that a large proportion of the survivors do not know to identify the perpetrator profile. However, most of the perpetrators that are known, are cultivators, unemployed or in paid employment (22%), others run a small business, others work in community-based organisations, either in an NGO or at the United Nations, others are police officers or community leaders. The analysis here shows that many subjects/perpetrators do not want to be identified either by hiding their faces, others are effectively unknown including members of armed groups in the forest. There is still a need to strengthen awareness raising activities given that all categories contribute as perpetrators to acts of community violence in the supported health areas.

**b. 6. Relationship between author and survivor**



**Comments**

The profile indicates that most of the survivors have no connection whatsoever with the perpetrators (52%), however, 12% are unable to indicate whether there is a link between them and the perpetrators, others are classmates, neighbours, friends, or family members. Violence by intimate partners accounts for 13% of the cases identified, however this number is expected to be higher in reality as many survivors do not denounce this type of violence.

**b. 7. Legal and judicial support**

For the eight legal clinics in NK and SK, 230 new cases (78 in NK and 152 in SK) were identified and registered during this six-month period. Only five men were identified in SK. Of these 230 cases, 82 new complaints (54 in NK, 28 in SK), were initiated following referrals. This gives a proportion of 34.78% of the total number of cases recorded.

In addition to the various complaints initiated, the clinic managers also offer legal advice to members of the community. 148 People (64.34%) of the total number of cases, including 23 men and 125 women, received legal advice from the clinic managers. The people who received legal advice were those who had been victims of other forms of GBV. Before the courts, 56 cases are being investigated by the courts in NK (22) and SK (34) at different stages of their development (either in the introductory phase or under investigation), and 15 others are being investigated by the military auditorate in NK. 17 New judgements were recorded, including 6 in NK and 11 in SK, and 17 other cases are awaiting judgement (8 in NK and 9 in SK).

**Summary table of legal and judicial support**

Designation		Kalehe HZ	Ruzizi HZ	Kamituga HZ	Police Hosp OSC	Kirotshe HZ	Mweso HZ	Karisimbi HZ	Military Hosp OSC	OSC /SK	OSC /NK	Total S1 year 2
<b>Survivors identified</b>	H	00	02	03	00	00	00	00	00	05	00	230
	F	42	41	20	44	27	29	15	7	147	78	
SVS that received a legal service (complaint initiated)	H	00	00	00	00	00	00	00	00	00	00	82
	F	12	07	09	09	16	26	6	6	28	54	
	H	00	02	03	00	18	00	00	00	05	18	148

Survivors who received legal advice	F	20	27	07	00	28	31	10	02	54	71	
Number of cases pending in court (RP) (RECL)		08	10	11	05	08	08	02	04	34	22	56
File under investigation Public Prosecutor's Office /Auditor's Office (RMP)		00	00	00	00	05	06	03	01	00	15	15
Number of judgements pronounced		04	02	04	01	01	03	02	00	11	06	17
Number of cases taken under advisement		00	03	05	01	02	06	00	00	09	08	17

*Comment:* During this six-month period, we obtained a total of 17 judgements in North Kivu and South Kivu, including 14 convictions and 3 acquittals. More than 80% of condemnations is good in a context of DRC.

### **b. 7. Socio-economic reintegration**

Out of 25 VSLA installed or which 13 in NK and 12 in SK, their evolution is as follows:

<b>Summary table of VSLA</b>	<b>South Kivu</b>	<b>North Kivu</b>
<b>Number of VSLA</b>	12	13
<b>Number of shares purchased</b>	7456	6021
<b>Number of shares granted</b>	194	2592
<b>Number of members assisted with cash</b>	90	58
<b>Number of beneficiaries supported in IGAs</b>	48	46
<b>Number of SVS economically reintegrated</b>	60	60

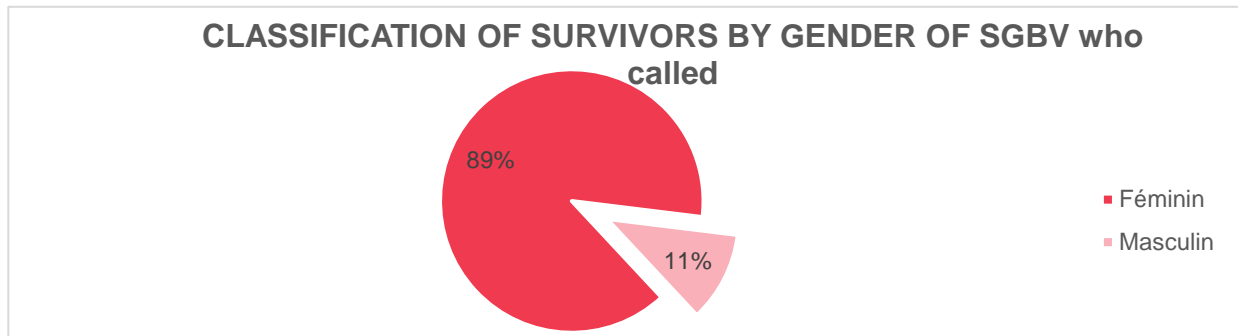
<b>Total in foreign currency</b>	<b>South Kivu</b>		<b>North Kivu</b>	
<b>Indicators</b>	Total CF	Total in USD	Total in CF	Value in USD
<b>Average value of shares</b>	1 333.3	0.7	1 083.7	0.54
<b>Average value of shares purchased</b>	828 423.73	414.2	501 750	250.90
<b>Values of loans granted</b>	10 706 200	5 353.1	2 592 000	1 296.00

Comments

The average share purchase of the VSLA is 1,208.5 FC, with a loan value of 6,649,100 Congolese Francs or US\$3,324.55.

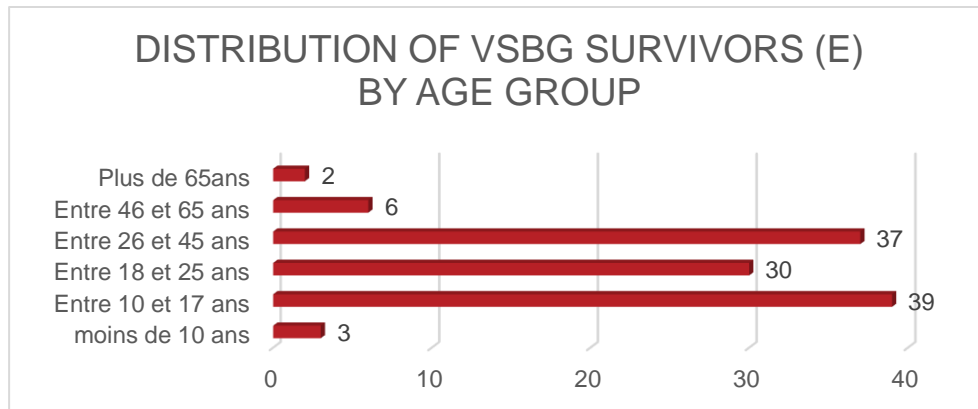
c. Hotline

In the first half of the second year of the project, **117 cases** of SGBV were registered by the hotline.



Comments

This graph shows that 89% of people who use the hotline for SGBV referrals are women and 11% are men. This is therefore a major recourse for men: the hotline can be a means of recourse for men in need of help in cases of SGBV.



Comments

As shown in the above histogram of survivors by age group from December 2021 to May 2022: 42 minors were subject to SGBV, 3 of whom are under 10 years of age, and 75 survivors are adults in different age groups.

## 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

In the basic health structures, particularly in the health centres supported by the project, the activities for the management of SRH problems of adolescents and young people continued despite the delay in signing the protocols of agreement. The 25 health structures with youth corners were functional throughout the period through the following actions:

- Provision of SRH services, including contraceptive services, to adolescents and young people in 25 project health facilities.
- Organised performance evaluations of 32 health facilities and six central offices in the health zones. Compared to the first year of the project, the first performance evaluations for the health structures reveal that the health centres went from 82% to 92%, that is an increase of 10%; the One Stop Centres, from 82% to 93%, an increase of 11% and the central offices of the health zones, from 82% to 88%, an increase of 6%. Thus, we have an overall average increase of 9%. In general, almost all facilities improved their performance.
- Reprography and distribution of data collection tools on SCM in 32 health facilities in six health zones.
- Supply of 32 health facilities with antibiotics, consumables, and inputs for mental health in the six health zones
- Monitoring the supply of PEP kits by IMA (NK and SK) and contraceptives by UNFPA (NK) and Chemonics (SK) in the six health zones supported by the project.
- Monitoring the provision of reproductive health services to young people in the various health centres.
- Organisation of an integrated monitoring mission in all health structures with the main objective of taking stock of the strengthening of the supply chain.
- Provides SRH services to adolescents and young people as well as family planning services to women and couples. Since March 2021, 117,553 consultations for reproductive health have been recorded in the 24 health centres supported by the project, of which 34,681 people consulted the services for contraceptive advice for the first time, of which 24,393 or 70% received contraceptive methods for the first time.
- In the six health zones supported by the project, all 129 health facilities were supplied with contraceptives, with an improvement in the availability of contraceptives and PEP kits.

b. Data on the use of family planning services from March 2021 to May 2022

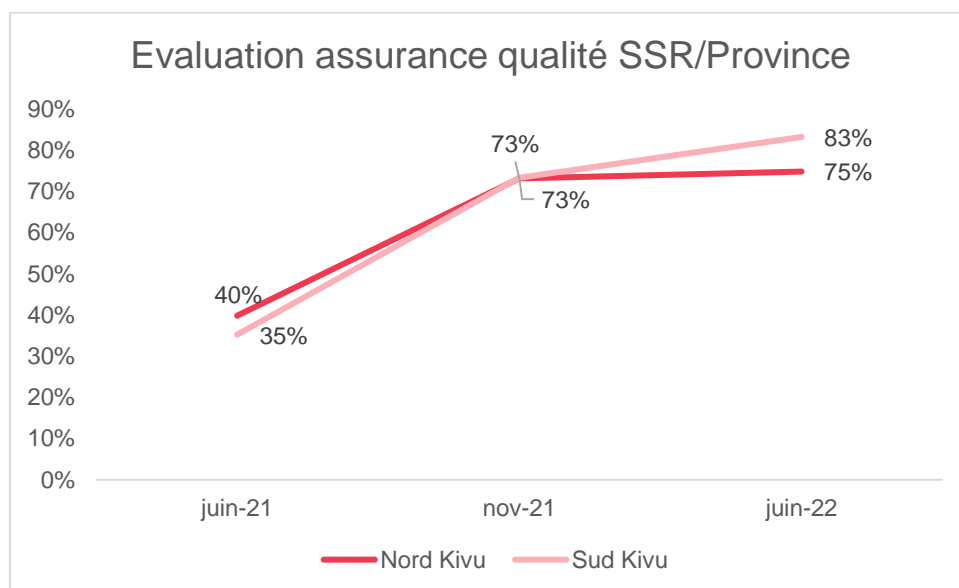
Health Zones	Advice on FP	New Cases FP	Proportion of FP use / cases advised
Kalehe	4.367	3.101	71%
Kamituga	2.649	1.823	69%
Ruzizi	2.759	1.763	64%
<b>Total SK</b>	<b>9.775</b>	<b>6.687</b>	<b>68%</b>
Kirotshe	13.847	12.311	89%
Karisimbi	5.666	3.248	57%
Mweso	6.050	2.721	45%
<b>Total NK</b>	<b>25.563</b>	<b>18.280</b>	<b>72%</b>
<b>Total N/SK</b>	<b>35.338</b>	<b>24.967</b>	<b>71%</b>

Project Target	65.619	Year 2 Target	37.497
Achieving the project target	54%	Achievement of the Year 2 target	38%

Comments

Over the period of March 2021 until May 2022, a total of 35,338 clients received family planning advice. This represents 54% of the project overall target. Of these, 24,967 (71%) received family planning methods. For this six-month period, 14,425 clients received family planning counselling (38% of the Year 2 target) and of these 9,893 clients (68%) received family planning methods. The Year 2 target is 37,497 clients.

c. Quality assessment of SRH services

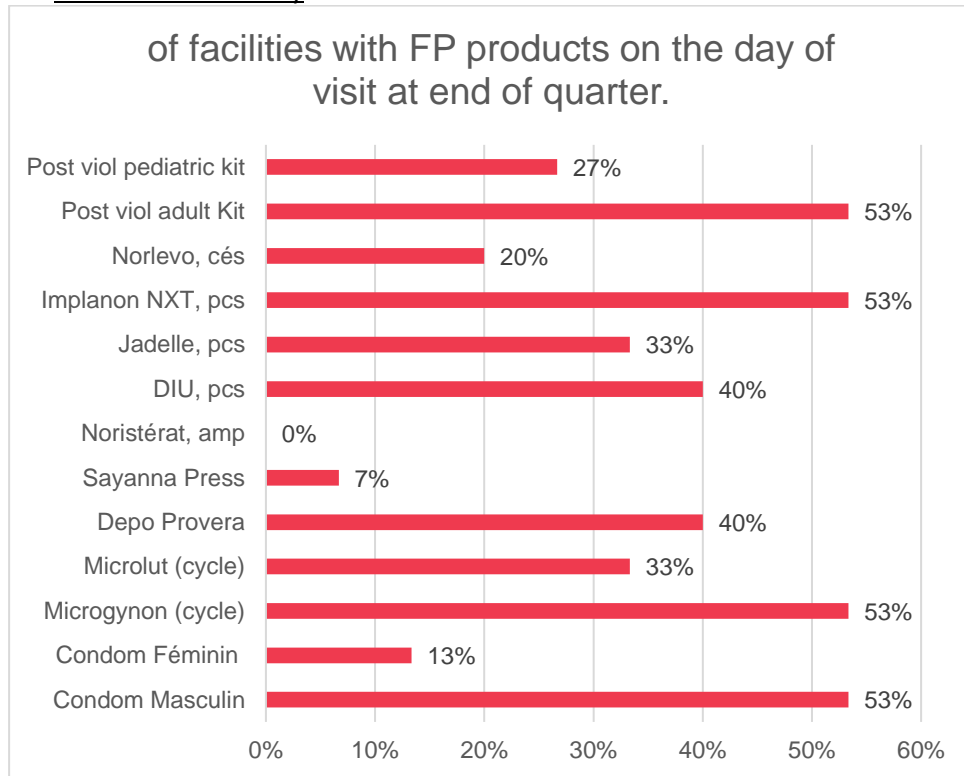


Comments

There has been a marked improvement in the quality of services offered to adolescents and young people. The overall project target is 80%, currently South Kivu province is at 83% and North Kivu at 75%, average 79%.

d. Supply chain management of essential SRH products

d.1. Products Availability

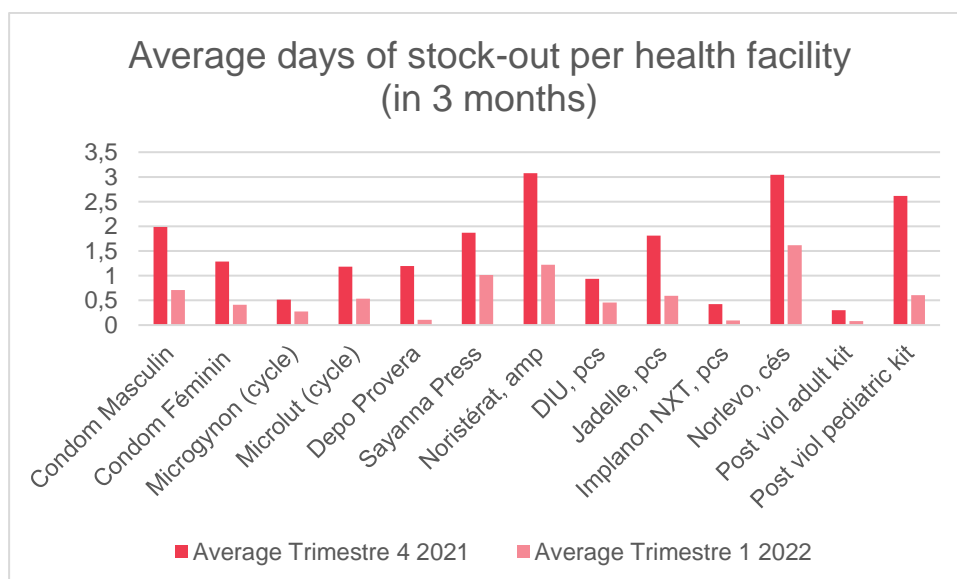


Comments

**Contraceptive products:** By analyzing this graph we find that the overall average availability of contraceptive products is 33% in semester 1-2022. While the average availability of 3 leading products is 53% for the male condom, 53% for microgynon and 40% for Depo Provera. Products with low availability are: Female condom, Sayana press and Norlevo.

**PEP kits:** The overall average availability is 40%, i.e. a due to the low availability rate of pediatric PEP kits.

d.2. Out of stock





### Comments

**Contraceptive products:** From an overall average of 1,58 days out of stock per health centre in Q4 2021, we went down to 0,64 days in Q1 2022.

**PEP kits:** From an overall average of 1,45 days out of stock in Q4 2021, we went down to 0,34 days in Q1 2022. The paediatric PEP kit with 2,6 days out of stock per health centre in Q4 2021 is the basis of this weak performance in 2021. Fortunately, the situation improved in Q1 2022.

### d.3. Expiration of products

No expired product found during our monitoring missions.

## **Pathway 3: Governance and Advocacy**

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

### a. Main activities

- Organisation of two supervision missions by the two provincial gender divisions of NK from 22 to 30 March 2022 and SK from 10 March to 02 April 2022 in the six health zones to accompany activities related to gender promotion. During these first field visits for the current year, the main concerns raised by these two provincial divisions concern, among other things, the need to increase community awareness sessions, to support the various community dynamics in terms of material for their facilitate work in their respective communities, further strengthen the capacities of gender focal points and target structures in collecting GBV data and using the GBV Collect application, etc.
- Holding of three meetings of the gender working group bringing together provincial stakeholders on GBV issues, data analysis and coordinated decision-making on gender issues within the two provinces, through the roadmap developed by the two provincial gender divisions.
- Organisation, from 09 to 11 February 2022 in Bukavu, of the advocacy action plan review workshop with all implementing partners and consortium member resulting in adjusted advocacy plan at national and provincial level with 4 main advocacy objectives including:
  - ✓ Parliament adopts the law on the prevention and repression of SGBV (fight against impunity).
  - ✓ The Prime Minister signs an order incorporating the OSC approach in the treatment of survivors of SGBV.
  - ✓ The provincial governments of NK and SK make a budget line available for the supply of antibiotics in a fairly sustainable way.
  - ✓ The provincial governments of NK and SK are making the disbursement effective of funds allocated to the supply of family planning inputs.
- Organisation of consultation meetings between members of protective communities and health service providers to encourage community representatives involved in the S-3G project to identify the beliefs, practices and social norms rooted in their respective communities that are likely to be a source of GBV, in order to make them the subject of advocacy with the competent local authority. 24 Meetings between members of protective communities and health service providers in the health areas. These meetings were attended by 339 members out of the 360 expected, including 168 women and 171 men.
- Support for the organisation, from 05 to 06 May in Kinshasa, of a workshop to harmonise the texts of laws and adoption of a specific law on GBV at the national level with various stakeholders, notably the ministers of gender, justice, the office of the special advisor to the head of state on SGBV and civil society organisations, in particular SOFEPADI (Solidarité Féminine pour la Paix et le Développement Intégral), ASP (l'Alliance Stratégique de Plaidoyer) and JRH (Journalists for human right). Following the workshop, the law is being carried by the special advisor to the head of state on the fight against sexual violence, who has taken on the task of putting the law on the agenda of the National Assembly in the September session.

## Pathway 4: Community Mobilisation

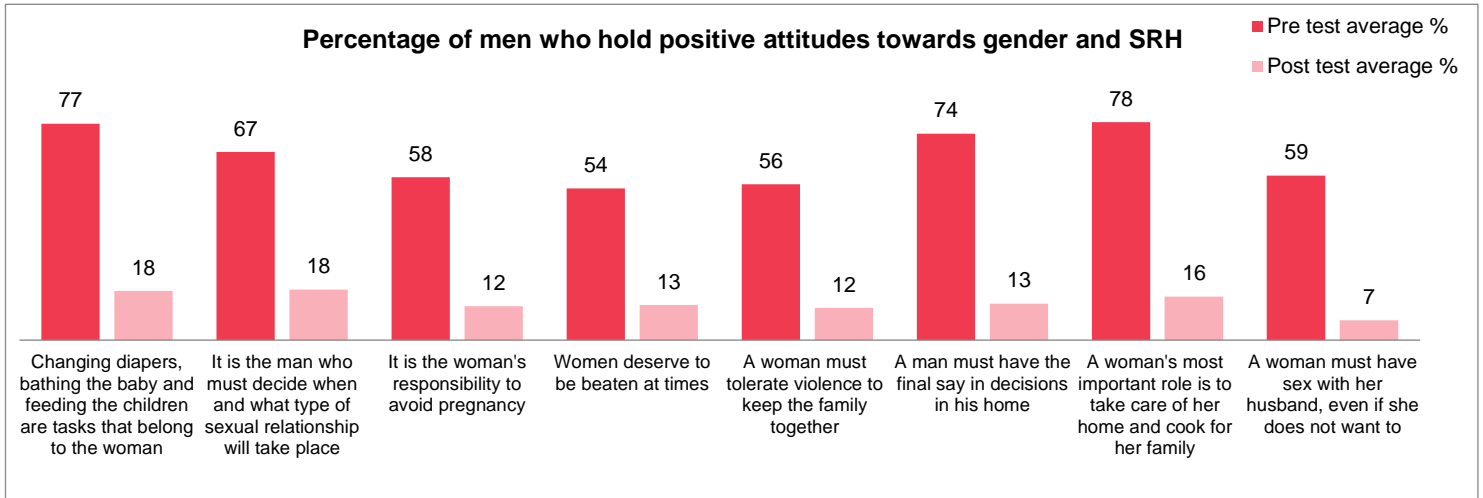
**Outcome 4:** Community mobilization to foster gender transformation processes, reduce stigma and gain broad community support for the protection of survivors of (S)GBV.

### a. Main activities

- **Community awareness on SGBV:**
  - For social mobilisation, a total of six football matches were organised, with one match per health zone. The main objective of this activity was to raise the community's attention and commitment to the fight against SGBV and was organised around the theme "Orange the world: end violence against women now!" This helped to get the community involved in the activity and to spread the message of the community's commitment to fight against acts of SGBV.
  - For the media campaign, 4 radio programmes were broadcast on RTCT Goma in the Karisimbi health zone. 1 Advertising spot was broadcast 3 times a day for 28 days on RTCT Goma. The objective of the spots and radio broadcasts was to influence the modification of perceptions and stereotypes related to SGBV through an educational message.
  - For community outreach, 24 mass outreach sessions with members of protective communities were conducted. This outreach reached 3,004 people, including 1,598 women, 1,144 men, 98 girls and 164 boys.
  - During the month of April, 6 coordination meetings of field agents were organised, one meeting per health zone, with 27 participants, 22 men and 5 women.
- **Activities related to positive masculinity included the following:**
  - Establishment of 10 community discussion groups (networks of men resilient to SGBV) in NK and SK. In NK, the groups were set up in the Karisimbi health zone/Rapha health area, Kirotshe health zone, Buroha / Kingi health area, Mweso health zone/Burungu health area. While in SK, in the Kalehe health zone/Bushushu health area, Kamituga health zone/Kabukungu health area, Ruzizi health zone/Luberizi health area. 180 Men were identified at a rate of 15 men per group, two groups per health area.
  - Clinical supervision: during this reporting period, three clinical supervisions were conducted by LPI clinical psychologists for the group facilitators. The purpose of these supervision sessions was to provide ongoing training and emotional support to the facilitators to help them cope with the stress of their life experiences and the stress of listening to the painful experiences of group participants.
  - 1 Community celebration (awareness campaign): the community celebration is an awareness raising campaign during which the men who participated in the community discussions share with their community the process that led to the transformation of their perceptions, attitudes and adoption of new behaviours and new ways of living in the family and community. They also share their plan and commitment to fight against all kinds of SGBV in the community. During this reporting period, a community celebration took place in the Buroha/Kingi health area, in NK, on 31 May 2022. A total of 102 people participated in this session (including 30 resilient male couples, 30 resilient male guests, 4 community leaders, 1 S-3G project partner, 5 community focus group facilitators and 2 LPI officers).
  - Organisation, in Buroha – Kingi health area (Kirotshe health zone) on 31 May 2022, of one campaign to make the resilient men approach accessible to men in the community.

➤ Transformation of social norms:

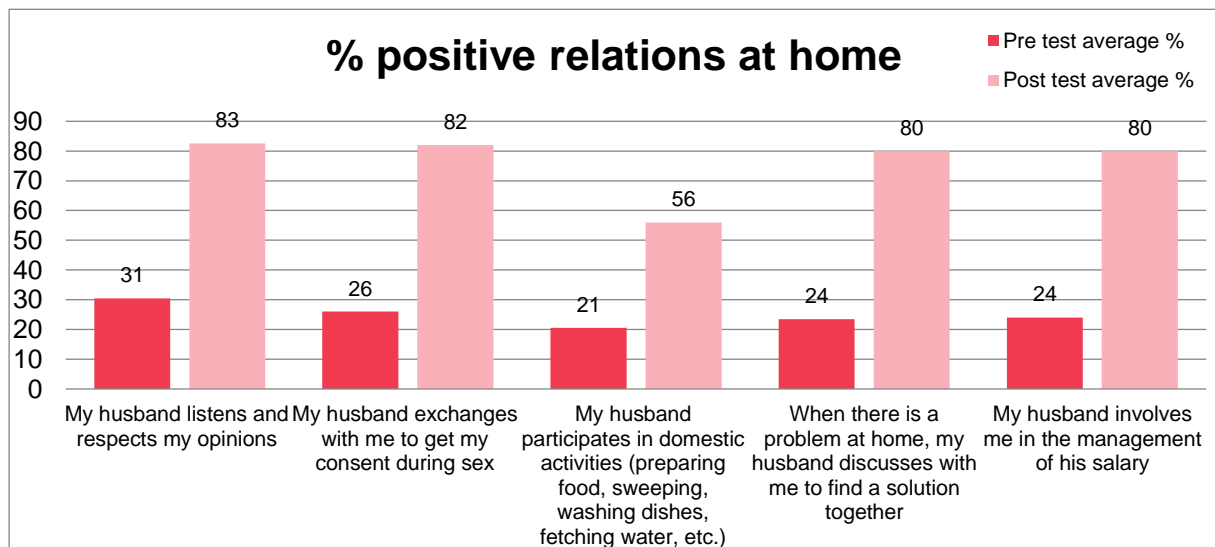
❖ Percentage of community members who hold positive attitudes towards gender and SRH



Comments

The data in the figure show that participation in the community discussion sessions contributed to the transformation of attitudes that are unfavourable to gender equality and that support violent behaviour in men. At the beginning of the community discussions, 77% of men agreed that changing nappies, bathing babies and feeding children were the tasks of women. This percentage decreased to 18% after the session. 54% of men said that women deserve to be beaten at times. After the intervention, this percentage was reduced to 13%.

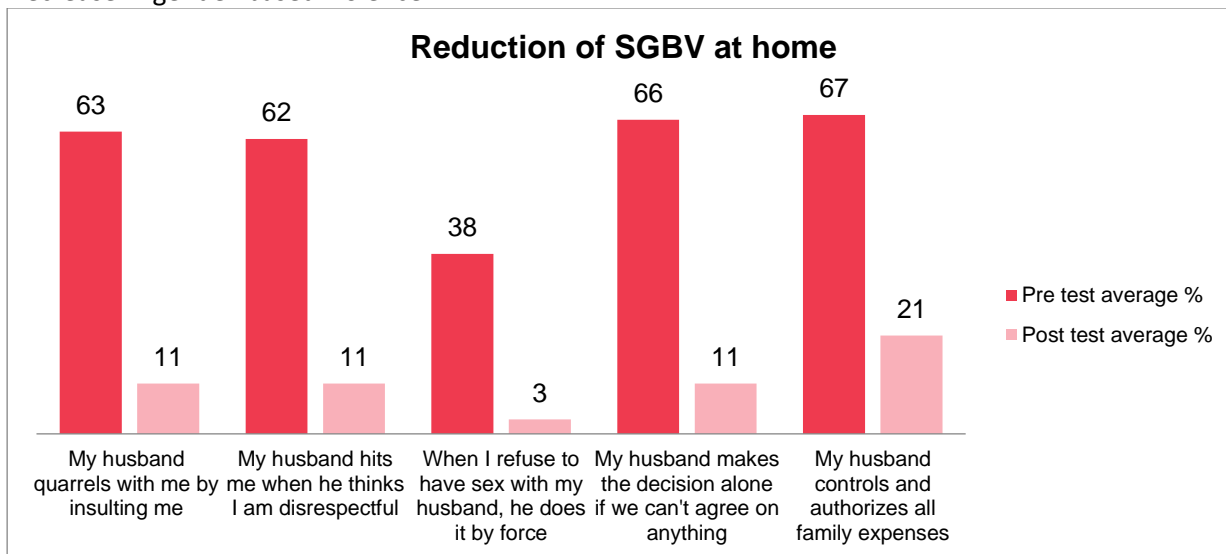
❖ Percentage of female members of resilient men's networks who report having improved their level of decision-making in their household



Comments

Comparing the pre-test with the post-test conducted by the wives of resilient men as presented in the graph, there was a good evolution of women's perception of their gender-related attitudes, partner relationships and household management afterwards.

❖ Decrease in gender-based violence



Comments

Comparing women's reactions to the pre-test and post-test, it shows a clear decrease in SGBV in the homes of resilient men.

• **Community-based promotion of SRHR for adolescents and young people**

The actions carried out in relation to community support in the promotion of SRHR are the following:

No.	Agreed indicators/activities	Results achieved
01	Number of safe spaces for young people established and functioning	<ul style="list-style-type: none"> <li>➤ 25/24 safe spaces for young people are set up and operational in the six health zones of the S-3G project.</li> <li>➤ 25/24 collaboration contracts signed with S-3G CBOs.                             <ul style="list-style-type: none"> <li>• 2351 adolescents and young people divided into 95 cohorts that were set up and followed between December 2021 and May 2022. These cohorts are distributed as follows:                                     <ul style="list-style-type: none"> <li>✓ 1225 adolescents and young people aged 15-24 who were enrolled in 49 Comprehensive Sexual Education cohorts</li> <li>✓ 701 adolescents aged 10-14 years enrolled in 28 Comprehensive Sexual Education cohorts</li> <li>✓ 450 adolescent mothers under 19 years enrolled in 18 Comprehensive Sexual Education cohorts</li> </ul> </li> </ul> </li> </ul> <p>Since the start of the project, 4402 young people have received comprehensive sexuality education sessions in 177 cohorts, including 950 teenage mothers, 2425 teenagers and young people aged 15-24 years and 1127 young people aged 10-24 years.</p> <p>The retention rate of young people in the cohorts was as follows: 96.3% of young people attended 100% of the lessons or 12 sessions of comprehensive sexuality education for 10–14-year-olds. The retention rate was 94.85% for 15–24-year-olds who participated in 100% of the lessons or 22 sessions of comprehensive sexuality education. 92.2% Of teenage mothers attended 100% of the comprehensive sexuality education sessions using the Like Pamela module.</p>
02	Number of youth associations supported and supervised	<p>25/24 youth associations supported and supervised.</p> <p>24/24 CBOs benefiting from the Q1 2021-2022 performance evaluation.</p> <ul style="list-style-type: none"> <li>- Training of eight youth leaders on comprehensive sexuality education in SK, including five girls and three boys to replace the leaders who left to pursue higher or university studies in Bukavu.</li> </ul>

03	Referrals of young people to AYSRHR services in the 12 S-3G medical facilities.	1,537 adolescents and young people, including 840 girls and 697 boys, were referred to medical facilities for adolescents and young person SRHR services.
04	Monitoring the activities of parents and religious leaders trained on the picture box Daddy, Mummy where do babies come from?	<ul style="list-style-type: none"> <li>- 118 trained parents (75) and religious leaders (43) involved in the awareness-raising sessions, of which 62 were women and 56 men.</li> <li>- 12,599 parents and religious leaders reached during the 348 awareness sessions organised (15 340 since the start of project).</li> <li>- 166 mediation activities facilitated by trained parents for young people and parents who were in conflict. 94 were successful, 63 are still ongoing and 9 failed.</li> </ul>
05	Monitoring of family mediation activities	Monitoring of family mediation activities by parents involved with families with separation problems with their children.

### C. Project results - Analysis of performance indicators

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.

##### a. Intermediate results

- The client satisfaction survey on the quality of the services received showed a satisfaction rate of 87%. The project target is reached at 99%.
- In the same survey, 75% of the clients stated that they had regained stability in their daily activities as they had last year, which is 151% of the project target.

##### b. Immediate results

**95% of the survivors of GBV received holistic assistance in the intervention areas based on their specific needs. The project target is 100%.**

- 7/8 (88%) OSC meet the standard of over 80% quality score.
- 317 / 856 (37%) new GBV cases reported in OSC.
- 21 / 24 (88%) Hotline entry points developed and functional.
- 32 / 32 (100%) health care facilities display a complete list of manuals, SOPs and clinical tools.

#### 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.

##### a. Intermediate results

- 85% of health facilities have improved their quality of care for survivors of GBV.
- 85% of health facilities have improved their quality of care for ASRH clients.

##### b. Immediate results

**100% of health facility staff have improved knowledge of adolescent-friendly SGBV and SRH services**

- 16 076 clients consulted family planning and contraceptive services in the 24 health centres in six health zones.
- 25 / 24 (104%) youth-friendly spaces are equipped with audio/visual equipment and functional. The youth corner or Sake supported by the Jeune S3 project has been included.
- 539 / 856 (63%) new GBV cases reported in health facilities excluding OSC.

### **Pathway 3: Governance and Advocacy**

#### **a. Intermediate results**

- 2 / 9 (22%) GBV policies being advocated.
- 34 / 90 (38%) of stakeholders engaged in GBV activities.

#### **b. Immediate results**

#### **2 / 2 (100%) of the state structures with a functioning VBMS data management system.**

- 1 / 1 (100%) full assessment conducted.
- 1 / 1 (100%) customer needs assessment carried out.

#### **34% of clients benefiting from the services said they were referred by the partner structures**

- 12 / 12 (100%) coordination meetings including health centre staff, women's groups and community representatives organised.
- 34 / 90 (38%) stakeholders involved in advocacy activities.
- 72 / 72 (100%) reference lines in place and functioning.
- 2 / 2 roadmaps developed by the provincial gender divisions.
- 

#### **2 / 2 (100%) of state parties (including decisions made during implementation) in the implementation of GBV actions.**

- 2 / 2 (100%) provincial VSBG database supported and functional.

### **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 unfavourable to gender equality and to promote the fight against (S)GBV.

#### **a. Intermediate results**

- 39% of the wives of the men in the resilient men's networks reported that they had improved their level of decision-making in their household.
- 86% of community members (parents, religious leaders) are involved in SRHR of adolescents and youth.
- 42% of the members of community structures are involved in the prevention, alert, orientation and protection against GBV at the local level.
- 25 / 24 (104%) safe spaces for young people established and functional.
- 25 / 24 (104%) youth associations supported demonstrate a high level of capacity score.

#### **b. Immediate results**

- 339 / 360 (or 94% of the target) people participated in meetings between health providers and protective community members, including 171 men and 168 women.
- 4 radio programmes were produced.



## D. Project successes

### D.1. Medical care

N° 1 Y2-Q1 / Code : EEME 01 / CS. RAPHA

- ✓ Profession: none
- ✓ Age: 16 years
- ✓ Marital status: single
- ✓ Type of incident: rape
- ✓ Incident date: September 2021
- ✓ Listening date: December 2021
- ✓ Title of the story: I can also hope

- ✓ My name is EEME 01, 16 years old, only daughter of an unknown family, I don't know my father and mother or my family, I was brought up by the family that took care of my mother when she fled the war in Rwanda, she came to Goma in 1994. She was 4 years old at that time, my mother's story is really long and painful until she had my pregnancy from the rape of an unknown man in 2004 and it was this pregnancy that took her away after she gave birth to me in 2005. It was the family that had taken her in that had also kept me until I learned my story from the mother who was beginning to marginalise me. Although she took care of me completely, there came a time when things changed in such a way that I became a stranger to the family. I went through very painful moments, I began to miss even food and clothes and became subject to humiliation and mockery.
- ✓ As misfortunes often do not come alone, one day while I was leaving school in a very sad mood, a taxi driver told me that he felt sorry for me and therefore he wanted to transport me to our home. Believing that he was a person of good faith, I accepted but unfortunately his objective was to kidnap me to go and rape me. Sometime later the family found out that I was pregnant and decided to chase me out of the house, I dropped out of school and today I am six months pregnant as a result of the rape and I don't know the father.
- ✓ Following this situation, my tendency was to believe that I am a curse, life had no meaning anymore, I have no reason to live, ... I went through hard times characterised by social withdrawal, guilt and feelings of self-destruction characterised by suicidal thoughts with a passage to action twice as I started to spend the night in hospitals pretending to be a sick guard.

- ✓ Today, thanks to the support of the Rapha health centre via the S-3G project of Heal Africa, I have found a family that takes me on as a housewife, I have benefited from medical and especially psychological care because I never expected to become the resilient person I have become today thanks to the support of the S-3G project.
- ✓ I believe in my better future, I am happily expecting my baby, I have a right to life and I sincerely thank Heal Africa's S-3G project for this great action in favour of the oppressed in the Mweso health area.



received a number of calls that are not directly related to the project. This is a clear sign of the trust

that the community has in the hotline, the security that the hotline offers to those who use it and the importance of the existence of the hotline.

Testimony of the Hotline manager: *"I receive calls from beneficiaries referred to the health structures via the hotline who call me back to thank me for the support".*

#### **D. 3 Removing the barrier to SRHR**

- ❖ This is the case of a father living in the Solidarité health area, Karisimbi health zone, who disowned and turned away his 19-year-old daughter, a secondary school finalist who was made pregnant by another young teenager. "I disown you, my daughter, because you have disappointed me and I don't want to see you anymore," cried the father in the local language. The girl found refuge with her paternal aunt who kept her for a period of three months. The girl's father, having benefited from the sensitisation sessions conducted by the trained parents on SRHR, finally decided to reintegrate his daughter into the family. "Being pregnant is not the end of your life, I will put you back in school after you give birth," the father replied when he welcomed his daughter back into the family.
- ❖ Strong parental commitment, trained religious leaders and changed attitudes on sexuality have enabled the parents reached to take into account the different needs of girls and boys in families. The parents reached by the "Daddy, Mummy, Where do babies come from" image box sessions say that the project helps them to be attentive to their children's unrecognised needs. There is less conflict between parents and children in the health areas reached by the project.

**Some testimonies** gathered from parents and young people in the field during the quarterly meeting:

- A woman trained in Kalehe said: *"Before the project, I felt uncomfortable talking to my daughter who has a child. And this attitude also made me sick. But after the training, I understood that I should approach my daughter, dialogue with her to understand her needs and take them into account. Thanks to the guidance I received during the training, my daughter says that she has recovered as a family, I too have peace and I understand that I was the source of the problems for my family and the source of my illness."*
- Before the project, many men could not involve their wives in decision making, they disregarded them, but thanks to the awareness sessions held by the trained parents, women are valued in the community.
- A mother from Lemera testified: *"the instructions of the S-3G project helped me to positively change my life and that of my family, before, I could not talk about sexuality to my children, I did not know what sexuality was either, but thanks to the project, I learned to dialogue with my children about sexuality without taboos. And I am happy to see that other parents come to me for advice"*.
- I am very grateful to the trained parents and other actors involved in the S-3G project," says a teenage mother from Tchofi. She says: *"My parents used to insult me, scorn me of all kinds, and totally discredit me, because I am only a girl-mother, and this brought me a lot of worries to such an extent that I had lost hope to continue living. But, thanks to the trained parents who sensitised my parents, they understood that despite my situation, I deserve consideration. And today, I am on good terms with my parents, and I enjoy my rights like the other children in the family."*
- Statement from a father in Kalehe/Ihusi: *"Before the S-3G project instructions, I did not know that I had to talk to children under 18 about sexuality, it was very difficult to talk to my children about it, but thanks to the project, I feel very comfortable talking to my children, they ask me questions and I answer each one according to their age without any complexes"*.



**D. 4 Success stories presented by resilient men and their wives during the community discussion sessions**

<b><i>Before the resilient men group</i></b>	<b><i>During participation in the Resilient Men's Group of the S-3G project. Wives' testimonies.</i></b>
P11 from the group Umoja ni Nguvu (Rapha) spent nights outside the home with prostitutes. Even when his wife was away, he could never change the baby's nappies or give it a bottle.	The wife of P11 testified: <i>"At present, my husband has stopped spending nights outside our home with other women in the neighbourhood. When I am away from home, he looks after the children, ..., he no longer insults me as he used to, there is peace in the family so that the neighbours are beginning to be surprised by his change"</i> .
P7 of the group Umoja ni Nguvu regularly hit his wife	P7's wife testified that her husband has changed positively and is starting to do housework and is a good role model for the neighbourhood. The wives (2) of his friends came to ask P7 to help their husbands join the focus group given the positive change observed in P7.
P8 of the Umoja ni Nguvu (Rapha) group could never involve his wife in any family decision. For example, he would sell the family's property.	Currently, P8 has changed positively and is beginning to involve his wife in all family decisions and is taking into account his wife's views.
P5 from the Wa Baba tubadilike (Buroha) group could never touch the child, e.g. if he/she has pooped, ..., if I am absent or cooking.	The wife of P5 said: <i>"my husband since he participated in the community discussion sessions, he has changed. He takes care of the child, when I am present or not, he helps with the housework, ..., he involves me in the decision making when he has earned the money, we plan the use of the money together, which was impossible before"</i> .
P2 from the Umoja group (Burungu) identified as indirect victim and father of 5 children. The 5 <sup>ème</sup> child is the result of rape. Admits to having spent a year and a half without sleeping on the same bed with his wife, following the rape she suffered.	After the fifth session, P2 made a decision to recover and reconcile with his wife. During the joint session, his wife reported the observed change of a restored peace in her family since her husband's participation in the S-3G community discussion group.
P3 of the Umoja (Kabukungu) group had been identified as an alleged upright person. He was a dictator, and no one spoke in the family in his presence. He had rules of his own that he set without the approval of his family and anyone who broke these rules was not allowed to eat.	At the end of the first session, P3 acknowledged his violent behaviour towards his wife and children. He gathered his family together, everyone participated to abolish certain rules that were set against his wife and children, while establishing others that are consensual. Now the whole family is happy to be free and to be in front of a father who listens to them and loves them.
P15 of the Lusu (Kabukungu) group, could never talk to his wife or children. His sexual relationship with his wife was characterised by brutality and could never expect her consent.	Thanks to his participation in the Resilient Men's group sessions, after the fourth session on sexuality, sexual violence and victim support, he returned home, exchanged with his wife acknowledging that he was raping her and asked her forgiveness. Since then, the two partners have been having sex with equal consent. His wife is happy and thanks the S-3G project.

<p>P7 Umoja group (Luberizi) identified as violent and father of 6 children, said: 'my life was characterised by contempt for women. In a state of drunkenness, I committed several acts of violence against them, be they psychological, physical, sexual assault, rape, ..., many acts of violence that I myself could not understand that they were criminal acts.</p>	<p>During the session he said: "<i>I, P7, am delighted to have a new life after participating in the resilient men's discussion group. I am starting to drink alcoholic beverages with moderation. I am starting to consider and value my wife and all people without discrimination. A good climate of dialogue has been established in my home. Through the S-3G project, I have gained knowledge in different forms about violence in the community. I want to start raising awareness among my friends. I thank LP to continue with this S-3G project to reduce violence in my community and elsewhere</i>".</p>
<p>P10 Umoja (Bushushu) group, father of 2 children. He was identified as Violent. He is a farmer and benefits from the harvest but unfortunately his family did not benefit. After selling his crops, he would disappear with all the money and come back home when he has nothing left in his pockets. His children suffered a lot because they were chased away from school every time because of school fees.</p>	<p>Since P10 started participating in the community discussion sessions, he has acknowledged that he was blind to his wife and children by consuming their harvest money alone. From the 7<sup>eme</sup> session onwards, he committed himself to working on behalf of his family. He promised to reduce the excessive intake of alcoholic drinks and that from now on the crops should benefit the whole family.</p>

## **E. Capacity building**

The following overview summarizes the trainings provided during the semester:

Type of training	Profile of participants	Number of participants		Pre-test result	Post test result
		Men	Women		
Training on forensic evidence collection	Doctors, nurses, magistrates, police, lawyers	18	67	18,7%	72,5%
Training on techniques for identifying committed men	Community members, supervisors	28	8	27,8%	69,2%
Comprehensive sexuality education training	CBO supervisors	3	5		
Training on identifying resilient men	Community facilitators	22	8		
Training on group monitoring tools	Facilitators, supervisors, LPI staff	28	8		
Training on Living Peace methodology and group dynamics	Facilitators, supervisors, LPI staff	28	8		

In addition, the following capacity building was provided to the project partners:

1. Training on gender and inclusion facilitated by Cordaid's gender experts. This training was held in Goma from January 20 to 24, 2022 and was attended by 9 S-3G team members (5 women and 4 men from the consortium and local implementing organizations).
2. Training on conflict sensitivity: organised by the EKN in Kigali and facilitated by consultants. This training was held in Goma from November 23 to 26, 2021 and was attended by 7 S-3G team members (5 women and 2 men from the consortium and local implementing organizations). In addition to dealing with the Conflict Sensitivity methodology, conflict and interaction indicators, emphasis was placed on adapting context analyzes since a good analysis is the basis for any development of a CS approach.
3. Training on the use of data. This online training facilitated by the Cordaid DRC national monitoring and evaluation coordinator was organized for the program and M&E teams of the members of the consortium and local organizations implementing the S-3G project on the beginning of June. It allowed them to understand that it is not necessary to limit oneself to the collection of data, but it is also necessary to analyze them for a correct use.

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

As the project itself is aligned with regional, national and other Great Lakes programmes, all activities carried out during the reporting period were also aligned with them:

### **F.1. National / regional priorities**

- During the semester, the training activities carried out were in line with national priorities, in particular the training on forensic evidence. It was facilitated by the provincial trainer, the forensic doctor of the province of SK, sworn in by the Congolese state. Similarly, the module used was that of the national level.
- The provision of inputs in the health zones followed the normal circuit provided for in the national essential drug supply programme.
- The project supported the holding of CTMP-PF meetings, which is a provincial framework established by decree of the prime minister to monitor the implementation of national recommendations on family planning.
- The project has kept the supervision of field activities to the sole responsibility of the state structures.
- The responsibility for the steering committee meetings remained with the ministry of gender, which has a national mandate to deal with aspects of sexual violence within the country.
- The training of young people on comprehensive sexuality education followed UNICEF / RACOH Manual.

### **F.2. Synergies with other projects funded under the Great Lakes Programme**

- Participation in the meeting of the SRHR platform of organisations funded by EKN in Kigali.
- Collaboration with the ESPER project implemented by the VNGI-Cordaid consortium concerning the installation of suggestion boxes in certain convergence zones in Kalehe, Ruzizi and Karisimbi as well as sharing of the SGBV hotline with the ESPER project operating in the same areas.
- Collaboration with Care International in the follow-up of the activities of the VSLA.

### **F. 3. Collaboration with other organisations**

- Panzi Foundation: for the mobile courts in Kamituga.
- ABA: Mobile courts in Kalehe.
- IMA: Supply of PEP kits.
- UNFPA: Contraceptive procurement.
- Chemonics / USAID: Contraceptive procurement.
- Global Fund / Cordaid project: provision of PEP kits.

## **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:* insecurity in the Kirotshé health zone with kidnapping of humanitarian workers during the implementation of activities. Relative calm was observed throughout the area of action, although the presence of armed groups was reported in Masisi territory, more specifically in the Mweso health zone, and in Kalehe territory towards the high 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 NK with the massacres and killings the state of siege continued, with the army managing the province and the territories. ***Permanent contact is maintained with these authorities through some key project partners.***
- ***On the health front***, a third wave of the Covid-19 pandemic was reported in the two provinces of North and South Kivu around December but fell in January. ***All project activities are carried out in compliance with barrier measures, social distancing, compulsory hand washing and the wearing of masks.***
- ***In terms of infrastructure***, overall, we noted accessibility to the project health areas, with the exception of the road in the Kamituga health area, which experienced geographical access problems during the rainy season. The same applies to the Ndunda health area in the Ruzizi health zone. ***We opted for integrated, long-term activities for interventions in the Kamituga health zone and the use of motorbikes for team travel in Isopo and Ndunda.***
- ***On the administration of the project***, the lengthy process 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 of the activities at community level (pathway 4). ***An acceleration plan has been put in place and is being implemented.***

## **H. Lessons learnt**

- A direct involvement of the National Mental Health Programme in the project activities ensures the determination of the project to support the government in integrating mental health care into primary health care by giving the assignment note of psychologists in the civil society organisations.
- The positioning of transport and energy costs in each safe space for young people 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 OSC.
- The collaboration with the other partners makes it possible to resolve some of the project's difficulties, in particular certain legal issues that have been resolved thanks to the organisation of the other organisations' mobile courts.
- The trust between the care providers (Psycho-Social Agent) towards the survivors and the project staff allowed the results to be achieved quickly.
- The assignment of an additional unit to manage the hotline has made it possible to make the hotline operational at weekends and on public holidays, which has led to an increase in the use of the line.
- Feedback on the results of the SGBV quality of care assessments done at the health zone level allows for the improvement of the quality of services.
- Since the beliefs, customs and backward norms that exacerbate the rate of SGBV in the community come from the community itself, advocacy at the local level is very important. As long as the advocacy is based on true facts, it is likely to bring about positive changes in our communities.
- The greatest demand on the hotline goes even beyond the problems addressed by the project. On several occasions the hotline has received calls for land-related issues, for help in recovering credit, in short, for issues that are not related to SGBV. This shows the importance of a hotline as a way of addressing the myriad concerns of the community.
- Given the testimonies of change expressed by the wives of resilient men towards their husbands and their requests to join a community discussion groups, the community can change some of the customs that are at the root of GBV if its members are supported in spaces where they can share their experiences and fight against GBV.
- Good identification of participants within the community ensured that facilitators of the positive masculinity sessions were able to acquire the new knowledge.
- The organisation of orientation meetings at the beginning of each new year of the project allows for a good ownership of the project by each stakeholder.

## **I. Sustainability**

It should be noted that any implementation by the project takes into account sustainability, i.e:

- The train-the-trainer approach enables the transfer of skills to local communities and existing state structures.
- The young people trained in comprehensive sexuality education, selected locally in the community-based organisations, at the end of their training, form a core of awareness within their communities and associations.
- Training parents and religious leaders on SRH helps 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 a record of the intervention in the community.
- The setting up of VSLA in the community allows women to help women in the community to get back on their feet economically, as well as teaching women trades.

## **J. Risk management and challenges**

- The delay incurred in signing contracts with implementing partners following long administrative procedures led to a delay in the implementation of activities with a risk of budget under-consumption or not finalizing activities within the time limit. To remedy the situation, we were able to put in place an activity acceleration plan from the second half of the year, which we are evaluating monthly with all the implementation partners.
- Beyond a common security challenge for all partners, the activities carried out must take into consideration the element of conflict sensitivity. In our context, certain awareness-raising topics may offend certain minds within the community. Especially when it comes to questioning deeply held religious and customary beliefs that turn out to be a source of SGBV acts. To address this situation, the project works closely with community members and leaders who are component members of protective communities, a strategy that is bearing fruit. Indeed, they are gradually taking ownership of the project. As a result, they are serving as peacebuilders for the project.
- Providing comprehensive sex education to young people in safe spaces poses a great risk to religious beliefs on the one hand and cultural habits on the other. To avoid this risk, we have involved parents and religious leaders in awareness raising.
- Safety of adolescents and young people who participate in the comprehensive sex education sessions that take place in the afternoons. The solution retained by the project is the implementation of a harmonised schedule for the keeping of safe spaces for young people that takes into account safety hours. No session can go beyond 4pm. Parents are informed of this schedule.
- Risk of sexual abuse and exploitation for vulnerable and marginalised young people (10–14-year-olds and adolescent mothers). As a mitigating measure, the supervision of these groups was entrusted to the supervisors themselves.
- In general, an article on the protection of children and young people participating in the S-3G project was introduced in the Memorandum of Understanding signed between SOS SIDA and the leaders of the youth CBOs involved in the project.
- The leaders and supervisors of youth CBOs are sensitised to the respect and diffuse the Safeguarding policy, the SOS SIDA policy on the protection of children and vulnerable people.
- Special risks for supervisors in the Ruzizi and Kamituga health zones:
  - To access the Ndunda health area in Ruzizi HZ, one has to cross a large river on foot as there is no bridge over the river. This crossing constitutes a risk of drowning and risk of theft of the motorbike left on the other bank.
  - Isopo Health Area/Kamituga Health Area: There are no passable roads between Kamituga town and Isopo Health Area. It is necessary to cross a good part of dense

forest to get to Isopo with the risk of the presence of road cutters who also constitute a risk of kidnapping and theft of the motorbike.

As a mitigation measure implemented in the field:

- Limit/suspend supervision during heavy rains in Ndunda.
- Take public transport (motorcyclists) to Ndunda so as not to expose the project motorbike to theft.
- For Isopo, the supervisor has to travel by public transport by motorbike and camouflage himself so as not to be identified on the way as an aid worker.
- Encourage remote supervision by telephone when there is news of abduction in the area.
- Do not disclose the day of supervision (unannounced supervision).
- In general, apply the requirements of the security manual.

### **K. Conflict sensitivity analysis**

- An action plan on conflict sensitivity was developed with the support of trainers.
- Consideration of conflict-related issues in the Kirotshe health area where one health facility has been detached (Rubaya) from the health area to another neighbouring area. It was not possible to look for another health area in Kirotshe due to the ethnic sensitivity in the community: the Rubaya health area is majority of another minority ethnicity, moving the activities to another health area would be perceived as an injustice. Thus, the activities remained in the Rubaya health area until the end of the intervention.
- Representation of communities in the intervention area: all communities are part of the target groups.
- Respect for humanitarian norms and security hours in conflict areas: non-participation of staff in conflict activities.
- Strict enforcement of the policy against sexual abuse and exploitation.

### **L. Planning for next semester**

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

- Train the psychologists and supervisors on stress management, mentoring and trauma planning with ARQ International.
- Implement the mentoring plan in the health zones.
- Organise de traumatisation sessions at zonal level with Psycho-Social Agents, OSC and other project partners.
- Support the micro-projects of the survivors in the VSLA.
- Support score card and data quality assessments.
- Facilitate the use of the hotline free of charge with other telephone operators than the only one currently possible.
- Organise training for providers on family planning.
- Organise support for health zones on the Informed Push Model approach.