

ANNUAL NARRATIVE REPORT

Ministry of Foreign Affairs of the Kingdom of the Netherlands

Great Lakes Region-SDSR programme

Narrative Report

Year 2

01 April 2024 - 31 March 2025

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Abbreviations

AFEJUCO	Associations of Women Jurists of Congo
AFP Smart	Advanced Family Planning Smart
IGA	Income-generating activities
WITH	Village Savings and Credit Associations
BCZ	Health Zone Central Office
CS	Health Centre
CTMP-PF	Multisectoral Technical Committee for the Repositioning of Family Planning
DAC	Distribution Axis Committee
CODESA	Health Area Development Committee
CT-AS	National Technical Strategic Purchasing Unit
DPS	Provincial Health Division
EAC-Goma	Anglican Church of Congo - Diocese of Goma
PBF/R	Performance/Results Based Financing
SCM	Supply Chain Management
HEAL Africa	Health Education Action Leadership development Africa
IPM	Informed Push Model
PEP Kit	Post Exposure Prophylaxis Kit
MVA Kit	Manual Intra Uterine Aspiration Kit
PAP RDC	Support Programme for the Development of Forest Populations in the DRC
FP	Family planning
OCB	Community-based Organisation
NGO	non-governmental organisation
OSC	One Stop Center
PNSM	National Mental Health Programme
SDSR	Sexual and Reproductive Health and Rights
SRH	Sexual and Reproductive Health
SSRAJ	Sexual and Reproductive Health for Adolescents and Young People
V(S)BG	(Sexual) and Gender-Based Violence

Basic data sheets

Project title: Stability - 3G II (Gender & Community Guarantee, Single Window and Supply Chain Management for essential sexual and reproductive health medicines, Phase 2).	
Project number: 201214	
Intervention sites : (1) North Kivu: Karisimbi, Goma and Nyiragongo health zones. (2) South Kivu: Kalehe, Kamituga and Ruzizi health zones.	
Lead organisation: Cordaid	
Contact: Jolien van Ooijen (Director of Cluster Burundi & DRC) Lisette van 't Klooster (Director of Programs & Act Country Manager)	
Implementing partners: HEAL Africa, AFEJUCO, PAP DRC, SOS SIDA and EAC-Goma.	
Technical partner: ARQ International	
State partners: Provincial Gender Ministries of North and South Kivu, Provincial Health Ministries of North and South Kivu.	
Total project budget: €13,883,246 Estimated annual budget: €3,250,741	
Project objective: To contribute to greater stability in North and South Kivu by responding to the population's needs in terms of SGBV and SRHR, focusing on greater and uninterrupted access to SRHR products and services, gender equity, partnership and local ownership.	
Project duration: 48 months Start date: 01 April 2023 End date: 31 March 2027	Type of report: Narrative Reporting period: 01 April 2024 to 31 March 2025

1. Executive summary

1.1 Description of the project

The security situation in the eastern part of the DRC has been volatile for more than three decades. This situation is at the root of many human rights abuses, especially those against women and girls. Members of communities made vulnerable by the war find themselves unable to support survivors, but are also implicated as perpetrators of gender-based violence, requiring support.

Since 2023, Cordaid in consortium with HEAL Africa accompanied by their local implementing partners, notably PAP RDC, SOS SIDA, AFEJUCO and EAC-Goma, have received funding from the Ministry of Foreign Affairs of the Kingdom of the Netherlands as part of its Great Lakes Region Programme to contribute to the stability of Eastern DRC through the prevention of and response to gender-based violence and the promotion of girls' and women's sexual and reproductive health rights by following three strategic axes:

1. Multi-sectoral response to sexual and gender-based violence
2. Strengthening the healthcare system and the supply chain for the SRHR
3. Localisation: by strengthening provincial, local and community structures for sustainable action.

In the first year of the project, 5 health zones were covered by the project, 6 CSOs became operational and 22 health centres, including 3 cross-border centres, integrated the holistic management of cases of sexual violence and a referral system to facilities with a greater technical capacity. These health facilities have also integrated sexual and reproductive health services for adolescents and young people.

For the second year of project implementation, covered by this report, the project covered 6 health zones, with the addition of the Goma health zone, 8 CSOs (the Kyeshero hospital and the Goma military hospital have been added) and 26 health centres.

This second year of the project saw two different periods in terms of security: a period of the usual volatile security, followed by a period of heightened insecurity following the occupation of the town of Goma, the town of Bukavu and the northern part of the province of South Kivu. The activities then went through two different phases.

During this phase, activities were carried out in complete tranquillity with the provincial regulators, the zonal regulators, the service providers and the members of the various communities in the intervention zones. During the second phase, which began with the M23 movement's takeover of the city of Goma and part of South Kivu province, activities with the regulators were suspended, and there was a reduction in community interventions, but an intensification of activities in health facilities, with an upsurge in cases of sexual violence.

The following major results have already been achieved: 4,975 survivors of gender-based violence received care that met their needs. The following major results have already been achieved: 4,975 survivors of gender-based violence have benefited from care that meets their needs; 4,075 cases have been consulted and advised on family planning, including 3,553 clients who have received modern contraceptive methods; 6,049 people have been reached by awareness-raising on the prevention of gender-based violence carried out by members of protective communities; 2,850 young people have received knowledge and skills on SRHR, following comprehensive sex education sessions in safe spaces for young people; 2,796 young people have been reached by awareness-raising on SRHR carried out by youth CBOs. These results were the fruit of the following: the operation of 8 CSOs, 2 of which were integrated during year 2 of the project; 26 health centres providing initial and referral care, 4 of which were integrated during year 2; 5 Safe Houses set up and operational; 24 health

facilities offering SRHR services, 8 of which were new structures integrated during year 2 of the project; 28 distribution axis committees operational. It should also be noted that 6 BCZs, 8 CSOs, 23 CSs including 1 BCZ, 1 CSO and 4 CSs joined the BPF during year 2, 288 members of protective communities were involved in GBV prevention and referral activities, 24 youth associations were operational and 120 parents and religious leaders were involved in SRHR promotion activities.

This report will outline the various achievements and results obtained in the second year of the project's implementation.

1. 2. Major developments

Security, political, epidemiological and humanitarian context

a. Security context

The security situation deteriorated sharply during the second year of the project, which saw the implementation of S3G II activities in two phases. The first phase, from April 2024 to January 2025, was marked by violent clashes between the M23 movement and the Congolese army and its allies in the outlying areas of Goma and the province of South Kivu. These clashes were at the root of a major population movement, with some 2.81 million people internally displaced in North Kivu¹. The second half of the second year of the project was marked by a rapid and dramatic deterioration in the security situation, culminating in the capture of the town of Goma at the end of January and that of Bukavu and the northern part of South Kivu around February.

This situation has led to thousands of deaths, injuries and the displacement of many people in the provinces of North and South Kivu. The rest of the population, in the areas where they live, are living in a critical situation linked to armed crime, sexual violence, cases of mob justice, and so on. This situation is more prevalent in the health zones of the city of Goma, the Kalehe health zone and the project's health facilities close to the DRC-Rwanda border.

The military hospitals in Goma and Bukavu, where our CSOs were working, were paralysed for the first few months of the year before being completely closed in January and February 2025.

b. Political context

Following the escalation of the armed conflict in North and South Kivu at the beginning of 2025, a number of political and diplomatic peace initiatives were undertaken at regional, continental and even international level to find solutions to the escalating violence.

c. Epidemiological context

As in year 1 of the project, the Mpox epidemic has continued in both provinces this year. According to the South Kivu DPS, the province recorded 9,100 cases between January and April 2025². By week 15, North Kivu had recorded 6,603 suspected cases. It should be noted that WHO staff are continuing to work there despite the precarious security situation.

This was the backdrop to the second year of the project.

¹ https://www.unocha.org/attachments/84ccb100-54a6-4970-b4ce-ff4a4f5a47e0/Rapport%20de%20situation%20Nord-Kivu%20decembre%202024_10%20january19_vf.pdf

² <https://actualite.cd/2025/05/04/sud-kivu-plus-de-9-000-cas-de-mpox-enregistres-entre-janvier-et-avril-2025-deja-13-deces>

2. Project activities carried out during the year

During this reporting year, 6 health zones were covered by the project as initially planned, namely the Kalehe, Kamituga and Ruzizi health zones in South Kivu and the Goma, Karisimbi and Nyiragongo health zones in North Kivu. However, the Goma health zone has experienced an operational delay in integration. Activities there began in August, with site surveys and the signing of various contracts.

In South Kivu, the Bukavu Regional Military Hospital also joined the project in its second year, replacing the Bukavu police hospital. Unfortunately, following the occupation of the towns of Goma and Bukavu by M23 elements, these two hospitals, run by the Congolese Armed Forces, temporarily suspended their operations as a result of looting.

Overall, 81% of the activities planned in the annual action plan were completed.

The following achievements were made during the first year of implementation:

2.1. Coordination

The following activities were carried out:

- Organisation of an orientation workshop for HEAL Africa and the local implementing NGOs on the activities to be carried out in the second year.
- Contract with HEAL Africa and the 4 local implementing NGOs.
- Contractualisation with state partners :
 - The provincial gender divisions of North and South Kivu;
 - The provincial health inspectorates of North and South Kivu;
 - The provincial health divisions of North and South Kivu;
 - The central offices of the health zones: Kalehe, Kamituga, Ruzizi, Karisimbi, Goma and Nyiragongo;
 - Hospitals (one-stop centres): HGR Kalehe, HGR Kamituga, HGR Ruzizi, HGR Karisimbi, HRM de Goma ;
 - Health centres: 23 health centres, 4 in each health zone (with the exception of Nyiragongo, where Kiziba acts as a CSO and health centre);
 - Cross-border health facilities: Kasika health centre, Irambo health centre and Kamanyola health centre.
- A fact-finding mission to the Bukavu military hospital and the Goma health zone (with all the project stakeholders for the joint selection of health facilities and community facilities).
- Holding 10 monthly meetings to monitor project activities with HEAL Africa and the local implementing NGOs.
- Holding 3 quarterly evaluation and planning meetings with HEAL Africa and local implementing NGOs.
- Support for the organisation of two joint missions by members of the project's provincial steering committees to the health zones supported by the project, one in North Kivu and the other in South Kivu.
- Support for the organisation of 2 meetings of the project's provincial steering committees, one in North Kivu and the other in South Kivu.
- Carrying out market research for profitable income-generating activities.

2.2. Strategic priority 1: Strengthening the multisectoral response to gender-based violence

The activities in this strategic area involve integrating holistic care for survivors of sexual violence into one-stop shops and health centres. Most of these activities were carried out by the partner HEAL Africa. The consultant ARQ International was responsible for building capacity in mental health and psychosocial support. The following activities were carried out:

- Support for the operation of 8 one-stop centres, 23 health centres and 3 cross-border structures offering holistic services to survivors of sexual violence.
- Training for 2 HEAL Africa psychologists in narrative theatre as part of their support for activities in the field.
- Training for trainers in narrative theatre and psychological first aid. 26 people took part, including 4 from each health zone and 2 from mental health.
- 20 storytelling theatre sessions organised in the 5 health zones by pools of facilitators trained by ARQ International (Kalehe, Ruzizi, Goma, Karisimbi and Nyiragongo).
- Training of 11 providers in the Goma health zone in post-abortion care.
- Support for the medical and psychosocial care of 4,975 survivors in health facilities.
- Referral of 62 rape survivors seeking safe abortion to facilities that have integrated the services.
- Referral of 63 cases of fistula to the appropriate care structures.
- 130 cases handled by the courts, with 67 judgements handed down.
- Organisation of 3 special hearings, respectively with the Goma garrison military court, the Kavumu high court and the Uvira garrison military court, with the aim of boosting the speed of various proceedings and thus obtaining judgments within a short timeframe.
- Support for the socio-economic reintegration of 499 beneficiaries (378 for the AVECs and 121 for the Safe houses).
- Organisation of training on micro-enterprise management and commercial skills for 28 members of consortium staff and 100 members of AVECs.
- Set up 20 new AVECs in the structures supported by the project in the Karisimbi, Goma, Nyiragongo, Kalehe, Ruzizi and Kamituga health zones.
- 150 dignity kits for survivors and 100 baby kits for those who became pregnant as a result of rape.
- Organisation of 9 supervision missions in the health zones by HEAL Africa supervisors.
- Organisation of 2 detraumatization sessions for 97 people for front-line service providers and members of consortium staff.

2.3. Strategic priority 2: Strengthening the system

The health system is being strengthened through 3 sub-axes:

Integration of sexual and reproductive health services into health facilities

During the second year of the project, 8 new health facilities, including 4 in the Goma health zone and 4 in the Nyiragongo health zone, effectively integrated sexual and reproductive health activities for adolescents and young people (SRHY). As a result, the project now has 23 facilities that have already integrated sexual and reproductive health services for adolescents and young people.

The following activities were carried out under this strategic priority:

- Training of 27 service providers on SSRAJ (Goma, Nyiragongo).
- 10 youth corners equipped during year 2 of the project, making a total of 24 functional youth corners.
- Production of 11 types of awareness-raising and attractive materials for young people's corners.

- Support for the organisation of 3 supervision missions for health zone management teams in health facilities.
- 18 CTMP/PF meetings, including 16 sub-committee meetings and 2 general CTMP meetings.

Supply chain management

- Training in SCM for 32 providers in the Goma health zone.
- Support for the IPM briefing in the Goma health zone.
- Support for the supply of PEP kits, antibiotics and MVA kits to healthcare facilities.
- Support for the transport of PEP kits from the provincial health divisions to the health zones.
- Organisation of 3 supervision missions on supply chain management in health zones.
- Support for Medicines Working Group (MWG) meetings in the provinces of North and South Kivu.
- Support for the operation of 28 Drug Distribution Committees (DDCs).

Performance-based funding to improve and enhance the use and quality of SRH services

- Training of 24 providers from the Goma health zone and the Goma and Bukavu military hospitals in BPF.
- Integration of FBP in 6 BCZ, 8 OSC, 23 health centres, including 1 BCZ, 1 OSC and 4 CS integrated FBP during year 2 of the project.
- Training for 116 members of 23 CODESAs on their roles and responsibilities and the BPF.
- Organisation of 12 contractualisation meetings, including 6 with healthcare structures and 6 with community structures.
- Training of 30 interviewers on the concepts and techniques of satisfaction surveys as part of the BPF of the S3G II project.
- Organisation of 16 missions to check the quantity of subsidised services in 23 health facilities (health centres), including 7 missions in North Kivu and 9 missions in South Kivu, with one mission per quarter per health zone.
- Support for 15 quality assessment missions to the 23 health facilities (health centres), including 6 missions in North Kivu and 9 missions in South Kivu, with one mission per quarter per health zone.
- Support for 17 supervision missions for management teams in health facilities, including 9 missions in South Kivu and 8 missions in North Kivu, with one mission per quarter per health zone.
- Support for 15 missions to supervise provincial health divisions in the health zones.
- Support for 10 inspection and monitoring missions, including 6 missions in South Kivu and 4 missions in North Kivu.
- Support for 2 cross-checking missions on the quantitative and qualitative performance of health facilities under BPF contract.
- Support for 2 activity monitoring missions by the CT-AS in the two provinces (one mission in North Kivu and one mission in South Kivu).
- Organisation of 10 community satisfaction surveys.
- Support for the organisation of 5 invoice validation meetings, including 3 in South Kivu and 2 in North Kivu.
- Signing of 71 performance contracts between Cordaid and the health facilities supported by the project.
- 159 subsidy payments made to health facilities (23 CS, 8 OSC, 6 BCZ, 2 DPS and 3 CS Cross border).

2.4. Strategic priority 3: Localisation

Strengthen the local capacity of the provincial government to ensure effective provincial coordination and governance and transform social and cultural norms to promote gender equality and the fight against SGBV.

At provincial level

- Finalisation of the gender strategy for the S3G II project.
- Support for 3 missions to supervise the field activities of the North and South Kivu provincial gender divisions.
- Payment of performance bonuses to the North and South Kivu provincial gender divisions.

Community level: Response and prevention of GBV

- Identification and selection of 4 groups, of 12 people each, of members of protective communities in the 4 areas of the Goma health zone.
- Organisation of training for 188 members of protective communities on gender and gender awareness techniques.
- Production of 214 radio programmes on a range of topics relating to. VBG
- Organisation of 76 community synergy meetings, the aim of which was to facilitate horizontal multi-disciplinary collaboration within the health zone in order to identify real problems linked to GBV and provide solutions or address them as advocacy issues with the relevant authority.
- 111 awareness-raising sessions conducted by members of the protective communities on GBV.
- Support for the implementation of 9 income-generating activities for members of protective communities.

At community level: Promotion of sexual and reproductive health rights

- Identification and selection of 4 basic community organisations (CBOs) for young people in the Goma health zone.
- Organisation of training for 12 youth supervisors from the Goma health zone on promoting SRHR.
- Organisation of awareness-raising sessions for young people.
- Supervision of 102 cohorts of young people on comprehensive sex education (25 young people per cohort).
- Provision of educational materials for young people on gender, positive masculinity, peer support, reintegration and life planning to the 20 youth CBOs.
- Support for the operation of 20 safe spaces for young people for comprehensive sex education.
- Organisation of 3 missions to assess the performance of youth CBOs.
- Organisation of a score card evaluation programme for young people's CBOs.
- Support for 14 youth CBOs in income-generating activities (IGAs).
- Support for 4 groups of teenage mothers in IGAs.
- Training of 61 parents and religious leaders on the "Papa, maman, d'où vient le bébé" module (Module for coaching parents on promoting SRHR).
-

Advocacy

- Training of 12 members of the project teams as advocacy trainers using the AFP Smart approach.
- Support for the development of the advocacy plan.
- Support for advocacy for official recognition of protective communities by provincial social affairs divisions.
-

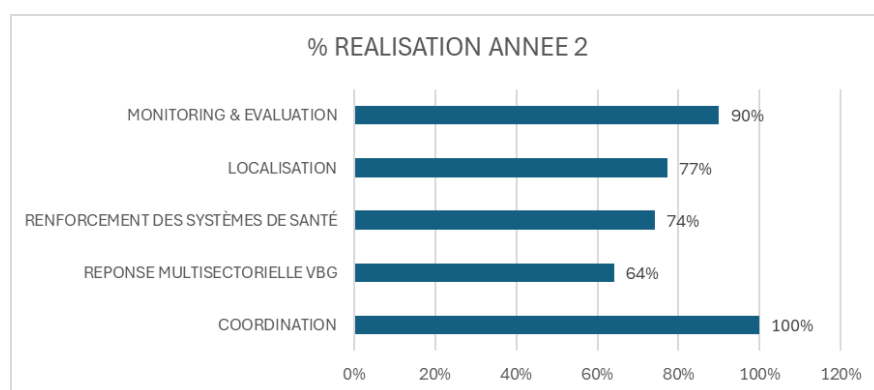
Localisation

- Organisation of a workshop to validate the localisation tools with the 5 NGOs implementing the project, including one consortium member.
- Carrying out assessments of the institutional, administrative, programmatic and financial capacities of the 5 NGOs implementing the project, including one consortium member.

3. Progress report

3.1 Progress against the action plan

Graph 1: Average rate of completion of activities by heading or strategic area



Comments:

The overall average completion rate was 81%.

The reporting activities carried out by the coordination team came first, with 100% completion. All the activities in this area were 100% completed.

Activities relating to monitoring and evaluation came in second place, with 90% completed. With regard to Monitoring and Evaluation, it should be noted that 75% of the activities relating to the quarterly progress review meetings were carried out, given that the last or fourth meeting, which was due to be held in January 2025, was not held due to an overload of activities at the beginning of the year, coupled with the extremely fragile security situation during the period. In addition, activities relating to quarterly financial support to partners + spotcheck were not carried out during the last quarter of year 2 of the project due to the security situation. This demonstrates the 90% completion rate recorded during this year.

Activities related to localization come in third place with a percentage of 77%. This is due to the fact that the temporary suspension of activities in the last quarter of the year did not allow for the full implementation of certain activities implemented by various governmental GBV coordination mechanisms at the provincial level. In addition, the training of providers and gender focal points on the GBV Collect application, as well as the activities that should have been implemented by the social affairs divisions in North and South Kivu, were not carried out due to the security situation in the last quarter of the year.

Activities related to strengthening the health and GCA systems come in fourth place (74%) due to the fact that not all activities with government departments and subsidy payments were carried out in full because of the suspension of all activities with government departments. The same applies to the purchase of medicines and the CODESA activities planned for the last quarter of the year.

Activities related to the multisectoral response to GBV came last with 64%. This is due to the fact that training in narrative theatre on mental health and psychosocial support, training in clinical supervision and suicide prevention, and the operationalisation of the Hotline were not carried out following the suspension of activities throughout February and mid-March 2025 due to the occupation of the cities of Goma and Bukavu and also due to the insecurity that was observed in the project's intervention zones in the provinces of North and South Kivu. The community verification surveys carried out by the ASLOs were not carried out for the same reason.

It should be noted that the average activity completion rate for year 2 was 81%, as many of the activities planned for Q4 of year 2 were not carried out for the reasons mentioned above.

3.2 Progress against the results framework

3.2.1 Progress on key project indicators

Table 1: Progress on key project indicators

Indicators	Annual or project targets	Results obtained	Rate of completion (%)	Comments
# new cases of SGBV reported in health centres and one-stop shops	2.000	4.975	249%	Annual targets
of SGBV survivors say they have regained stability in their daily/usual activities	80%	73%	95%	Project targets
# Clients consulting family planning and contraception services	37.644	40.320	107%	Annual targets exceeded
#Clients using family planning and contraception services	30.115	35.188	117%	Annual targets
Percentage of health facilities that offer quality GBV services among those covered by the project	80%	63%	79%	Project targets
Percentage of health facilities offering quality SRH/FP services among those covered by the project	90%	89%	98%	Project targets
of healthcare facilities that do not experience stock-outs in the supply of SRH products	100%	83%	83%	Project targets

Commentary:

This table shows :

The number of new cases of SGBV reported this second year is 249%. This is thought to be linked to the movement of people to various sites for the displaced as a result of the war between the FARDC and the M23, but also to awareness-raising in the communities by members of the protective communities, young people and religious leaders.

The use of family planning services reached 117% of the project target. This is linked to the awareness-raising carried out by members of the community (including CODESA), the family planning campaign organised in the Karisimbi health zone (Rapha health area) and also in the Nyiragongo health zone (Munigi health area). In terms of service quality, 78.7% of facilities achieved a quality score of 75% for SGBV services and 93.3% achieved a FP service quality score of 75%. This situation is thought to be linked to incentives linked to the purchase of quality of service through the BPF approach at health facility level.

With regard to the availability of inputs in health facilities, 83.4% of facilities supported by the project did not experience a shortage of SRH inputs (modern contraceptive methods including PEP kits). The last quarter (January to March 2025) was a cause for concern due to the war situation in the two provinces, which resulted in high input consumption.

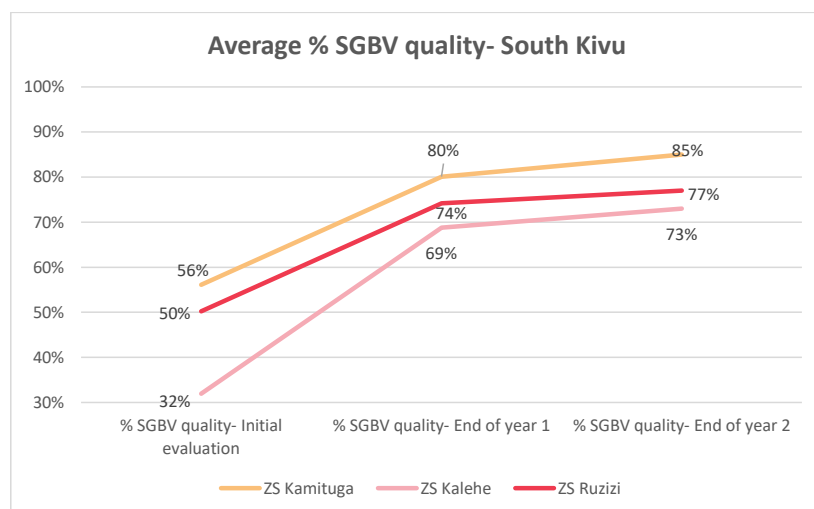
3.2.2 Project results - Analysis of performance indicators

Strategic priority 1: Multisectoral response to SGBV

Specific objective 1: Empower survivors of GBV and build their resilience through holistic GBV management within one-stop centres and other referral and counter-referral mechanisms.

The following results were achieved in this strategic area:

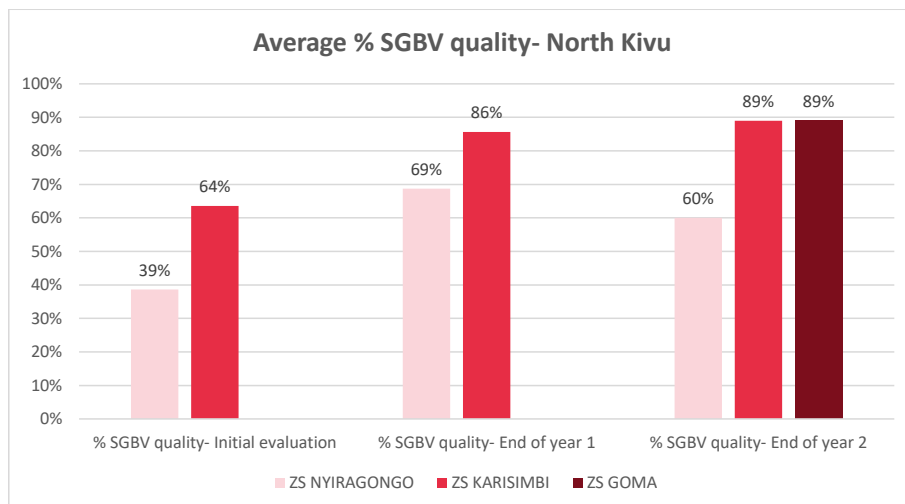
Graph 1: Percentage change in the quality of GBV services in South Kivu average



Comments :

Analysis of these graphs shows an average increase of 32% in the quality of SGBV services in the 3 health zones supported by the project in South Kivu, from the baseline assessment (46%) to the end of year 2 of the project (78%).

Graph 2: Percentage change in the quality of GBV services in North Kivu



Commented [LR1]: We have changed the graphics, so please adapt the comment @Immaculée Mulamba Amisi

Comments :

Analysis of these graphs shows an average increase of 28% in the quality of SGBV services in the 3 health zones supported by the project in North Kivu, from the baseline assessment (52%) to the end of year 2 of the project (79%).

In conclusion, the average quality of SGBV services in the 6 health zones concerned by the project in North and South Kivu showed an overall average increase of 30%, rising from 49% in the baseline study to 79% in year 2 of project implementation.

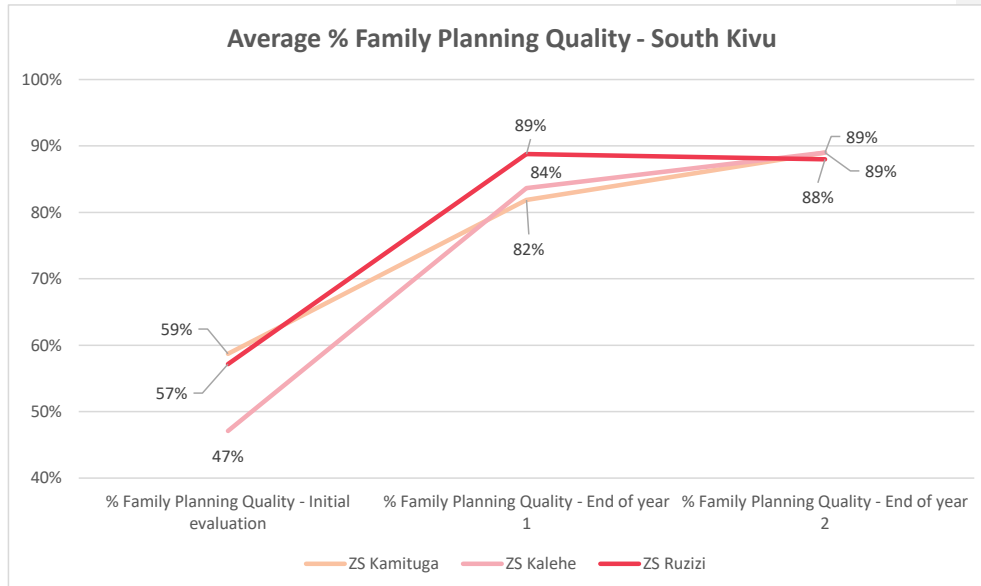
Strategic priority 2: Strengthening the healthcare system

Specific objective 2: Strengthen health systems to support the provision of sexual and reproductive health (SRH) services and promote the continued availability and affordability of SRH commodities in order to improve the realisation of human rights, in particular women's rights to be able to make a free and informed choice about their sexual and reproductive health, including the use of contraception.

Percentage of health facilities offering quality SRH/FP services among those covered by the project

The results of the quarterly quality assessments carried out in 27 health facilities were as follows during the second year of the project, taking into account the level of quality assessed at 75% according to the Ministry of Health's quality grid:

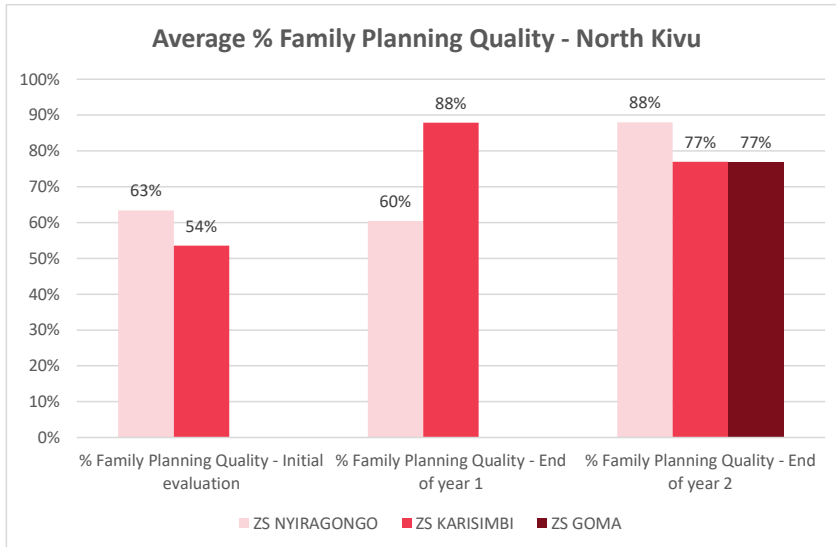
Graph 3: Trends in the quality of facilities offering high-quality family planning services in South Kivu



Comments :

These graphs show that the average quality of FP services has increased by 35% in the 3 health zones supported by the project in South Kivu, rising from 54% (baseline assessment) to 89% (at the end of year 2 of project implementation).

Figure 4: Trends in the quality of family planning services in North Kivu



Commentary:

Analysis of these graphs reveals an average 22% increase in the quality of FP services in the 3 health zones supported by the project in North Kivu. From 59% at the baseline assessment, this had risen to 81% by the end of year 2 of project implementation.

In conclusion, the average quality of FP services in the 6 health zones concerned by the project in North and South Kivu showed an overall average increase of 28%, rising from 56% (initial assessment of the project) to 85% (at the end of year 2 of project implementation).

Other results :

- 100% of health facilities have improved their knowledge of sexual and reproductive health and the fight against HIV/AIDS for young people.
- 100% of health establishments, i.e. 100% planned for the second year, have integrated and implemented sexual and reproductive health and HIV/AIDS services adapted to young people.
- 40320 out of 37644 expected clients, i.e. 107%, consulted family planning and contraception services in the 24 health centres in the 6 health zones supported by the project.
- 35188 out of an expected 30115 clients, i.e. 117%, used modern contraception in 16 health centres in 6 health zones supported by the project.
- 128% of health centre providers, i.e. 46 out of 36, have been trained and are offering quality SGBV and SRH services in the 39 health centres supported by the project.
- 16%, i.e. 3 out of 19 facilities, with a high quality score for SGBV and SRH in health facilities (CSOs and health centres) and SRHR in health centres.
- 100%, i.e. 32 out of 32 providers have been trained in SCM.
- 84%, i.e. 25 out of 21 health facilities, demonstrate correct and rational management of medicines.
- 71% or 20 out of 28 DACs are functional.

- 70%, i.e. 28 out of 40 meetings of the CTMP logistics and information sub-committee were held (it was not possible to hold the meetings in the last quarter).

Strategic priority 3: Localisation

Specific objective 2: Strengthen the local capacities of the provincial government, local NGOs and communities to ensure effective coordination and governance at provincial level and transform social and cultural norms to promote gender equality and sexual and gender-based violence.

- 79% or 76 out of 96 synergy meetings were organised between health centre staff and community members on issues of sexual and gender-based violence in the community.
- 63% or 5 out of 8 meetings of the Gender Working Group were organised.
- 75% or 6 out of 8 quarterly supervision missions to the provincial gender divisions were carried out.
- 3114 parents and religious leaders reached by the message of promoting the sexual and reproductive health and rights of adolescents and young people.
- 100%, i.e. 24 out of 24 young people's CBOs were functional.
- 77% of youth CBOs achieved a high level of performance.
- 81% or 2075 out of 2550 young people were retained.
- 265% or 260 out of 98 radio programmes were produced and broadcast.
- 50% or 6 out of 12 social mobilisation activities were carried out.
- 100% or 188 members of the protective communities have been trained and active.
- 14/24 IGAs set up by youth CBOs, i.e. 58% (it was not possible to set up others because of the war).
- 4/24 IGAs for teenage mothers set up, i.e. 17% (it was not possible to set up others because of the war).
- 9/24 IGAs for protective communities set up 37% (it was not possible to set up others because of the war).

4. Capacity building

4.1 Training courses

The following training courses were carried out during the reporting period:

- Training for 2 mental health experts from HEAL Africa on narrative theatre in Burundi with the Ubuntu team.
- Training of 26 field agents and PNSM agents in narrative theatre and psychological first aid. The training was facilitated by ARQ International.
- 15 health care providers from the Goma health zone and the regional military hospital in Bukavu received training in the national protocol for the medical management of SGBV cases.
- Training 23 health workers from the Goma health zone and the Goma regional military hospital in psychosocial care.
- Training of 24 health workers from the Goma health zone and the Goma regional military hospital in case management.
- 25 medical officers from the Goma health zone, the Goma regional military hospital and the police were trained in the collection of forensic evidence.
- Training of 128 AVEC members and supervisors in commercial entrepreneurship.
- Training of 11 health providers in post-abortion care.
- Training of 30 interviewers on the satisfaction survey as part of the FBP of the S3GII project.
- Training of 14 provincial managers from North and South Kivu and the S3G II project teams in BPF/R.

- Training of 27 service providers on SSRAJ.
- Training in SCM for 32 service providers in the Goma health zone.
- Training of 24 providers from the Goma health zone and the Goma and Bukavu military hospitals in BPF.
- Training for 116 members of 23 CODESAs on their roles and responsibilities and the BPF.
- Training for 188 members of the protective communities on SGBV alert, prevention, response and awareness.
- Training of 12 youth leaders from the Goma health zone in promoting SRHR.
- Training of 61 parents and religious leaders on the "Papa, maman, d'où vient le bébé" module to promote SRHR among young people.

4.2 Supervision and monitoring

Supervision and monitoring visits were carried out on each strategic axis in order to maintain the quality of the intervention. The following visits were carried out:

- Holding of a joint supervision mission by the members of the provincial steering committees of the S3G II project in North and South Kivu.
- Support for 6 missions to supervise the field activities of the provincial gender divisions (3 for North Kivu and 3 for South Kivu).
- Support for the organisation of 15 quality supervision missions to 20 health facilities by the management teams of 6 central offices in the health zones supported by the project.
- Support for the organisation of 6 supervision missions to the provincial health divisions of North and South Kivu to monitor sexual and reproductive health activities.
- Support for the organisation of 6 supervision missions on supply chain management by teams from the provincial health divisions in North and South Kivu.
- Monitoring the supply of PEP kits and contraceptives to health facilities.
- Holding 13 quarterly follow-up meetings with parents and religious leaders in the project's health zones.
- Organisation of 9 supervision and monitoring missions by HEAL Africa staff.
- Organisation of 3 supervision missions and 3 verification missions in 3 health zones in South Kivu. For North Kivu, 2 supervision missions and 2 verification missions were carried out.
- Organisation of monitoring missions by the AFEJUCO and EAC-Goma teams.
- Organisation of 34 follow-up missions by the SOS SIDA and PAP RDC teams.

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

5.1 Synergy with other SRHR projects in the Great Lakes Programme

In order to harmonise the SRHR platform activities of NGOs funded by the Great Lakes Countries Programme, the following activities were organised:

Holding harmonisation meetings with Care International's Tuma plus project:

- On actions to be taken during the crisis period;
- On the problem of the Kasika health centre, which had been looted. A joint solution had to be found.
- Harmonisation of advocacy on the issue of the provincial budget line for the purchase of medicines.
- Harmonisation of the advocacy plan and advocacy action to be carried out together.
- Joint advocacy visits to the Ministry of Health.

Work sessions with iPeace on :

- Possibility of working with the Hotline
- Possibility of working with the Justice Plus project to provide legal support to survivors of SGBV in Kamanyola and possibly Goma and Bukavu.

5.2 Synergy with other local, provincial and national partners working on GBV and SRH

- Harmonisation of interventions with UNFPA in the Goma health zone, especially at the CCLK health centre and the Buhimba health centre, where cases of sexual violence were very high and a single project could not cover them. As a result, the aspects not covered by the S3G II project were covered by the UNFPA project.
- Participation in quarterly SRH working group meetings in South Kivu and North Kivu organised by UNFPA.
- Participation in the PEP kit quantification meeting organised by IMA in Goma.
- Participation in meetings of the gender working groups.
- Participation in health and protection cluster meetings.
- Participation in meetings of the provincial health divisions' financing and benefits working group.
- Participation in meetings of the South Kivu Integrated Provincial Transition Team (EPIT) to coordinate preparations for Monusco's departure from South Kivu.
- Participation in CTMP-PF meetings in North and South Kivu provinces.

5.3 Alignment with national policies

The following elements show how the activities carried out from the first year of the project to date have been aligned with national priorities:

- From the outset, the S3G II project took account of the national GBV priorities set out in the new 2020 national strategic plan.
- Intervention sites were chosen on the basis of needs identified at provincial and zonal level.
- Choice of local stakeholders and existing community structures: Youth CBOs, CODESA, community protection structures against gender-based violence such as protective communities.
- A Provincial Steering Committee (PSC) for the project has been set up in the provinces of North and South Kivu, to which the project stakeholders must respond. The CPP is chaired by the provincial minister responsible for gender. In North Kivu, this is currently the provincial government gender coordinator.
- Use of state trainers and government curricula.
- Strengthening the system by using national policy (or even BPF/R funding method).
 - The establishment and operation of the One Stop Centres is in line with Decree No.23/09, published in February 2023, on the creation, organisation and operation of integrated multi-sectoral services for survivors of gender-based violence in the DRC (CISM).
- The project's technical and financial support for the organisation of follow-up missions by provincial gender divisions, meetings of provincial gender working groups, meetings of provincial project steering committees and joint missions, as well as the promotion of the sexual and reproductive health of adolescents and young people, all form part of the project's alignment with the national strategy to combat SGBV, which will be revised in 2019.
- The project's technical and financial support for training and setting up sexual and reproductive health services for adolescents and young people, and for organising meetings of provincial CTMP-PFs and sub-commissions, is included in the DRC's current National Health Development Programme.

5.4 Alignment with regional and international priorities

The project is aligned with regional priorities through :

- An approach focused on human rights: gender balance and protection of the vulnerable.
- The use of international standards and norms in preventing and responding to gender-based violence and promoting sexual and reproductive health rights.

6. Project success stories

Success story N 01

On the response to gender-based violence

Title: "From pain to resilience: the journey of a survivor supported by the S3G II project at Keshero Hospital".

Health structure: Keshero Hospital

Date of first contact: 12 January 2025

BNTR07125, married at 21, has suffered 7 years of severe domestic violence. Fleeing armed conflict with her children, she lost one of them on the way. Taking refuge in a camp for displaced persons, she survives in precarious conditions. One night, two armed men burst into her tent, robbing, gang-raping and murdering her child in front of her. Traumatized, she remained silent until a friend in the camp referred her to a health centre and then to Keshero Hospital (supported by the S3G II project) for specialist care.

She received the following care

- Diagnosis: major depressive disorder (depressed mood, insomnia, anorexia, suicidal thoughts)
- Individual support therapy: active listening, normalisation, cognitive restructuring
- Therapeutic groups to strengthen social links and confidence
- Reassuring medical examinations (mild infections treated)
- Treatment of lesions, painkillers, ongoing medical monitoring
- Empowerment and support for parenthood

Results obtained

- Emotional stabilisation after 3 individual sessions and 2 group sessions
- Family life restored: strong bond with remaining children
- Community involvement: raising awareness among other female victims of violence
- Economic independence restored: she now meets the needs of her household

She says: "I'm standing here today thanks to those who listened to me, cared for me and encouraged me. I want to do the same for other women.

Success story N 02

Title: "A voice among others: shared resilience at the heart of the crisis".

Health facility: CBCA Virunga Hospital

Reference period: January - March 2025

Support coordinated by the psychologist supervising the S3G II project

Context :

Between January and March 2025, the city of Goma experienced an upsurge in cases of sexual violence, linked to security instability. The CBCA Virunga Hospital was one of the centres most in demand for the treatment of survivors. Some of these cases had been referred by outlying health centres for advanced care. During this critical period, innovative and appropriate psychosocial strategies had to be put in place to respond effectively to the influx of cases.

As a supervising psychologist, I have encouraged the psychologists and psychosocial assistants (APS) in the partner health facilities to step up group treatment as a complement to individual follow-up. The therapeutic group approach was prioritised for :

- Creating a safe, supportive space for survivors to talk to each other;
- Promoting the rebuilding of self-esteem and collective resilience ;
- Strengthening social ties between survivors and breaking down isolation.



Figure -**Error! No text of specified style in document.** 1 image taken during group therapy

The sessions incorporated techniques of psychological support, relaxation, storytelling and psycho-education on normal post-traumatic reactions. The groups were organised by age and specific need, with an emphasis on active listening and empowerment.

Impact observed

- Over 80 women took part in the therapeutic groups in three months;
- Significant reduction in symptoms of anxiety, depression and social withdrawal;
- Improving cohesion between survivors and developing informal support groups ;
- Increased involvement of survivors in community and awareness-raising activities ;
- Promoting the work of psychologists and PSAs in the community.

"The groups enabled these women to understand that they were not alone, that they had a voice and that they could rebuild their lives together.

Success story N 03

Title: "Strengthening the resilience of carers: intervention by the S3G II project for clinical psychologists from HEAL Africa".

Health facility: HEAL Africa Hospital

Date of first contact: February 2025

Facilitators: Linda and Jitske, ARQ International

Support coordinated by : S3G II Project

Context

During the January 2025 period, the S3G II project identified a growing need within HEAL Africa to support clinical psychologists, who were particularly affected by the increase in cases of sexual violence and trauma in the region. Psychologists were facing significant emotional stress, making their resilience essential if they were to continue to provide quality care to the community. Faced with this situation, the S3G II project facilitated targeted interventions to improve their well-being.

S3G II with ARQ international

Under the facilitation of Linda and Jitske from ARQ International, eight clinical psychologists and a project manager from HEAL Africa took part in two psychological support sessions. These sessions enabled them to :

- Share the level of the emotional thermometer to assess the psychological state of the participants.
- Sharing the personal and professional resources used in times of crisis.
- Relaxation and compassion exercise: Connect to a source of affection and spread this energy around you.
- Sparks of Joy exercise: Identify and record pleasant moments in your day to help you relax.
- Rain exercise: A physical relaxation exercise that simulates rain to calm the nervous system.
- Breathing exercise: Breathe deeply to calm stress and improve well-being.

Observed results

- Improved emotional resilience: Psychologists have reported better stress management and a greater ability to cope with professional challenges.
- Strengthening team cohesion: These sessions created an environment of mutual support and solidarity between the psychologists.
- Better stress management: Participants have adopted practical stress management techniques, boosting their personal and professional well-being.
- Work-life balance: A better approach to balancing work demands with the need for rest and regeneration.

Testimonial

"The exercises have helped me to regain control of my emotions. I now feel stronger to support my colleagues and survivors of violence."

- Theme: "Healing serious psychological trauma"
- Name: KTNA03
- AGE : 19 years
- Address: Latin Quarter
- Profession: nurse
- Structure: CS Irambo

Problem identified: on 4 March 2025 at 8pm, while I was on guard duty, unidentified people wearing masks broke into the health centre. They took the guard and tied him up, beating him to death. The doctor with whom I was on guard duty had already been neutralised, beaten and tied up with the trainees. The trainees came over to where I was treating the patients. When I woke up, I was surprised to see the guns pointed at me, ready to be released. They took everything from me: my money, my phone, and they took turns raping me. I'd never met a man before, but I told myself that if I all spoke out, we'd all be exterminated.

Symptoms: since these days my usual situation has totally changed. I could no longer sit with the other colleagues, I relive this event at all times, I have an intense fear of men and of the place where I work, I feel useless and without value or dignity, a lot of lumbopelvic pain, with a feeling of running away.

Treatment and results: With God's help, this event took place at the health centre. Heal Africa's supervising psychologist was called last night and instructed the psychosocial assistant to carry out emergency interventions before he arrived. That very night I was given the full range of medicines for the prevention of various sexually transmitted infections and unwanted pregnancy (KIT PEP) and I was given effective treatment for injuries and other physical pain. Three days later, psychologist Idriss arrived and we began sessions of visual reality exposure therapy, which helped me to regain my composure, overcome my fear, restore my positive self-image and gain self-confidence. Every day of this session I find the change within me.

Acknowledgements: to HEAL Africa and Cordaid through the S 3G II project who continue to help people facing different problems to find other funding or extend their field of action in all health areas in the province of South Kivu and why not the entire extent of the country because it remains a capital of violence throughout the East where wars and hostilities do not stop. I would like to thank the supervising psychologist, Idriss, for his availability and professionalism, as well as the close follow-up that helped me to cope with this suffering.



At the last session, the nurse is writing down the recommendations and important attitudes for a strong mind capable of coping with trauma.

Success story N 04

Title: On prevention: Stereotypes

Generally speaking, the project has been very well received by the communities. Although it's not always easy to translate successes into stories, we have nevertheless collected a few success stories, including the one below:

"Z.P, married to Mrs E.W.M aged 29, admitted to having subjected his wife to various forms of violence within their relationship for over 9 years, considering that a woman was an inferior being as much as a child and therefore had no reason to be respected or valued. For all these years, Mr ZP has repeatedly subjected his wife to violence: serious blows and wounds, deprivation of food, clothing, care, etc. He has also subjected her to violence and abuse. On 24 July 2024, while the members of the KATUNGA protective community were in the midst of raising awareness, Mr Patrice had, as if by chance, wanted to attend, like the other men who were in the vicinity of the large petrol market.

After hearing the message about the forms of violence against women and their consequences in women's lives, Mr ZP approached two members of the KATUNGA protective community to express his distress and his desire to be listened to so that he could tell his story. The members set up an appointment for him the next day, and during the listening session, he confessed to the acts of violence he had inflicted on his wife and expressed his desolation. As far as he was concerned, he was living in ignorance and, as a result, he asked these two members to accompany him to his home to ask his wife for forgiveness, which they did two days later. The wonderful thing is that in January 2025, Mrs Eliana came to testify to the women's group at the CEPAC KITEMBA church about the positive change in her husband's behaviour since July 2024. For her, it's a miracle!

This story bears witness to both the effectiveness of the awareness-raising carried out by the protecting communities, due to their proximity to the communities, and the desire for change noted within the communities.

We also noted the great commitment of the members of the protective communities, who continue to work, even in these difficult times of insecurity.

Success story N 05

Title: Sexual and reproductive health rights

History

My name is N.U. I am a 19-year-old teenage mother living in the village of Turunga, in the Nyiragongo territory. I am very happy to be included among the teenage mothers supervised in the AJDI safe space, thanks to the AJDI association in partnership with PAP-RDC in the S-3G project in the Turunga health area in the Nyiragongo health zone. Before learning about the history of PAMELA, I didn't know what responsibilities I could take on to ensure that my child grew up in good conditions. I used to leave my child in the neighbourhood and go for walks with my friends, but now that I've followed all the chapters, I already know what my responsibilities are as a mother.

I already know how my child should be looked after in terms of health and nutrition, as well as my educational duties and how I can earn money in the interests of my child and my family.

I'd like to thank the Stabilité-3G project for thinking of us through these lessons, and we'd like to ask the implementing partners to extend these activities to other teenage mothers.

Story 2

My name is M. M., and I am a 17-year-old boy in the AGAPAO Safe Space in the NGANGI III Health Area. I live in the village of NGANGI, in the Munigi Group, in the Nyiragongo Territory. Today I'm proud of myself because now I know how to make decisions and solve some of my problems.

After I underwent my training, certain behaviours changed in my life; before, I used to allow myself to have bad relationships; to do things that are not allowed in a relationship.

I now know how to avoid violence and abuse in a relationship and also how to manage interpersonal relationships, which could otherwise lead to harmful consequences that could ruin my future life, including prison, sexually transmitted diseases and so on.

Now I have an informed choice about my sexuality and my daily life; I know the difference between good and bad relationships and all the consequences that come with them.

I would like to thank the S3G project for thinking of the young people of the Turunga Health Area, who have long been victims of ignorance about responsible sexuality.

SOS SIDA, the implementing partner in charge of SRHR in South Kivu, also noted the following:

- 1) Continuity of S3GII project activities in the project's health zones despite the war. The CBO supervisors continued to raise awareness among young people, even in places of refuge. This was the case for young people in Bushushu, who were educating other young people about STIs/HIV/AIDS. The CBOs set up WhatsApp groups that served as virtual spaces for talking about resilience and SRHR issues. In Kamituga, activities are progressing normally. 4 CBOs have continued to raise awareness and hold CSE sessions despite some disruption by armed and military groups in the health zone. 44/48 CSE sessions were held in the 4 safe spaces between January and March 2025 in Kamituga.
- 2) Strong collaboration with the various project stakeholders. This year, we held 3 quarterly meetings with all IT stakeholders, parents, religious leaders and CBO managers. These meetings enabled us to discuss the challenge of referring young people to the SSRAJ. Thanks to this approach, referrals have improved. 3681/4320 (1895F and 1786G) were referred to the 12 health facilities for SSRAJ between April 2024 and March 2025.
- 3) Ownership of the S-3GII project by CBO managers, parents and religious leaders in the S-3G II health zones. Trained parents and religious leaders are involved in activities to mobilise the young people who make up the CSE cohorts. This has an impact on the loyalty of young people to the CSE sessions.
- 4) Retention of adolescents and young people in Comprehensive Sex Education sessions. The average retention rate is 94%.
- 5) Since June 2024, SOS SIDA has signed a collaboration agreement with the Swiss Foundation for Technical Cooperation/SUISSE CONTACT to support the programme in organising and conducting life skills training for the development of young people in vocational training (FIP) in order to develop and strengthen their knowledge and skills, while promoting their empowerment, resilience and a healthy and safe sex life.
- 6) The use of the "Super Trainer" model allows closer monitoring and supervision of HEAL Africa psychologists. As part of the project, ARQ trained two 'Super Trainers' in the Netherlands in supervision and mentoring techniques. These two super trainers are able to provide closer monitoring of the training given to the entire team of HEAL Africa psychologists, thereby promoting the quality and sustainability of the training.
- 7) - The Narrative Theatre component effectively facilitates the third pillar of the S3G, the "Community Guarantee", which was not previously at the heart of MHPSS activities. The Narrative Theatre approach is used to facilitate community dialogue, thereby promoting joint problem-solving, trust-building and healing. As part of S3G II, this approach will be

used to strengthen community support for GBS survivors and to gradually change social norms towards them, two objectives essential to the overall spirit of the S3G II programme.

- 8) Close collaboration with CORDAID and HEAL Africa continued into the second phase of the programme. The strong working relationship also facilitated flexibility and responsiveness to emerging needs, for example when the narrative theatre training pathway required an additional budget for a refresher trainer or when additional staff support was required after the Goma headquarters.
- 9) MHPSS activities continue to contribute to the implementation of the PNSM in the DRC, in particular by strengthening human resources in psychology.

Success story N 06

Title: On performance-based financing

Success stories include

- Implementation of the FBP/R portal specific to the S3G II project and managed at national level by the National Strategic Purchasing Technical Unit.
- Design of the BPF/R data sheets for the Community and Security-Justice components by the project team.

7. Operational constraints and possible solutions

The period covered by the report was marked by the incursion of the M23 movement into the towns of Goma, Bukavu and certain territories of South Kivu. This occurred between the end of January 2025 and the second half of February 2025. This has led to a number of constraints in the implementation of the project, with operational consequences such as :

- 1) Travel is very limited, and most of the time prohibited in certain health zones and health centres (leading to remote monitoring of activities via the telephone).
- 2) The suspension of certain training courses, such as the training of trainers on suicide management and narrative theatre with ARQ International.
- 3) The suspension of mass social mobilisation activities.
- 4) Suspension of certain income-generating activities.
- 5) An increase in the number of cases of sexual violence, leading to overuse of services and inputs (for example, the expected number of cases of GBV this year was 2,000, but the number of cases treated was 4,975, i.e. 248% more than expected).
- 6) The difficulty of carrying out verification missions in the field.

The project teams were able to adapt quickly, following up by telephone and carrying out movements in the field if there was a possibility of a shortage of inputs, after receiving a favourable opinion from Cordaid's safety unit.

In the Kamituga and Ruzizi health zones in South Kivu not occupied by the M23 movement, activities continued to take place normally.

8. Lessons learned

- 1) Rather than simply being places where legal and judicial assistance is provided for the benefit of the community, legal clinics can also be settings where community members can use mediation to resolve disputes between them (cases of child neglect and physical and emotional violence).
- 2) Some neighbourhood leaders supported the legal clinic managers to help protect survivors and their families from reprisals.

- 3) The intervention of the S3G II project, in partnership with ARQ International, strengthened the resilience of staff psychologists during the crisis period. These sessions had a positive impact on their well-being, enabling them to better support the community and provide quality care despite the constant challenges. The psychological support provided is crucial to ensuring effective care for victims of sexual and gender-based violence.
- 4) Incorporating cultural references (family values, spirituality, community support) into counselling facilitates adherence to treatment and strengthens the impact of interventions.
- 5) Despite the loss of the IGAs and savings in the AVECs due to the war, with the little money left, the beneficiaries are resuming their activities with great confidence.
- 6) Changing attitudes to the prevention of SGBV against women depends on the commitment of both communities and the women themselves. Indeed, when faced with cases of SGBV, some women sometimes behave badly towards other female victims, even though they are supposed to have a good understanding of other women's situations.
- 7) The community synergy meetings held in the intervention zones revealed that there is still a real need to raise awareness of SGBV in the communities, as there are still real problems of human rights violations and an increased number of victims in three health zones.
- 8) Through the radio broadcasts, we have learned that a good number of people are interested in the issues addressed and help them to adopt positive attitudes in favour of gender equality, and that this is an open space that is of interest to a large number of people who are victims of GBV and who have come to the partner AFEJUCO for help.
- 9) The activities of CBOs during the holiday period have an impact on their loyalty. To overcome this challenge, supervisors are being asked to take it into account when holding comprehensive sexuality education sessions during the holiday period. That's why, for the last 2 weeks of December, the comprehensive sexuality education sessions were temporarily suspended to allow the young people enrolled in the cohorts to go on holiday. In the first phase of the project, teenagers and young people aged 15-24 took part in the comprehensive sexuality education cohorts together. However, it was found that younger people did not participate significantly in the debates because they did not have the same experiences of sexuality. Separating the two age groups of 15-19 and 20-24 enabled younger people to feel comfortable and contribute to the debates during the comprehensive sexuality education sessions. Currently, the two age groups concerned attend the comprehensive sexuality education sessions separately.

9. Durability

The project aims to achieve stability (peace-building) through the prevention of and response to gender-based violence.

All of the project's actions, approaches and strategies are aimed at sustainability in terms of :

1. **Individual:** The holistic intervention approach to support survivors aims not only to prevent after-effects and rehabilitation, but also to prevent further abuse by strengthening economic power through training and socio-economic reinforcement of the most vulnerable through the integration of AVEC and income-generating activities.

Young people are also trained to prevent them from being abused, but also to ensure that they themselves are not the vectors of gender-based violence. Young boys are taught about positive masculinity with the "Like Joe" manual, and girls and boys aged 10-14 are taught about gender issues with the "Like Sara, Myriam and Joe" manual.

2. **Family:** The approach of home visits by members of protective communities, parents and religious leaders also makes it possible to offer knowledge and skills to family members on gender issues, bringing about lasting change within communities.

3. **Community:** Capacity-building with existing, long-term community structures such as health facilities (strengthening the system), youth CBOs, parents and religious leaders, and protective communities will ensure the sustainability of actions. These structures will also be strengthened through income-generating activities.

9.1 Strengthening the system

One of Cordaid's intervention approaches is system strengthening. In all its interventions/projects, Cordaid aims to strengthen civil society and the state system. In the same way, for the S3G II project, Cordaid and its partners aim to strengthen the system, in particular:

- a. Use of curricula validated by the state and state trainers.
- b. For new training courses, as for mental health, organisation of training for trainers including state trainers.
- c. The performance-based financing approach.

This has led to :

In health zones :

- Existence of team members with training skills in issues of sexual violence and sexual and reproductive health and capable of carrying out supervision on these issues.
- Continuity of holistic services in 4 hospitals (acquired during the first phase of the project). Psychologists already integrated in areas that previously did not use psychologists, such as the Kamituga and Ruzizi health zones.
- Integration of GBV and SRH services into 35 health facilities. Providers competent to care for young people and survivors of sexual violence.
- There are special youth corners in at least 24 health centres. Young people have become regulars at the health centres, and there is a kind of partnership between the youth associations and the health facilities.

9.2 Community involvement

- Developments in 24 youth associations, which are becoming better and better defined as associations working to support young people in the SDSR.
- 12 associations are in the process of acquiring local administrative recognition documents as official associations.
- 24 protective communities are continuing their awareness-raising activities and increasingly understand community problems. Advocacy was conducted for their official recognition by the provincial social affairs divisions, resulting in the signing of a document recognising them.
- 24 parents' groups are already recognised at community level as working on SRHR issues for young people.

9.3 Political commitment

- Setting up provincial project steering committees chaired by the provincial ministers responsible for gender in collaboration with the provincial ministers responsible for health. The provincial project steering committee team carries out missions to monitor activities in the field in order to affirm the State's commitment to preventing and responding to sexual violence through the implementation of the project.
- Letter of official recognition of the protective community groups by the provincial division of social affairs in South Kivu and official favourable opinions from the neighbourhood chiefs in North Kivu.
- Recognition of CSOs at the level of the national ministry for gender, they are called CISMes: Centres Intégrés des Soins Multisectoriels (Integrated Multisectoral Care Centres).

10. Risk management and challenges

Challenges and risks encountered during the reporting period :

- When the M23 movement entered, it was difficult to visit and monitor health facilities.
 - Possible solution: Use of telephones and WhatsApp to monitor and deploy inputs between health facilities.
- The OFDA project implemented by IMA was the main supplier of PEP kits in the east of the DRC. Following the closure of USAID's activities, the risk of stock-outs of PEP kits in the two provinces concerned by the project increased.
 - Possible solution: Repackaging PEP kits from bulk molecules found in the various health facilities and drug depots.
- A surge in the number of cases of sexual violence, leading to a shortage of inputs and a surge in the capacity of service providers to provide support.
 - Possible solution: *Redeployment of PEP Kits from overstocked structures and technical support for service providers by HEAL Africa field teams.*
- Closure of banks and the cash transfer system to pay subsidies to service providers.
 - Possible solution: Use of the mobile money payment system, with appropriate security measures in place.

11. Conflict sensitivity

- The managers of the legal clinics recruited in the projects are natives or long-term residents of the project intervention areas. The same applies to the recruitment of supervisors for the local implementing organisations and the CBOs who are to carry out the community verification activities under BPF. The use of non-local labour often leads to ongoing conflicts with the host communities, as staff who are not members of the communities concerned are often unfamiliar with local customs, habits and even languages. This often leads to very tense and conflictual relations. This situation is not conducive to the successful implementation of activities in the field, as the local population often does not feel involved and does not take ownership of the project's activities.
- Training of project staff in conflict analysis using Hub and Alert international;
- Contacts are underway with the Alert International team in charge of the Conflict Sensitivity Hub to explore opportunities for collaboration in terms of technical support and capacity building.

12. Planning for the coming year

- During the third year of the project, the following major activities will be integrated:
 - Integration of 12 new health facilities into the project.
 - Organisation of various training courses held for all the other health structures in these new structures.
 - Integration of CODESA activities.
 - Integration of the Community BPF.
 - Integration of the minimum emergency package for the SSR.
 - Training in advocacy and development - Monitoring the advocacy plan.
 - Evaluation of institutional, programmatic or technical, financial and operational capacities, and monitoring of implementing NGO partners.
 - Training of CODESA members and implementation of the FBP/ Communautaire.
 - Setting up income-generating initiatives: survivors of SGBV, teenage mothers, youth CBOs, members of protective communities, parents and religious leaders.

APPENDICES:

- Logical framework
- Financier report year 2