



The qualification of community-based psychosocial assistants in stress and trauma sensitive work creates a solid foundation for providing holistic services to survivors of sexual and gender based violence in the Great Lakes region (r. Nicole Drechsler, medica mondiale).

Comprehensive South Kivu Support Programme:

Local women organisations strengthen protection and holistic support for women and girls affected by sexualized and gender based violence in the Great Lakes Region

The Comprehensive South Kivu Support Programme of *medica mondiale* e. V. and its six local partner organisations seek to contribute to the promotion of stable peace in the Great Lakes Region of Central Africa by breaking the cycles of sexualised and gender-based violence (SGBV) and enabling the participation in social processes, and the empowerment of women and girls affected by SGBV.

This shall be reached through the integration of the stress- and trauma-sensitive approach (STA) of *medica mondiale* within the partner organisations, the consolidation of the regional pool of psychosocial experts and technical support to health structures. In addition, the Programme finances micro-projects of partner organisations to ensure the provision of holistic services to survivors of SGBV and supports organizational capacity building, networking and increased coordination between partner organisations.

The second phase of the Program has been implemented in the territories of Walungu, Fizi, Kabare and Uvira in the province of South Kivu from April 2018 to September 2021.

Project duration: 4/2018 to 3/2021, with an extension to 9/2021

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CONTEXT

The Democratic Republic of the Congo (DRC) is still marked by social norms that are reflections of a patriarchal socio-cultural system and which dictate traditionally accepted gender practices and behaviours in society. They reinforce each other and form a social framework that disadvantages women and girls at the individual, family, societal and institutional levels, with repercussions on all aspects of women's and girls' lives. Consequently, women and girls are disproportionately affected by discrimination and SGBV, including high rates of domestic violence. At the same time, rape and sexual violence are used as a weapon of war and remain particularly widespread in provinces affected by armed conflict, including South Kivu province. Currently, humanitarian actors assist about 30,000 survivors of SGBV (SSV) per year in the DRC.

The psychosocial and health consequences for women and girls are multiple, including reproductive health problems, post-traumatic symptoms such as anxiety or flashbacks, and psychosomatic problems. In communities, there is a strong stigma attached to rape, which frequently leads to the expulsion of the spouse, community rejection and poverty for survivors. Moreover, survivors often face impunity from perpetrators and barriers to access to justice. Given their traumatic experiences, they need holistic long-term support based on stable and trusting relationships, psychosocial expertise and a trauma-sensitive approach.

Local women's organisations that provide services to survivors often have to identify the appropriate approaches for their work on their own. They need to be aware of their employees being exposed to the risks of secondary traumatization, stress and burnout.

IMPLEMENTING ORGANISATIONS

medica mondiale e. V. implemented the Programme in cooperation with six local women organisation: **AFPDE** (Association des Femmes pour la Promotion et le Développement Endogène), **EPF** (Ensemble pour la Promotion de la Femme et Famille), **HAM** (Haki, Amani na Maendeleo ya Akina Mama), **La Floraison**, **RAPI** (Réseau Associatif pour la Psychologie Intégrale) and **RFDP** (Réseau des Femmes pour les Droits et la Paix).

Further key implementers are the regional pool of psychosocial experts, an international psychosocial expert and regional organizational development consultants for databank management and advocacy.

PROGRAMME DESCRIPTION AND OBJECTIVES

The Programme pursues the overall objective to contribute to the promotion of stable peace in the Great Lakes Region by breaking cycles of violence and enabling the participation in social processes and empowerment of women and girls affected by violence.

The Programme consists of two closely woven projects, one focusing on the support of the partner organisations' micro projects through capacity building, organizational development and networking (Project 1), and the other on consolidation and upscaling of local psychosocial capacities (Project 2).

The Programme formulated **3 core outcomes**:

- » **Outcome 1:** Women and girls have strengthened their capacity for self-care (holistic care);
- » **Outcome 2:** Partner organisation (POs) have taken concerted action against SGBV and against violations of women's rights in South Kivu in line with the standards of the stress- and trauma-sensitive approach (STA);
- » **Outcome 3:** The social and institutional environment has improved the assistance and protection of women and girls affected by SGBV.

The Programme's **target groups** include more than 2,000 women and girls in South Kivu who are affected by SGBV as direct beneficiaries; POs and their staff, with particular stress on psychosocial assistants (PSA); members of the regional pool of psychosocial experts; staff of health facilities that collaborate with the POs, and members of the intervention communities.

The **main measures** to achieve the objectives are the following:

1. Establishing the stress and trauma sensitive approach (STA) in the region:

- » Consolidation of a regional pool of psychosocial experts
- » Qualification of psychosocial assistants (PSAs) of the POs in trauma sensitive psychosocial work
- » Implementation of the STA within the staff of the POs
- » Training of POs' medical referral partners in stress and trauma sensitivity

2. Organisational capacity building of POs:

- » Setting up of an effective coordination and collaboration structure for the POs to make better use of existing capacities and resources

3. Awareness raising and joint advocacy

- » Joint advocacy actions at local and provincial levels that promote women's access to justice
- » Implementation of community awareness activities in order to make communities and traditional and community authorities more knowledgeable and skilled in the assistance and protection of SSV

4. Provision of holistic services to SGBV survivors

- » Multisectoral and sustainable services, including psychosocial assistance, medical referrals, judicial counselling and referrals and socioeconomic support to enable SGBV survivors to recover and to regain control of their lives.

EVALUATION PURPOSE AND METHODS

The purpose of the evaluation is to provide decision-makers at *medica mondiale* and donors with sufficient information to make informed judgments about the Programme's performance, document lessons learned and provide practical recommendations for follow-up actions and similar future projects.



Members of the pool of psychosocial experts train psychosocial assistants (PSAs), the staff of the partner organisations and the personnel of medical referral partners in stress and trauma sensitivity.

Beyond evaluation questions that make up the OECD/DAC criteria, the evaluation focuses on a series of further key questions developed by *medica mondiale*.

Evaluation approach and methodology

The evaluation approach was participatory and used mixed methods with an emphasis on the collection and interpretation of qualitative data.

The data collection tools involved focus group discussions (FGDs), key informant interviews, a Programme Review Guide, standardized questionnaires and a review of Programme documentation

After the data collection phase, an initial findings sharing workshop was held to increase ownership of the evaluation process as well as acceptance of the evaluation findings by the POs.

Applied ethical and feminist approaches

As the evaluation took place in a conflict-affected context, on sensitive and intimate issues related to SGBV, and where power differentials between

the evaluators and the study population are likely to be palpable, strict adherence to ethical and do-no-harm approaches and practices was required. Thus, the evaluation adopted a conflict-sensitive approach and integrated *medica mondiale's* stress- and trauma-sensitive approach into the entire evaluation process. The evaluators worked with the concept of informed consent and ensured overall adherence to the relevant WHO guidelines.

In addition, the evaluation used the principles of feminist research through a gender perspective that focusses on women's experiences and knowledge and the alignment with broader feminist goals.

Limitations of the evaluation and mitigation

Due to the highly unstable security context in the POs' areas of intervention, face-to-face interaction time with women and girls receiving or having received assistance and with community members had to be kept to a minimum. The use of participatory methods was mainly assured through FGDs. Interaction with the majority of other stakeholders and key informants consulted during the evaluation, including the POs, was limited to remote interaction. Thus, thanks to an elaborate security concept, the data collection field mission was carried out without any security incidents.

In regard to Covid-19 situation during the data collection phase, there were no travel restrictions within the country, and the Congolese government allowed meetings with a maximum of 20 people. In order to enable social distancing, the FGDs were limited to six participants for PO clients and six participants for community leaders and authorities.

FINDINGS OF THE EVALUATION

Activities planned and implemented

In general, the Programme was implemented according to the planned structure and target groups of the two projects. However, both Covid-19 pandemic and the rise of armed conflict in the POs' intervention zones have led to an increase in SGBV cases and thus to an increased need for interventions to prevent and respond to SGBV through holistic care.

In the context of the deteriorating security situation, *medica mondiale's* approach of providing direct services to beneficiaries through local POs that are well rooted in the intervention communities is proving useful. But the Programme is not meant to respond to emergencies, and the POs are not yet in a position to organize additional support that would enable them to increase their capacity to respond to this humanitarian crisis.

The Covid-19 situation mainly affected the community outreach activities, but did not have a negative impact on the achievement of the target values. The POs demonstrated good resilience by adapting the outreach activities to the changing context. This was supported by emergency funds made available to the POs by *medica mondiale*.

However, the realization of some activities other than micro projects was hampered by the Covid-19 situation, mainly because of the closed borders between Burundi, Rwanda and DRC. This led to delay and interruptions of some activities, e. g. capacity building workshops, advocacy activities, training of medical staff, meetings between POs and the setting up and management of the Programme's database.

Output 1: Qualification in STA:

Local and regional psychosocial expertise in STA is developed.

Achievements:

At the present, the pool consists of twelve experts (3/2021: 15, target value: 14). 14 out of 15 experts gave trainings and 17 coachings were done. Due to the Covid-19 pandemic, only one exchange day (instead of planned two days) has taken place.

The qualification modules, STA trainings and PSA coachings for the POs have been conducted as planned: *medica mondiale* has qualified 31 PSAs in phase 2 (60 in total). The Programme's psychosocial qualification is in line with national policies and priorities and with the stress- and trauma sensitive approach of *medica mondiale*. The STA training of PO directors and staffs has proved to be beneficial in terms of institutionalizing a stress- and trauma-sensitive work culture.

medica mondiale signed an agreement with the Ministry of Health for the STA training of health services personnel. Recommendations for the qualification of the health service personnel exist. Due to the Covid-19 situation, the first STA training cycle for health services personnel were launched with delay in 2021.

Output 2: Organisational capacity building (CB) of POs:

A more effective coordination and collaboration structure for the POs in South Kivu is put in place.

Achievements:

The establishment of the coordination platform showed the following positive effects: Annual CB plans were made in 2018 and 2019. In 2020, the activity did not take place due to the Covid19 situation. POs jointly identified challenges and solutions to the implementation of the Programme. 6 CB trainings (3 on advocacy, 3 on the database) took place (200% of target value).

The technical exchange on medical and judicial referrals, community outreach activities, the M&E-system and the development of activities and micro projects included: Finalizing of document describing the coordination mechanism between the POs and intervention mapping in 09/2018; Frequent meetings; joint planning and implementation of advocacy activities; Development of data collection sheets for M&E-purposes and the indicator monitoring matrix; installation of the electronic database at PO level.; Continuous review of monitoring sheets (the complexity of some is beyond the level of most PSAs).

The Regional Representative made an average of six technical support visits per year (100% of target value) before the forced pause due to closed borders.

Output 3: Awareness raising and joint advocacy:¹

Communities and traditional and community authorities are more knowledgeable and skilled in the assistance and protection of SSV

Achievements:

POs realized 1 joint advocacy campaign on illegal fees in the justice sector (strategy paper finalized 10/2018 and 1/2019). POs have commissioned a study on illegal fees in civil and military jurisdictions as a basis for data-driven advocacy and consulted with affected communities. They have produced a leaflet with key messages and 20 radio broadcasts and organized a two-day roundtable discussion with high-level provincial authorities. 20 local organisations participated at different meetings on the subject. Formal agreements with more than 10 local associations and other actors (no national or international organisations) were met.

More than twice as many community leaders and authorities (1,245) as expected (600) were actively participating in sensitization activities. Almost twice as many people (approx. 114,000) as targeted (60,000) were exposed to violence prevention and women's rights messages. Almost 90% of the target value, i.e. 60% of men, women and adolescents who benefited from sensitization activities in at least 150 villages know key issues related to SGBV protection and prevention. 931 women reported that they were encouraged or supported by a family or community member to seek assistance from a local PSA (target value: 300).



Banner promoting partner organisations' joint advocacy campaign on illegal fees in the justice sector.

Output 4: Provision of holistic services:²

POs provide multisectoral and sustainable services to SSV.

Achievements:

The POs provided holistic services to 2,365 survivors of SGBV (target value: 2,000). 1,395 of them (58.99%) have reached psychological stability (60% expected). 18.14% of the clients have realized a live project (15% expected), and 20.93% are more integrated into their families and communities (6% expected).

The medical referral system was set up and worked: 14 (out of 22 planned) partnership agreements with hospitals and health centres were signed. 637 women were referred to health facilities, 75 women accessed legal aid (target values: 384 and 120). 158 (target value: 150) women developed income generating activities (IGAs), 45 (target value: 50) women and girls participated in savings initiatives.

OECD/DAC CRITERIA

Relevance

The relevance of the Programme can be rated “good” in terms of its overall approach and its two components, but would benefit from a more individualized approach for the involvement of POs in its implementation and a better promotion of the regional pool of psychosocial experts:

The overall approach of the Programme is relevant (“good”) as it is based on well-defined objectives, with generally realistic and achievable results. The design of the interventions corresponds to the needs and priorities of the different groups of direct and indirect beneficiaries for improved protection of women and girls in their communities, as well as SGBV prevention and response.

The relevance of the overall approach to collaboration differs among POs: The Programme design does not sufficiently take into account differences in professional and organizational competencies among the POs.

^{1,2} Part of the micro projects of the POs.

The component on the consolidation and strengthening of psychosocial capacities is relevant (“good”), as the STA qualification activities respond to the country’s needs, priorities and policies in terms of the availability of higher level psychosocial competencies. However, there are still efforts to be made to promote the recognition of the pool of experts in the region, to further establish the stress- and trauma-sensitive approach and to increase the number of qualified PSAs in the region.

The component on organizational capacity building and PO micro-projects is relevant (“very good”). The Programme uses a highly participatory approach, which leaves it to the POs to identify and collectively agree on relevant training topics. The POs’ community outreach activities respond to the needs of women and girls for SGBV prevention and protection, identified through their consultation. The subject chosen for joint advocacy through the PO coordination platform – illegal fees in the justice sector as a barrier to the pursuit of justice for SGBV survivors – is paramount.

Coherence

The coherence can be rated “good”, but the Programme needs to improve its external coherence in order to better coordinate with other actors in the sector.

The overall approach of the Programme demonstrates a good level of internal coherence in view of its alignment with *medica mondiale’s* strategy. However, **external coherence is not satisfactory**: there are significant challenges that weaken the implementation of key country strategies, including (i) the low level of regular harmonisation and coordination of *medica mondiale* with other SGBV actors in the province, (ii) the low level of registration of POs with the provincial Gender Division, as well as (iii) the Programme not ensuring that all of the six POs complete the GBVIMS form required by the Congolese state for the registration of SGBV cases and transfer the data thus collected, in the correct form, to the provincial level. The absence of *medica mondiale* in the provincial mechanisms for coordination and harmonisation between actors cannot be sufficiently compensated by the presence and participation of the POs.

The component on the consolidation and strengthening of psychosocial capacities demonstrates a high level of internal coherence: the experts, qualified in STA, facilitate trainings within other *medica mondiale* projects; the qualification of the PSAs is compatible with the national policy on psychosocial assistance, and the POs promote stress-sensitive working conditions in accordance with *medica mondiale* standards. **External coherence remains weak** because of the low participation in coordination mechanisms and the lack of public visibility of the regional pool of experts. Other (international) actors could be interested in learning more about and supporting the training scheme that *medica mondiale* and the pool offer for PSAs from local organisations.

The component on organisational capacity building and PO micro-projects is internally coherent, but external coherence remains limited due to the lack of efficient merging between the Programme’s case intake form and the GBVIMS form. The coherence of community outreach activities benefits from the fact that POs are well aware of the gaps that need to be filled at the community level. POs are also interested in a more harmonized approach for community outreach activities. Advocacy activities are characterized by the very participatory approach of POs to alliance building. Despite some gaps in internal collaboration, POs work in synergy and join forces through the coordination platform. They collaborate with several structures in the medical, legal and economic fields in order to offer holistic services to SGBV survivors.

Effectiveness

Overall, the Programme’s effectiveness can be rated “satisfactory”, as most of the results and indicators in the logical framework have been achieved; however, the quality of outputs is sometimes limited.

The overall approach of the Programme is sufficiently effective. One major challenge is the poor performance of the organisational management of the PO coordination platform, as the planned secretariat is not operative, mainly due to the lack of financial means for its management.



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Anchoring the stress- and trauma sensitive approach at several levels, especially with regard to the qualification of psychosocial assistants like here in Uvira, has a direct impact on the recovery of clients.

The POs demonstrated their capacity for adaptive management in the face of deteriorating security. A significant shortcoming in view of the Covid-19 situation was the lack of support from *medica mondiale* to move certain activities into virtual space. On a positive note, *medica mondiale* was able to make emergency funds available to POs, and POs at their level identified adequate methods for the continuation of activities.

The monitoring system has been improved during the second phase of the Programme, but major challenges persist, in particular concerning the harmonisation between the client intake form of the Programme and the GBVIMS form, as well as regarding the finalisation of the setting up and management of the Programme database. And the logical framework is too cumbersome in view of the number of expected results and activities, and related indicators.

The consolidation and strengthening of psychosocial capacities is implemented in an effective way.

The experts are not yet properly functioning as a pool, but they are qualified trainers and capable of applying all the subjects learned. Apart from some difficulties in filling in forms or with certain subject

matters due to their level of education, PSAs have mastered the steps of psychosocial assistance and are well established in their communities. The majority of POs have established a STA-inspired work culture within their organisations.

Organisational capacity building and PO micro-projects are implemented in a sufficient effective manner.

The setting up of the coordination platform has seen several immediate positive results. Identified challenges are the lack of functionality of the secretariat, a reduced frequency of meetings and the lack of responsiveness between POs. Several aspects of the implementation of the monitoring system have been completed, but there are still challenges that need to be addressed. Most of the targets for capacity building activities were met, but the involvement of local actors and beneficiaries in the identification, planning, management and evaluation of micro-projects is still limited.

Although the indicators for the outcomes and outputs of community outreach interventions are achieved up to 300%, the tools available to measure their effectiveness remain on the surface. The advocacy campaign on illegal fees in the ju-



As poverty is widespread in the Programme's intervention areas, economic empowerment plays an important role in assisting women affected by violence.

stice sector was effectively carried out. However, the ultimate goal – a change in laws, policies and practices – was too ambitious and has not been achieved.

Regarding the provision of holistic services, the Programme has enabled a large number of SGBV survivors to benefit from the support of PSAs. Most POs have signed partnership agreements with health facilities for medical referrals of survivors. However, access to medical assistance is limited by the indicators targeted in the logical framework. The target indicator for legal referrals has not been achieved, although it is very low. Some PSAs have yet to develop the skills to adequately inform and refer survivors in this pillar. Fear of retaliation as well as the lack of effective enforcement of judgments results in a low level of interest in legal/judicial assistance among clients. The indicators of socio-economic assistance through income generating activities (IGAs) were underestimated, too. The Programme only allows a small number of clients to benefit from this pillar; this creates conflicts among survivors, and also between survivors and POs.

Efficiency

The Programme has a mixed record in terms of efficiency, with the imbalance between the results expected from POs and the means available for their micro-projects as a major challenge. Altogether, the efficiency is rated as “satisfactory”.

The overall approach of the Programme demonstrates a satisfactory level of efficiency: *medica*

mondiale has ensured the continuity of funds during the Programme through the identification of a new donor; and the request for an extension makes it possible to make up for certain delays in activities due to the Covid-19 pandemic. Efficiency is reduced by the imbalance between the results and activities expected from the POs and the modest means available for their micro-projects. As a result, the Programme is not always able to ensure a high quality conversion of inputs into outputs. More advanced POs derive a lower cost-benefit balance from the Programme's overall approach than more nascent organisations, especially when comparing *medica mondiale's* Programme with support from other international partners.

In general, the psychosocial capacity-building component is performing well. The main challenges that remain are the lack of promotion of the pool of experts; the departure of qualified psychosocial counsellors to other organisations due to non-competitive salaries; and the excessive volume of work, given that the staff taken on by the Programme is not sufficient to cover all the tasks required.

The level of efficiency of the component on organisational capacity building and PO micro-projects is satisfactory. There was delay in some capacity-building activities due to the Covid-19 situation and the resulting border closure. In this context, some activities could have benefited from a move into the virtual space.

The lack of outreach strategies and of professional training in this field may limit the effectiveness of community outreach activities. However, the outreach objectives were largely achieved on time, despite the impediments imposed by the Covid-19 pandemic and the security situation.

The funds available for joint advocacy have been used efficiently. But there is a risk that efficiency will be reduced in retrospect if the next phase of the Programme ceases to pursue this intervention. POs did not play their intended role in the coordination of advocacy planning, but the Regional Office was able to mitigate this weakness.

Although the efficiency of the provision of holistic services is good in terms of psychosocial assistance, there are important negative points that mitigate the efficiency of the other pillars of

holistic care: medical care is in some instances incomplete due to a lack of cost coverage for typical interventions by the collaboration agreements between the POs and the health structures – such as for ultrasound scans or the integration of the survivor’s partner in the treatment of sexually transmitted infections – and due to a lack of consideration of the specificities of intervention zones in the budgeting of costs; a large gap between the costs to be invested in effective legal assistance and the number of judgments rendered and executed; as well as the amount of credits not allowing for the economic recovery of survivors and the lack of robust baseline data for the initial economic situation of women participating in IGAs, including their ability to meet primary needs.

Impact

The impact is rated as “good”, as the Programme is generating impact at several levels, but the achievement of positive effects is hindered with regard to the provision of holistic services for survivors.

The overall Programme approach, based on long-term support to POs, produces important and far-reaching positive effects. These include the creation of cascading impact chains: the experts in the pool benefit from *medica mondiale*’s training, which in turn benefits the PSAs and ultimately the beneficiaries. Both individuals and the institutional level of POs benefit from this approach. The POs accept and implement the new approaches introduced by *medica mondiale* and have gained a reputation in their communities as reference organisations in the field of psychosocial assistance. An important negative effect of the overall approach on the stability and maintenance of the POs’ institutional capacities is the loss of PSAs due to their training by the Programme, because of their non-competitive salaries.

The component on the consolidation and strengthening of psychosocial capacities, through the psychosocial qualification of the pool’s regional experts, the PSAs, the directors and the rest of the staff of the POs, has led to a better quality of psychological assistance with a **positive and remarkable impact on the lives of clients and their social reintegration**. The strengthened capacity of



A couple in Makobola, a village at the border between two territories with high rates of sexualized and gender based violence, after psychosocial counselling.

the POs’ PSAs has a direct influence on the recovery of clients who regain control of their lives and are reintegrated into their families and communities. PSAs also gain recognition and respect, and are seen as a focal point for psychosocial issues and conflict resolution within their communities.

The component on organisational capacity building and PO micro-projects generates impact: organisational capacity building yields tangible results for improved joint coordination among POs, mutual learning and networking, among others for advocacy. The installation of the database has the potential to support the Programme’s monitoring system and allows for more systematic monitoring and analysis of activities and indicators.

There are a number of significant positive effects towards behavioural change among different segments of the population as to a better protection of women and girls and SGBV prevention and response in the POs’ intervention areas. These changes have a positive impact on the situation and well-being of survivors. Advocacy has not yet progressed enough to create impacts.

In terms of holistic service delivery, the impact assessment is more mixed: there are positive points such as the survivors’ resumption of control over their life, the restoration of the survivors’

physical health, the satisfaction linked to the feeling of having realised one's rights, and the changes in the economic living conditions of IGA beneficiaries. However, there are also significant negative points, such as the difficulty of achieving psychological stability in very difficult economic conditions, the absence of local specialists for the treatment of certain health problems, the low rate of judgments rendered, the low level of economic resilience due to the small amount of credits, and the deterioration of relationships between couples as an unwanted consequence of IGA support.

Sustainability

The sustainability can be rated as “satisfactory”, as the Programme has not yet exhausted its potential of sustainability:

The Programme's overall approach, characterised by long-term support and partnership, allows for the achievement of sustainable results.

It has contributed to greater stability of the more nascent POs – in particular HAM, EPF and La Floraison – by building capacities that were previously lacking. This has enabled them to acquire other projects and to cross-subsidise institutional costs. However, the loss of about one quarter of the more than 60 PSAs trained by *medica mondiale* in the six POs since the beginning of the Programme limits the sustainability of the institutional capacities created by the Programme.

The psychosocial capacity building component demonstrates a good level of sustainability. The regional experts are sufficiently qualified in STA to continue training activities, even outside of the *medica mondiale* Programme. Addressing some of the remaining challenges may increase the pool's capitalisation in the long term. Community-based PSAs have acquired proven skills within the Programme that allow them to assist their communities outside the Programme. However, the feasibility of this approach is limited by the impending lack of remuneration of PSAs and the absence of an adequate counselling environment outside the Programme, if community authorities will not step up.

The sustainability of the component on organisational capacity building and PO micro-projects is rated as “satisfactory”: It is not yet foreseeable

whether the coordination platform will survive the Programme. The limitations of the database designed exclusively for the Programme, without sufficient harmonisation with the GBVIMS system, also affect the sustainability of capacity building. However, there is great potential for sustainability of the capacities acquired both in terms of individuals and at the institutional level of POs.

POs have identified key factors contributing to the sustainability of the benefits of community outreach and the impacts of the action have the potential to be long-lasting, especially as they indicate signs of long-term changes in knowledge, attitudes and practices. The advocacy action has not yet progressed far enough to judge its potential for sustainability.

In terms of holistic service provision, sustainability is more mixed: apart from the psychosocial assistance that trained PSAs could continue to provide to survivors, even in the absence of the Programme, it is difficult to project the sustainability of medical, legal and economic assistance without external financial support. However, in their interaction, the holistic care for survivors contributes to their sustainable stabilisation.

OVERALL OECD/DAC CRITERIA RATING

Based on the above analysis (relevance and coherence: good; effectiveness and efficiency: satisfactory; impact: good; sustainability: satisfactory), altogether the Programme can be rated as “satisfactory”.

RECOMMENDATIONS

Key recommendations addressed to *medica mondiale*

Collaboration and coordination

» *medica mondiale* and the POs should reflect on alternative approaches to the conceptualisation of the POs' micro-projects, in order to find an alternative to the simple division of all tasks and indicators by six POs and having all POs working on all aspects of the Programme. Each PO should continue their work in the field of psychosocial assistance and with indirect beneficiaries at the community level. Also, each PO should ensure functional referral mechanis-

ms for medical care for SSV. A reorientation of the limited financial means for micro-projects could contribute to a more efficient and effective use of resources. Such a review should take into account the availability and capacity of each PO for the different outcomes to be achieved and tasks to be performed, and POs could better focus on their strengths.

- » For better coordination and harmonisation as aspects of external coherence, *medica mondiale* should present itself – as soon as possible and systematically – to the provincial authorities involved in the fight against SGBV (the Gender Division, the Ministry of Health in addressing their Gender Advisor, the Ministry and the Division of Justice) and participate, at least once a quarter, in coordination meetings at the provincial level.
- » *medica mondiale* should establish closer coordination with humanitarian actors working on SGBV protection and response, in order to organise concerted support for POs who find themselves in need of emergency assistance.

Psychosocial capacities

- » *medica mondiale* needs to increase the visibility of the organisation and its strategies and approaches of the South Kivu Programme and of the pool of regional experts to better anchor the STA in the region. *Medica mondiale's* STA approach should be presented to governmental decision-makers who regulate and define the standards of care for survivors in order to strengthen the national protocol for psychosocial assistance. The pool of experts should be supported to train more PSAs outside the Programme.
- » *medica mondiale*, together with the POs, needs to continue to improve the Programme's monitoring and evaluation system, with a particular focus on efficient harmonisation between the client intake form designed by the Programme and the GBVIMS form. This will avoid duplication of work for PSAs and will increase the preparedness of POs to share anonymised data, as required by national policies, with state actors.



The Comprehensive South Kivu Support Programme has been implemented in the territories of Walungu, Fizi, Kabare and Uvira of the DR Congo.

- » As PSAs are sought after for their qualifications and often leave due to non-competitive salaries, *medica mondiale* will have to review its PSA salary policy to make it competitive.

Key recommendations addressed to the partner organisations POs

Coordination and registration

- » POs should ensure the organisation of coordination meetings, at least on a quarterly basis. They need to assume their leadership role in the organisation of joint advocacy activities.
- » It is essential that all POs register with the Gender Division as soon as possible, participate in provincial coordination meetings as much as possible, fill in the national GBVIMS forms and share statistics on SGBV cases at the provincial level.

Micro-projects

- » POs should be more realistic about the budget for the different actions of their micro-projects.
- » POs need to establish mechanisms for better involvement of direct and indirect beneficiaries throughout the project management cycle, for example through a joint steering committee that can carry out analysis and continuous monitoring of activities.

Outreach activities

- » POs, with the support of *medica mondiale*, need to develop tools that can capture and analyse the effects and impact of outreach activities in a systemic way. The introduction of the SASA! approach, planned for the next phase of the Programme, may be a good opportunity.
- » POs should map the different actors involved in fighting SGBV and their activities in the POs' intervention areas – this can help to better measure the results of certain interventions, such as POs' awareness raising activities, but also contribute to better external coherence.

Socio-economic empowerment

- » In order to adequately address the economic empowerment needs of survivors with sustainable impact, *medica mondiale* and POs could either increase the amount of IGAs and micro-credits provided to survivors or consider mechanisms beyond the development of basic IGAs such as access to micro-finance companies and the development of entrepreneurship projects. The establishment of cooperatives could also be exploited as a mechanism for economic strengthening.
- » POs need to develop a concept to sensitise partners of women benefiting from IGAs and micro-credits in a targeted manner, in order to mitigate the risk of unintended effects related to these activities, notably the increase of domestic violence.

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