

Evaluation See Far Programme, African Great Lakes Region



MEMPROW staff and clients in Uganda

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See Far: A LONG-TERM PERSPECTIVE – PREVENTION OF (S)GBV AND EMPOWERMENT OF AFFECTED WOMEN AND GIRLS IN THE AFRICAN GREAT LAKES REGION

The overall goal of the programme assessed, is to empower women and girls affected by sexual and gender-based violence in the African Great Lakes region. It aims at empowering them and their children within their families and at integrating them better into society. medica mondiale implements the programme with three partner organizations: the organisation Solidarité pour l'Épanouissement des Veuves et des Orphelins visant le Travail et l'Autopromotion (SEVOTA) in Rwanda, the Programme d'Appui aux Initiatives Féminines (PAIF) in the Democratic Republic of Congo (DRC) and the Mentoring and Empowerment Programme for Young Women (MEMPROW) in Uganda. This programme by medica mondiale (mm) and three partner organisations – SEVOTA, PAIF and MEMPROW – is the first of its kind in the Great Lakes region for mm. The regional programme was funded by the BMZ.

Facts and figures

- **Type of evaluation:**

Mid-term evaluation and feasibility study

- **Evaluation period:** 09/2021 - 03/2022

- **Project duration:** 06/2019 - 08/2022

- **Funded by:**

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- **Project budget:** 1,891,360€

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PROJECT CONTEXT

In the Great Lakes region, conflict structures from inter- and intra-states armed conflicts and complex socio-cultural and political frameworks are key factors that set the ground for an environment where sexual and gender-based violence (S)GBV is common. The rates of physical and sexual violence experienced by women and girls in the Great Lakes region were and still are amongst the highest of the continent, especially in DRC, Uganda and Rwanda. (S)GBV programming experts have identified adolescents as a particularly at-risk population in the region. Additionally, COVID-19 impacted negatively on the prevention, the incidence of and the response to (S)GBV: Male violence and the subordination of women and girls increased. Both are deeply rooted in unequal gender dynamics predating the current crisis.

PROGRAMME DESCRIPTION AND OBJECTIVES

In 2019, *medica mondiale* launched “See Far: A Long-Term Perspective - Prevention of (S)GBV and Empowerment of Affected Women and Girls in the African Great Lakes Region” or in short “See Far”. Overall, the See Far programme intended to achieve the following impact: “Women and girls affected by (S)GBV in the African Great Lakes region and their children will be substantially empowered within their families, will be connected more closely with their families and better integrated into their societies”. The programme consists of the following **three components**:

- **Component 1:** Advisory, counselling and support services
- **Component 2:** Empowering social and institutional environment
- **Component 3:** Organisational development and regional networking

Specifically, the key activities of the See Far programme are:

- Advisory, counselling and support services, which constitute the majority of project activities. These services are provided by qualified, specialist staff within the partner organisations to train, prevent, mobilise, sensitise and advise survivors, their families and communities.
- Training and education events with local decision-makers, traditional leaders and state representatives.
- Feminist leadership training with women in leadership positions in civil-society and government structures, as well as support for young civil-society activists (feminist movement building).
- Capacity development initiatives to further professionalise partner organisations, to enable them to cooperate effectively at the regional level and to deliver outcomes at the macro-level in the future (e.g. through advocacy work).
- Training on *medica mondiale*’s STA (Stress- and Trauma-sensitive Approach) to deepen partner organisations’ expertise in prevention and support for women and girls affected by (S)GBV.

The programme was designed using a strong localisation approach. *medica mondiale* supported the involved partners by providing funding and capacity building. Each of the partner organizations contributed a certain focus, responding to local needs:

In **Uganda**, **MEMPROW** aims to strengthen and provide psychosocial support for child mothers and girls affected by violence and girls with disabilities. They also raise awareness in schools and communities on the issue. MEMPROW further works on advocacy and awareness raising with the direct social environment of teenage mothers.

In the **Democratic Republic of Congo (DRC)**, **PAIF** focuses on prevention, psycho-social, and socio-economic direct support for (S)GBV survivors. PAIF also supports the strengthening of community-based support structures such as youth clubs and institutions like schools.

In **Rwanda**, **SEVOTA** supports (S)GBV survivors of the 1994 genocide, their families and their children born out of rape (CBR) through psycho-social and socio-economic support.

The objectives of the regional programme were:

1. Improve the prevention and support services provided to women and girls affected and threatened by (S)GBV;
2. Professionalise the partner organisations working with them in terms of both form and substance;
3. Allow women and girls affected and threatened by (S)GBV to become more active as change agents themselves;
4. Enable families of survivors and communities to develop greater understanding towards them.

EVALUATION PURPOSE AND METHODS

medica mondiale mandated Philanthropy Advisors to conduct a mid-term evaluation and a feasibility study. The main objective of the mid-term evaluation was to assess the performance of the programme from June 2019 onwards. Best practices, missed opportunities and lessons learned have been identified to provide feasible recommendations with the goal of improving the future programming, management and organisational structure and strategy of the programme.

In parallel, the evaluators conducted a feasibility study for the following phase of See Far in order to allow the programme implementers to adapt to the evolving context and needs.

The evaluators approach to this assignment was participatory, involving a maximum number of stakeholders and evaluators who mainstreamed the following approaches in the methodology: intersectional feminist approach, conflict sensitivity approach, multi-level approach (societal, political, institutional, immediate environment and individual levels).

The See Far programme has been assessed according to the OECD-DAC criteria (relevance, coherence, efficiency, effectiveness, probability of impact and sustainability).

The following rating scale was used for each criterion:

- **Good** - The See Far programme has positive results on more than ¾ of the questions and corresponding indicators defined to assess the criterion.
- **Adequate** - The See Far programme scores well on the majority of the questions defined for the evaluation, but has one or more significant gaps for this indicator.
- **Poor** - The See Far programme does not meet the criteria for positive results on a majority of issues and is weak on this indicator.

KEY FINDINGS

Relevance

The See Far programme is highly relevant at every level, as it responds to strong unanswered needs of highly vulnerable populations and the chosen approaches are of great added-value. Nevertheless, the scope of the programme is small compared to the needs, budget and capacity of the partner organisations.

Summary of findings: _____

- The See Far programme responded to the needs of vulnerable target populations at both regional and national levels.
- Main elements of the global See Far programme are relevant to local needs, but the regional design of the programme is not well adapted at partner organisations' level.
- The programme was designed using a strong localisation approach, with appropriation by partner organisations of their own national programmes, yet lacks ownership of the regional programme component.
- The design of the logframe at global and partner organisations level were not aligned with the chosen approach.



Coherence

Thanks to the bottom-up approach implemented by medica mondiale, the partner organisations individual projects were designed to fit with their internal strategy and current operations. Additionally, partner organisations are well-established with strong advocacy capacities and are recognised among key actors, to the extent that other regional and internation-



Women in the Democratic Republic of Congo form solidarity groups and stand up to violence.

al stakeholders are interested in building synergies with the programme. However, there is a lack of clarity regarding roles and responsibilities, which undermines medica mondiale's internal coherence.

Summary of findings: _____

- See Far is coherent with *medica mondiale's* strategy and consistent with its approaches. Yet, more consistency could be reached internally at regional level, favouring synergies with other similar regional programmes.
- The programme is coherent with the internal strategy and other operations of Partner organisations.
- The programme is not internally coherent, both in terms of synergies and similarities between Partner organisations.
- The programme is very compatible with current regional policies, but would benefit from more synergies at global level.
- Partner organisations implemented projects aligned with government guidelines in all three countries, and coordinated successfully with government organisations at all levels.
- Although Partner organisations do coordinate with other actors nationally, more needs to be done in order to increase the integration of Partner organisations in available spaces at macro-level (national and regional) for coordination, in particular in Uganda and DRC.





The accountant of Group Amahoro and member of Forum Abiyubaka and her daughter rejoicing the production of their group

Efficiency

The See Far programme used its resources as planned in the design phase and reached its objectives in an efficient manner. Despite the challenges created by the COVID-19 pandemic and the confusion in *medica mondiale's* governance, the partnership approach between *medica mondiale* and the partner organisations contributed to achieving the current results on time and budget.

Summary of findings:

- The cost-effectiveness analysis revealed that the budget was used in an efficient manner, both at project and programme level, and was adapted to new needs identified during COVID-19 times.
- The programme remained very flexible despite the changing needs of the environment.
- The design of the budget planning is aligned with feminist budgeting guidelines, but could be improved to allow for a more efficient management of the global budget.
- The internal governance of the programme is not clear at *medica mondiale's* level, which impacts the management and cooperation structure between *medica mondiale* and partner organisations.
- The current M&E system is not suitable for a clear monitoring of activities at global and partner organisations level.



Effectiveness

Capacity building activities were relevant and effective. Also, Partner organisations have currently set up their referral systems and are collaborating with key organisations for medical and legal referrals. However, the current effectiveness of the three components, is undermined by a lack of visibility of the effects of the programme. This affects programme management, its ability to achieve its objectives and to assess the results. This is particularly the case for advocacy, as it has a significant regional component.

Summary of findings:

- All three partner organisations were successful in implementing activities of Component 1 - Holistic approach and are likely to achieve most objectives as set out in the logframes.
- Component 1 - Referral and coordination systems of partner organisations are not developed enough to support the implementation of the programme's activities.
- Component 2 - Activities for prevention and sensitisation were all successfully implemented, although with some irregularities due to COVID-19.
- The multilevel approach was extremely effective in engaging a variety of stakeholders.
- The effectiveness of partner organisations' feminist approaches reflects a remaining need in capacity building.
- Component 3 - Regional activities were partly interrupted, partly adapted due to COVID-19.



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Marie-Claire Mapendo, psycho-social worker and head of the project in DRC participates in *medica mondiale's* „My body is no battlefield“ campaign



Women from a youth club founded by SEVOTA prepare for a dance performance on the occasion of the 25th anniversary of *medica mondiale*

Impact

The programme is very likely to have a good impact on the target populations as there have been significant changes in the life, wellbeing and living conditions of survivors and participants. Activities provided by partners are highly valued by survivors and their families. Advocacy work at macro level has been significant and led to important changes at national and regional levels.

Sustainability

Although the first phase of the See Far programme was designed as a pilot, partner organisations could not continue activities without the support of *medica mondiale* and there was no capacity building to support partner organisations on becoming independent. Nevertheless, a key success factor for a long-term social change approach is the identification by partner organisations of agents of change and advocates at community level.

Summary of findings: _____

- Holistic support provided by partners are highly valued by survivors and their families and are likely to have the intended impact, if key barriers are addressed.
- Prevention and sensitisation activities at community level are likely to have a somewhat positive impact at meso and micro levels, but which could be improved if social norms were addressed more directly.
- The impact of advocacy work at regional and national level is good, but remains to be observed in the second phase.
- The collaboration between *medica mondiale* and partner organisations is likely to be impactful, but requires additional support on building M&E and financial management capacity.



Summary of findings: _____

- Programme results are unlikely to continue without additional financial and technical support from *medica mondiale*, and there is little support from the external environment, including other donors and local governments.
- Results from capacity building activities are very sustainable, and the localised approach has allowed for an ownership of the result of the activities of Components 1 and 2 to be developed, but there is a need to strengthen institutional knowledge retention.
- Most changes observed are sustainable in the short term, but not in the long term, especially those resulting from the implementation of the advocacy and sensitisation approach at micro, meso and macro level.



MAIN CONCLUSIONS

Strengths

- The See Far programme is highly relevant, both at regional and national level, because it responds to strong unanswered needs of highly vulnerable populations.
- The approaches chosen are of great added-value to the programme, in particular the psychosocial counselling and socioeconomic support.
- Partner organisations are well-established organisations with strong advocacy capacities, and are well recognised among key actors in the same field of expertise
- The programme used its resources as was planned in the design phase and reached its objectives in an efficient manner.
- The programme is very likely to have a good impact on survivors, both in terms of response and sensitisation of communities not to stigmatise them.
- Capacity building activities were relevant and supported organisations by building their technical knowledge of the stress- and trauma-sensitive approach and accompanying their reflection on project management.

Weaknesses (or areas of improvements)

- The current global logframe does not allow for a good understanding of all three partner organisations' contribution to the programme's impact.
- The programme design is not coherent at partner organisation-level and regional level.
- It has not properly integrated the intended feminist approach through each of the partner organisation.
- The scope of the programme is small compared to the needs, budget and capacity of partner organisations.
- Despite being able to deliver activities as planned, partner organisations are still missing human resources as well as the material to be able to reach the intended impact and be aligned with the STA approach of staff care.
- Although the programme presents an opportunity to strengthen the gender transformative component of prevention, this current phase doesn't sufficiently address gender norms and power imbalance in the awareness raising and community engagement activities.
- The current governance structure of the programme within *medica mondiale* is not clear and there is a lack of institutional knowledge on how the programme was designed. This, in turn, impacts its implementation as well as might limit the likelihood of impact of the programme by preventing it from reaching its full potential.

Threats

- There is currently no system set up allowing to evaluate the quality of care provided by the referral system outside of partner organisations' own services, because of a lack of data collection agreement with referral partners.

- The current M&E system is still lacking tools, structure and purpose for all three partner organisations. There is no data sharing taking place with other organisations in the same sector and area.
- The lack of clarity of roles and responsibilities undermines *medica mondiale*'s internal governance and knowledge of the programme and impacts its efficiency and effectiveness.

Opportunities

- There are strong opportunities for more synergies to be done with other projects of *medica mondiale* and partner organisations.
- Other regional and international actors (international NGOs and organisations) are also interested in building synergies with the See Far programme.
- Other actors are particularly willing to work with *medica mondiale* regarding its exit strategies and to provide partner organisations with sustainability support (financial and/or operational) to ensure the effective continuity of their activities following mm's support.
- There are significant opportunities to enlarge the scope of the programme for SEVOTA (Rwanda), as the organisation's work does not address current (S)GBV survivors.

RECOMMENDATIONS

Strategic Recommendations

- Re-evaluate the scope of the See Far programme, while retaining the current partner organisations and the programme's components (i. Holistic Approach of (S)GBV Response, ii. Prevention and Sensitisation, iii. Regional Advocacy).
- Dedicate further resources to programme design, including holding workshops to understand the global objectives and align them with the different approaches.
- Present the project design in a Theory of Change.

Technical Recommendations

- Strengthen the prevention component to design prevention strategies that are fully rooted in social change and feminist perspectives.
- Strengthen the girls focused approach.
- Strengthen the inclusiveness and the intersectional approach.

Data Management Recommendations

- Collect data in a more systematic and accurate way at partner organisation and regional level.
- Increase capitalisation mechanisms at regional and national levels. *medica mondiale* and partner organisations should communicate with additional local women-led organisations and platforms.



Clients of MEMPROW in Uganda participate in a programme for young mothers

Organisational and Governance Recommendations

- Reinforce the internal collaboration of departments within *medica mondiale*.
- Strengthen the input of *medica mondiale* into the regional approach.
- The design should continue pursuing the organisational development and independence of the partner organisations (strengthening M&E, management of funds, proposal writing and granting skills, networking with potential funders and the development of an exit strategy by *medica mondiale*).

Besides these overall recommendations, **specific recommendations** were given to the three partner organisations that included: to adapt strategies for underage survivors more explicitly and consider partnerships for the referral of these cases if necessary and to adapt the current gender-sensitive approach to be in line with the organisations desire to have a feminist project for PAIF (DRC).

For MEMPROW (Uganda), recommendations included to develop capacity building to obtain more monitoring/tracking data and coordinate with local actors on data collection and the Gender-Based Violence Information Management System (GBVIMS) and to raise awareness and provide training to police and justice staff on gender and trauma-sensitive approaches. To address (S)GBVs in a broader perspective by also including survivors of recent (S)GBV and to share the organisations transgenerational approach with additional organisations, were recommendations given to SEVOTA (Ruanda).

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