Cordaid BUILDING FLOURISHING COMMUNITIES

Stabilité 3G

Embassy of the Kingdom of the Netherlands, Kigali

Great Lakes Regional Programme – SRHR

NARRATIVE REPORT

SEMESTER 1

JULY 2021

Project title: Stability - 3 G (Gender & Community Guarantee, One-Stop Centers and Supply Chain Management of essential SRH 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	
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 31 May 2021

Abbreviations

CTMP-PF	: Comité Technique Multisectorielle Permanent - Planning Familiale
CSR	: Centre de Santé de Référence
DPS	: Provincial Health Division / Division Provinciale de la Santé
DRC	: Democratic Republic of Congo
EKN	: Embassy of the Kingdom of the Netherlands
FP	: Family Planning
OSC	: One Stop Center
PEP	: Post-Exposure Prophylaxis
PSA	: Psychosocial Assistant
(S)GBV	: (Sexual) and Gender Based Violence
SNVBG	: Stratégie Nationale contre les Violences Basées sur le Genre
SRH	: Sexual and Reproductive Health
SRHR	: Sexual and Reproductive Health and Rights
SSRAJ	: Santé Sexuelle et Reproductive des Adolescents et Jeunes
STI	: Sexually Transmitted Infections

A. Major developments

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

During these six months of project implementation, the two provinces concerned by the project namely North Kivu and South Kivu, experienced the following major events:

- The Covid-19 pandemic in the two provinces with an increase in cases in the province of North Kivu as well as the declaration of the end of the Ebola epidemic for the far north part of the province of North Kivu. As for the Covid-19 pandemic, note that as of June 6, 2021, the province of North Kivu had officially registered 2,928 confirmed cases (second position after Kinshasa) while that of South Kivu, 944 cases confirmed (fifth position). The end of the twelfth outbreak of Ebola virus disease almost three months after its "resurgence" was officially declared on Monday, May 3, 2021. A total of 12 cases have been recorded, with six deaths and hundreds of people vaccinated since the outbreak. reappearance of the epidemic on February 7, 2021 in the DRC.
- The declaration of the state of siege for the province of North Kivu on April 30, 2021.
- The activism of armed groups more pronounced in the territories of Beni, Masisi and Rutshuru in North Kivu as well as those of Fizi, Uvira and Kalehe in South Kivu.
- The eruption of the Nyragongo volcano in Goma having caused the displacement of populations to the surrounding areas namely: Sake, Rutshuru or even Bukavu and Rwanda. This situation caused 32 deaths and more than 400,000 displaced people.

It should be noted that with the exception of the eruption of the Nyragongo volcano which caused the suspension of project activities in North Kivu for about three weeks, other events did not interfere with the implementation of interventions of the project.

A.2. Project implementation

The Embassy of the Kingdom of the Netherlands in Kigali through its Great Lakes regional programme is funding the Stability -3G project implemented by a consortium consisting of Cordaid as lead partner and Heal Africa as consortium member 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 by preventing and reducing sexual and gender-based violence (SGBV) and improving Sexual and Reproductive Health & Rights (SRHR) of especially women and girls.

The reporting period has been focused on start-up activities to lay the foundation on which sustainable actions would be based at all levels. These actions include:

- Contracting with all project stakeholders: 2 consortium members, 4 implementing partners, 1 technical partners and 10 state partners.
- Developing and implementing of the procurement plan: purchase of equipment, vehicles, laptops and office furniture and the launch of the procurement process for medicines and materials for the youth corners.
- Organising 2 workshops to launch the project in the two provinces of North and South Kivu involving all stakeholders with the major action of setting up steering committees for the project which will be chaired by the two provincial ministers in charge of gender.
- Organising 8 field trips to collect baseline data on quality of services offered to survivors of gender-based violence as well as youth friendly sexual and reproductive health (SRH) services.
- Selecting 72 community structures that will implement the project at local level. These include the structures for supervising young people on SRHR issues, the structures that should organise protective communities (the Nehemia groups) and the structures for supporting women (the Wamama Simameni).
- Organising 6 training sessions, including training for providers on management of youth friendly SRH services and Agir Family Planning (FP); training for youth supervisors on comprehensive sexual education; training for Ministry of Gender and territorial focal points on GBV data collection.
- Supporting 32 facilities in supplying PEP kits and contraceptives to enable them to manage cases themselves.

- Providing 32 facilities with tools to collect data on SGBV and youth friendly sexual and reproductive health (SRH) services.
- Organising follow-up field trips and support to 8 health structures for the effective implementation of the "One-Stop-Center" system and the circuit for survivors of gender-based violence.
- Supporting managers of the 2 provincial health division in the supervision and performance evaluation of health structures.
- Supporting 2 gender divisions in holding and revitalising gender coordination meetings in North and South Kivu respectively.
- Supporting 2 coordination meetings of the Multisectoral Permanent Technical Committees of Family Planning (CTMP-PF) and their sub-commissions in North and South Kivu.
- Training youth and specific groups on comprehensive sexuality education.
- Holding regular coordination meetings within the consortium.
- Organising an orientation workshop for all project partners
- Within the framework of advocacy, the project team held 30 meetings with the political and administrative authorities concerned by the project, including 10 with the Ministry of Health, 8 with the Ministry of Gender and 12 with the local political and administrative authorities to explain the project and provide opportunities to ask technical questions relating to the project.

B. Progress against action plan

The following activities were carried out during the first six months of the project detailed by pathway:

Pathway 1: Multisectoral response to (S)GBV

Description: 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 holistic (S)GBV services offered in the 32 targeted project health facilities using the JHPiego GBV Quality Assurance Assessment Tool[1]. The results show an average quality score of 51% for GBV services in the targeted facilities with the lowest score recorded in Kamituga (27%) and the highest in the Bukavu police hospital (64%). These results will be used to develop a joint improvement plan with the beneficiary institutions.
- Organisation of the baseline assessment of the quality of sexual and reproductive health services with an average quality score of 37% of which the lowest score is recorded in Burowa (11%) and the highest in Bushuhe (79%, which is a former Jeune S3 facility).
- Organisation of field trips to monitor the implementation of the One Stop Centers in the different health zones. For the structures to be called a "One Stop Centre", the three services of medical, psycho-social and legal support should be functional and staff available and willing to take care of survivors. The survivor circuit was in place with medical staff, a psycho-social assistant (PSA), a clinical psychologist and a paralegal in Kalehe, Ruzizi and Karisimbi. Furniture and computer equipment for the listening houses was in place thanks to the support of Heal Africa at the CBCA Virunga hospital, with minor equipment and rehabilitation needs remaining in Ruzizi and Kalehe.
- Support for a training of trainers on the care for survivors of sexual violence: 4 people from both provinces have benefited from this training on the new training module on care of survivors of SGBV violence that has been set up by the National Reproductive Health Program at national level. As a result, North and South Kivu have set up pools of trainers for this new training module.
- Technical and material support for the organisation of youth friendly SRH and SGBV services in the 24 health centres supported by the project.
- Printing and distribution of SRHR youth training materials in the different health zones. The following manuals were produced: Comprehensive sexuality education module for 15-24 year olds,

[1] *GBV-Quality-Assurance-Tool--ENQuality.pdf*

manuals for 10-14 year olds (Like Sarah Miriam and Joe: in French and Swahili), manuals for teenage mothers (Like Pamela), training manuals for parents and religious leaders (picture box and the booklet Papa, Maman d'où viennent les bébés).

- ❖ Assuring availability in the facilities and hospitals of 32 psycho-social agents, all nurses who accompany survivors eligible for SGBV services and are ready to accompany the project to achieve its results.
- ❖ Assuring availability of 8 clinical psychologists from hospitals and health zones to accompany survivors with mental health problems to recover from their trauma in the OSCs.
- ❖ 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. The safe houses will also facilitate the transit of fistula patients to the Panzi and Heal Africa tertiary hospitals, which serve as Expertise Hubs.[2]
- ❖ 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.
- ❖ During the recent volcanic eruption, 72 PEP kits were made available, including to 64 adults and 8 children in the Kirotshe health zone, in order to respond to possible cases of sexual violence and prevent sexually transmitted infections among the exposed population.
- ❖ Organising an orientation workshop on the functioning of legal clinics according to the project's objectives benefitting 11 paralegals and legal supervisors.
- ❖ Training of 76 Titulaires Nurses, Assistant Titulaires Nurses, doctors and supervisors of the health zones on the national protocol of holistic management of SGBV and sexually transmitted infections (STI) with support of the National Programme of Reproductive Health and the National Programme of the fight against AIDS in North Kivu and South Kivu.

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

b.1. Medical care

Type of violence	**FEMALE**			**MALE**			**MEDICAL CARE**			
	0-11 years	12-17	18-59	0-11 years	12-17	18-59	Within 72h	After 72h	Treated for STIs	Joined FP
Rape	2	27	84	0	0	0	98	15	105	5
Sexual assault	9	27	76	0	0	2			50	2
Forced marriage	0	2	0	0	0	0			1	0
Physical aggression	0	20	54	0	3	9			58	6
Emotional/ Psychological violence	0	1	32	0	2	3			29	13
Resource Deprivation/ Economic Violence	0	0	1	0	0	1			1	1
Other GBV cases	0	0	0	0	1	1			0	0
Fistula cases identified, treated and or referred	0	0	0				0	0	0	0
TOTAL	**11**	**77**	**247**	**0**	**6**	**16**	**98**	**15**	**244**	**27**

[2] In North Kivu, the consortium uses the safe houses installed by other SGBV projects

Comment: During this period, the project carried out medical care activities for survivors of SGBV: 98 cases were received within 72 hours and 15 after 72 hours, 244 cases were treated for STIs and 27 joined the FP services. No pregnancies resulting from rape were reported and no cases of fistula were referred to tertiary hospitals.

b.2. Psychosocial care

TYPE OF VIOLENCE	Service received on 1st contact		Discharged	Received 2 to 3 services
	PSYCHOLOGICAL CARE (Active listening)	MEDICAL CARE		
Rape	82	31	59	110
Sexual assault	47	37	74	84
Forced marriage	1	1	1	1
Physical aggression	105	9	41	114
Emotional/psychological violence	0	0	38	2
Resource deprivation/economic violence	1	1	2	1
Other GBV	2	0	2	2
TOTAL	**238**	**79**	**217**	**314**

Comment: 238 cases registered at the 24 structures and 8 OSCs received the first contact with psychosocial agents including active listening and referred 79 cases for medical care. Of the 238 cases, 217 cases were discharged.

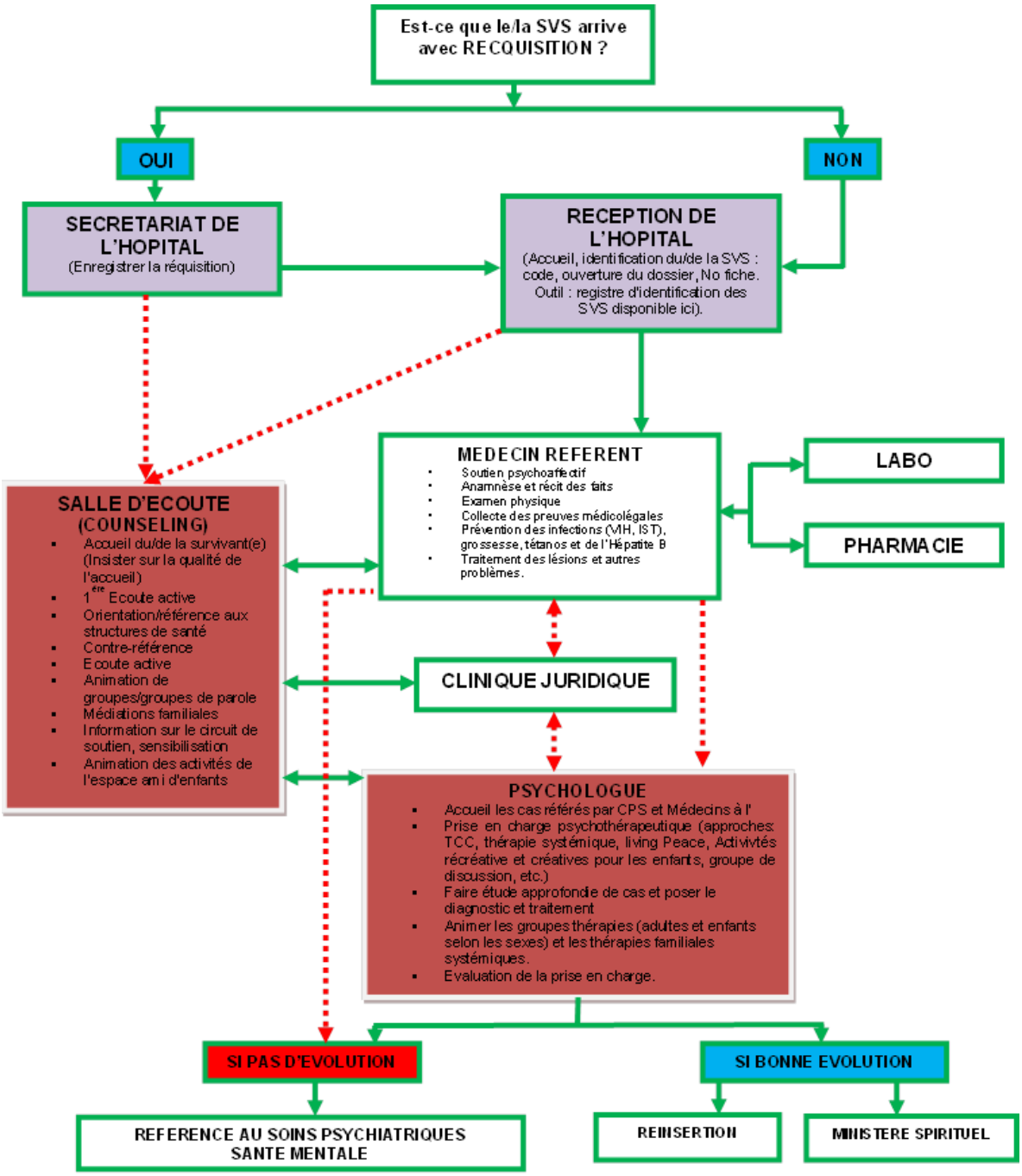
b.3. Legal and judicial handling of cases

LEGAL AND JUDICIAL CARE	Total number of people who attended the legal clinic (advice service)	Accompanied files in court	Initiated complaints	Judgment rendered
Rape	5	2	4	0
VBG	29	0	0	0
Other community members	37			
Total cases	**71**	**2**	**4**	**0**

Comment: A total of 71 people attended legal clinics in OSCs, of which 2 cases are being followed up in court and 4 complaints initiated (1 at Kamituga, 1 at CSR Sake, and 2 at CSR CBCA Kitshanga).

In line with the project objective, a sound and simple referral system has been put in place.

Figure of referral circuit implemented in OSCs



Comment: The diagram shows that the entry point for all GBV cases is at the PSA level in both the OSCs and the supported health centres, applicable for cases with and without a requisition. This approach makes it possible to promote case management from arrival to discharge. The PSA accompanies the survivor for the entire service and ensures that all the survivor's needs according to his/her operational action plan are met through referral and counter-referral.

Pathway 2: Health System Strengthening

Description 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

- Support for the organisation of training for staff of 20 out of 24 health centres and 2 hospitals (military and police) on youth friendly SRH services and Agir FP, to build their knowledge and skills in providing those services. The Mweso health zone was unable to carry out the training because the zone's chief medical officer changed during this period. In total, 60 health providers benefited from the training out of 48 expected, thus reaching 12 more people.
- Support for the organisation of supervision field trips to health zones by the Provincial Health Divisions (DPS) of North and South Kivu.
- Support for the organisation of supervision visits to health facilities by the health zone management teams. All 30 health structures benefited from the support of their hierarchy to improve the quality of services offered to beneficiaries.
- Support for the organisation of meetings of the multi-sectoral technical commissions on FP as well as the sub-commissions, including those of logistics, youth, the religious leaders and advocacy. These meetings allowed to improve the quantification of FP commodities, as well as the harmonisation of stakeholders offering these commodities and enabled the health facilities supported by the project to also benefit from these commodities.
- Organisation of performance evaluations of the health structures supported by the project by the two DPS. Concerning the 6 health zones, the results give an average of 77.3% with the highest performance in the health zone of Ruzizi (100%) and the lowest in Karisimbi (70%) while for the OSCs, the average is 72.8% with the highest performance in Mweso (86%) and the lowest in Kirotshe (60%).
- Organisation of bilateral meetings with IMA World Health for the supply of PEP Kits in the health structures supported by the S-3G project. This allowed to align our supported health zones among the zones that should benefit from PEP Kits.
- Support for the establishment of drug distribution routes in the health zones.
- Launch of the local procurement process for SRH commodities.

b. Data on the use of family planning services

Health zone	FP Advisor	NC PF	Proportion of FP used of number of cases advised
Kalehe	567	497	88%
Kamituga	435	422	97%
Ruzizi	1078	701	65%
Total SK	2080	1620	78%
Kiroche	2094	499	24%
Karisimbi	1007	510	51%
Mweso	785	687	88%
Total NK	3886	1696	44%
Total N/SK	5966	3316	56%
Annual target	28122		
% Achieved	21%		

Pathway 3: Governance and Advocacy

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

Main activities:

- Support for the revitalisation of SGBV coordination meetings in South Kivu and its organisation in North Kivu chaired by the provincial gender divisions.
- Holding of the first SGBV coordination meeting in South Kivu.
- Support for the training of focal points and managers from the Ministry of Gender on the referral circuit and on tools for GBV data collection. A total of 55 managers and focal points from the Ministry of Gender benefited from the training, including 25 in North Kivu (13 women and 12 men) and 20 in South Kivu (7 women and 13 men).

Pathway 4: Community Mobilisation

Description: Promotion of community mobilization for the transformation of positive gender perception Community mobilization to foster gender transformation processes, reduce stigma and gain broad community support for the protection of survivors of (S)GBV

Main activities:

- Contracting the local organisations SOS SIDA and PAP DRC in charge of the SRHR of young people in South Kivu and North Kivu respectively.
- Selection of basic youth structures for the supervision of young people in comprehensive sexuality education sessions, based on the following selection criteria: working with/on youth and SRHR, basic organisational structure in place, girl representation in the committee, youth mobilisation capacities, viability of the structure. 24 youth structures were selected for the 6 supported health zones, with one structure per project health area. The structures selected are very basic youth structures, but which are involved in supervising others on reproductive health issues.
- Assessment of the capacity of youth associations on SRHR through the 3-dimensional assessment tool revealing an average of 32.1%. [3]
- Training of supervisors of basic youth organisations on comprehensive sexuality education. The training benefited groups of young people aged 15-24, young people aged 10-14 and teenage mothers, 24 of whom received training in North Kivu and 24 others in South Kivu.
- Selection of young people and start of the comprehensive sexuality education sessions in both provinces:
  - In South Kivu :
    - ✓ 200 young people aged 15-24 in 8 Community Based Youth Organisations, including 102 girls and 98 boys
    - ✓ 50 teenage mothers under the age of 19
    - ✓ 50 adolescents aged 10-14 (25 girls and 25 boys)
  - In North Kivu :
    - ✓ 200 young people aged 15 to 24 in the 12 CBOs, including 184 girls and 116 boys
    - ✓ 100 teenage mothers
    - ✓ 150 teenagers aged 10 to 14, including 93 girls and 57 boys

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

C. Project results - Analysis of performance indicators

Intermediate results

At this stage of the project, it is difficult to produce the intermediate results of the project, as these are based on surveys and evaluations that have not been carried out during the period in question. Satisfaction surveys are planned for the second half of this year, while the mid-term evaluation is scheduled for next year.

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.

On outcome level the following results can be noted:
- The average score of the initial quality score of SGBV services in the project supported facilities was 51%.
- 88% of survivors received a holistic response (2 or 3 services) according to their needs, an increase of 18% compared to the target expected during the year. In addition, 20% of survivors received legal support.

On output level the following results have been achieved:
- 100% of OSCs installed and functioning
- 17% of the targeted new SGBV cases reported in the health structures
- 21% of the targeted clients have consulted FP services
- 33% of safe houses installed
- 105% of clinical providers and 110% of legal/judicial staff trained. The project was able to train more people than initially expected
- 75% of the targeted listening houses and psycho-social and legal clinics are functioning.

However, the activities related to the setting up of the AVEC and the mentoring programme to accompany the providers and other project staff on detraumatisation.have not yet started, even though preparations have been taken place during the reporting period.

Minor rehabilitation and equipping of OSCs is planned for the second half of this year.

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.

On outcome level, the basic evaluation of the quality of SRH services in the structures supported by the project show an average quality score of 37%. The results of the subsequent surveys and evaluations will allow to assess the professional competence of the providers and the quality of the services offered to the beneficiaries and verify enhanced performance and quality over time due to project support.

On output level the following results have been achieved:
- 125% of key health centre staff trained in gender-sensitive and youth-friendly SRH services. The project was able to train more people than initially expected
- 100% of health facilities with youth-friendly spaces set up
- 33% of supervision & evaluation missions carried out (DPS + ECZ)

- 33% of CTMP logistics sub-committee meetings held

The equipment of the youth-friendly spaces (corners) is planned for the second half of this year.

The activities relating to the management of the supply chain of essential SRH commodities, including those for the management of SGBV cases and FP, have not yet effectively begun since the technical consultant firm dropped out due to budgetary reasons and needed to be changed and the time needed for the local procurement process had been underestimated. The implementation of these activities as such are scheduled for the second half of the year.

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.

To be able to report on outcome level on the improvement of the coordination of the (S)GBV response, the level of stakeholder involvement, the reinforced capacity of provincial government in coordination and monitoring and evaluation to combat SGBV, as well as changes in social gender norms, we need to await the results of future surveys and evaluations.

However, on output level the following results are noted:
- A comprehensive assessment was conducted resulting in the development of a priority activity plan
- 33% of targeted provincial Gender Working Group meetings were held
- 50% 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.

However, advocacy activities have not yet effectively started as they depend on the advocacy strategy and plan that will be developed during the workshop planned in the second half of this year.

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.

The proportion of community members who adopt positive attitudes towards gender and SRH, as well as those who improve their knowledge of SGBV and SRHR will be known during the surveys and evaluations that will be organised in the second half of the year.

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.

The setting up of protective communities and capacity building of their members are planned for the second half of the year. The same applies to social mobilisation activities.

D. Project successes

- Revitalising GBV coordination meetings in South Kivu province.
- Establishment of 55 zonal focal points of the Ministry of Gender in charge of data collection and transmission to the provincial level to overcome the problem of distance of transmission between the territory and the sites where survivors receive care.
- The establishment of 8 OSCs in hospitals, especially the CBCA Virunga hospital where medical staff, a PSA, a clinical psychologist and a paralegal are sitting in rooms close to each other on the same site allowing easier referral and exchanges between the three actors, facilitating a good follow-up of the survivors and quality of care.
- The work of the PSA as a case manager who is central to the care of survivors to address the problem of losing sight of survivors and to ensure confidentiality.
- Establishment of 8 psychologists who belong to the health structures and are not assigned to the project in the OSCs.
- Establishment of 2 pools of trainers on SGBV at provincial level.
- Support for 2 provincial CTMP-PF bringing together all FP stakeholders.

E. Capacity building

The following capacity building activities have been undertaken during the reporting period:

- The request to assign clinical psychologists to health structures to integrate them into the health system and even into the management teams of either the hospital or the health zone to deal with all aspects of hospital health and even supervision of health centre staff.
- The establishment of OSCs at hospitals and referral health centres with a psychosocial officer (case manager) at the centre of the referral circuit to discharge. This facilitates case management, ensures confidentiality and relieves the survivor of the stress of telling their story to each department.
- The selection and capacity building of PSAs as integrated agents in the health facility makes it possible to make the facility more responsible for the care of survivors and to integrate it as an activity in the health centre's minimum package.
- Selection of existing youth structures working in SRHR with low organisational capacity to accompany and equip them to offer the required information and skills in SRHR to the young people in their care.
- Establishment of a collaboration framework between nurses in health centres and youth associations through capacity building of the actors in these two structures.
- Capacity building of 2 persons per youth structures and encouragement of good communication between youth structures and health centres including OSCs in terms of referral and care for young people and adolescents.
- Support for the CTMP-FP and especially the logistics sub-committee to enable INGOs to draw up the FP commodities quantification document and to organise redeployment to make up for the shortage of supplies in the health zones.

Some of the results of some of the training courses held during the period under review:

- **Training on the medical management protocol**: The training shows clear progress of the 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 held in Goma and Bukavu with participants from Karisimbi, Kirotche, 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%, i.e. a gain of 14.2%.
- **Training on Sexually Transmitted Infections:** 80 participants, of which 35 men and 45 women, were strengthened in terms of their capacity to treat STIs in the 6 health zones. The training shows a clear progress made by the participants at the end of the seminar-workshop: the average score went from 50% to 64%, i.e. a gain of 14%. In view of the results of the STI training in Goma for providers in the Karisimbi, Kirotshe and Mweso health zones, it is clear that the training was worthwhile: 53% success rate in the pre-test compared to 95% in the post-test, i.e. a gain of 42%. A

clear improvement in the post-test: a gain of 3 for the lowest score, 5 for the highest score and 6 for the average score. Regarding the same training held in Bukavu for providers in Kalehe and Ruzizi, clear progress was made by participants at the end of the workshop: the average score went from 17% to 68%, i.e. a gain of 51%. The average score increased from 26 to 48, a net improvement of 22%. The analysis of the results proves the relevance of all the training sessions organised, which have made it possible to strengthen the capacities 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 accompaniers to the SVSs and 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 the reminder of instructions, legal procedures, the constitution of legal files as well as the establishment of a communication mechanism between the paralegal, the SVS, the legal clinic and the judicial authorities. A total of 11 people participated in this training, including 8 men and 3 women.

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

F.1. National / regional priorities

- The activities related to the functioning of OSCs are included in the strategic component 5 of the revised National Strategy to Fight GBV (SNVBG): Ensure the holistic management of victims. More specifically, in **pathway 1**: Ensure the management of cases and the psychosocial support of GBV victims; **2**: Ensure medical assistance to victims; **3**: Ensure the management of cases and the referral of victims to judicial structures and their follow-up; and **4**: Ensure the socio-economic reintegration of GBV victims.

- The project's pathway 2 aims at institutional strengthening. This automatically leads the project to **align itself with national and international standards** as well as with strategic axis 3: Promote the SRHR of women and adolescents of strategic component 1: Prevent GBV of the revised SNVBG in order to improve the 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: youth friendly SRH and SGBV; use of national training modules; capacity building of service providers in state health facilities; contracting with state partners; capacity building of local organizations within the framework of South-South skills transfer.

- The activities of the pathway 3 of the project respond to the strategic component 7: **Data collection, Monitoring & Evaluation of the implementation of the SNVBG** as well as to the institutional framework of implementation and coordination of the revised SNVBG. These actions are the following: the establishment of the project steering committee chaired by the ministry in charge of gender; validation of data on sexual violence by the gender division; the circuit and data collection tools following the standards of the ministry of gender; capacity building of the ministry of gender carried out by ministry of gender teams.

- The actions of the project's pathway 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 GBV as well as the strategic axis 3: Involve men in positive masculinity against GBV of the strategic component 2: Strengthen the empowerment of Congolese women of the revised SNVBG.

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

- ***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 by the S-3G project.
  - Raising community awareness of the existence of structures for the management of sexual health problems of girls and women and the management of GBV.

- ***Harmonisation with iPeace***
  - Sharing the mapping of health facilities to facilitate referrals of cases requiring care or contraception for the towns of Bukavu and Goma.
  - Shooting of the project's videos.

- ***Collaboration with Care International in the Mawe Tatu project, on:***
  - Selection of youth structures in the Karisimbi health zone.
  - Training of women's associations on the AVEC.
  - Reference for young people supervised by Care International for training on the sexuality education.

- ***Collaboration with Benevolencia and ESPER***
  - Definition of the partnership axes for the production and broadcasting of radio awareness sessions and political commitment 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 Goma military hospital.

- ***Collaboration with other partners***
  - UNFPA: contraceptive supplies in North and South Kivu.
  - IMA: supply of PEP Kits.
  - Chemonics: contraceptive supplies in South Kivu.
  - UN Women: support to the North Kivu gender division to improve its coordination system.

G. Operational constraints and solutions

During the period in question, the implementation of the project experienced many difficulties, namely:

- From the security point of view, during the implementation of the activities, a relative calm was noted throughout the area of action, although the presence of armed groups was reported in the territory of Masisi, more precisely in the Mweso health zone, and in the territory of Kalehe towards the high plateau. It is worth noting that in some areas of intervention, despite a relative lull, acts of human rights violations have been reported, the majority of which are said to involve children and women. ***Some community activities were relocated to safe areas surrounding these communities.***
- On the political level, following the insecurity recorded in North Kivu with the massacres and killings in the Grand Nord and in the territories of Masisi, Lubero, as well as in the town of Goma, specifically in the commune of Karisimbi, the Congolese government has installed a state of siege, with the military managing the province as well as the territories. ***Permanent contact is maintained with the new authorities through some key project partners.***
- On the health front, the project was implemented in the context of the Covid-19 pandemic, of which a third wave had been declared in the DRC, but particularly in the two intervention provinces of

North and South Kivu. These two provinces continue to record cases of corona and ask the population to respect the barrier measures to avoid contamination. We have thus taken advantage of our visits to the sites to share messages on precautions and barrier measures. This virus has impacted on all commercial, humanitarian and socio-economic activities. ***All project activities are carried out in compliance with barrier measures, social distancing, mandatory hand washing and wearing of masks.***

- In terms of infrastructure, on the whole we have noted accessibility to the project's health zones, with the exception of the road in Kamituga health zone, which is being rehabilitated by the Chinese. As the work is still being carried out, towards the Isopo health area the project team must use motorbikes every time because 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 teams in Isopo and Ndunda.***
- The province of North Kivu, more precisely in the city of Goma (the health zone of Karisimbi), has experienced a natural calamity following the volcanic eruption of the Nyiragongo volcano, which has caused the movement of the population towards the province of South Kivu and the neighbouring territories of Rutshuru, Masisi and towards Rwanda. This movement has paralysed the socio-economic and health situation of the population of Goma and has led to a humanitarian crisis, which has resulted in SGBV in the IDP camps. ***Emergency assistance in terms of PEP kits was provided to these SGBV survivors and regular and close monitoring of the situation was carried out by the project coordination team.***
- Lengthy processes regarding of the preparation and approval of the budget reallocation led to delays in finalising and signing contracts with some key partners, resulting in a delay in the implementation of most activities at community level (pathway 4). ***An acceleration plan has been put in place and is being implemented.***

H. Lessons learned

The S-3G project is a new experiment in health system's strengthening where the PSAs, doctors and psychologists are agents contracted by the health zone and the Provincial Health Division and the Mental Health Programme, as well as a new experiment in putting 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 the 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 the partners working in this health zone.

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) **Strategic Area 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 in order 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 semester

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

- Minor rehabilitation and equipping of OSCs
- Establishment and operation of protective communities
- Establishment of men's gender groups
- Training of trainers and providers on SCM
- Organisation of joint missions
- Organisation of the project steering committee meeting
- Development of the 2022 annual action plan