



South Kivu Support Programme – Democratic Republic of the Congo (DRC), South Kivu

medica mondiale (mm), having built trustful partnerships with women's organisations in the Great Lakes Region since 2004, contributed to their professionalisation and the quality of their services by providing technical and financial support. The purely financial support by medica mondiale's Small Grants Program proved to be successful to get to know a variety of local women's organisations. However, in particular in South Kivu, the lack of appropriate qualification of many of these small organisations remained a serious challenge. As a response, medica mondiale developed the South Kivu Support Programme which consists of 5 main elements: Organisational capacity development; Qualification in trauma-sensitive psychosocial work; Knowledge exchange and networking amongst the organisations; Joint advocacy; and Financial support by the provision of funds for the implementation of micro-projects.

Programme duration:

January 2015 until December 2018

Evaluation period:

January until June 2017

Type of evaluation:

Mid-Term Evaluation

Evaluation team:

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Executive Summary

CONTEXT

The situation of women and girls in the Democratic Republic of the Congo (DRC) remains a matter of concern. Their specific needs are not sufficiently considered and gender inequalities persist against them. Although there are national laws combating sexualised and gender-based violence, the government's action remains weak. The government lacks political will and adequate resources dedicated to the issue.

At the same time, civil society organisations remain determined and committed to supporting distressed victims, who often lack adequate resources. These small local initiatives and women's organisations, including medica mondiale's partners, provide assistance to sexualised and gender based violence (SGBV) survivors within their local communities despite the major challenges they have to face doing so. A joint evaluation conducted by medica mondiale and the Protestant Service for Development (EED) in 2009 highlighted that many of these organisations needed organisational capacity development, other qualifications, and improved cooperation. They also need to be aware of stress and burnout risks incurred by psychosocial workers.

PROGRAMME GOALS AND OBJECTIVES

The programme formulated three overall goals to be pursued:

1. Survivors have access to adequate psychosocial, socioeconomic, judicial and medical support;
2. Local communities as well as authorities are held responsible for the protection of women and girls in their communities;
3. Committed local women's organisations in South Kivu are empowered to take concerted, effective action against sexualised violence and other violations of women's rights.

However, based on the funding lines, there are two main intervention areas as detailed below.

The first intervention area focuses on the support of partner organisations through the financing of their

micro-projects and development of their organisational capacities, entitled "Local women's organizations rise for women's rights and against violence sexualized violence in South Kivu", with a funding period from January 2015 to December 2017.

Its long-term overall objective is to contribute to the empowerment of women and girls, including sexualised and gender-based violence survivors in South Kivu, DRC.

Specific objectives:

- » Development of SGBV-affected women's and girls' self-help capacities;
- » A more informed and committed social environment increases assistance and protection for SGBV-affected women and girls.

The second intervention area, dedicated to qualification in psychosocial work, is entitled "Development of local psychosocial capacities as a contribution to the promotion of peace in the Great Lakes Region" with a financing period from April 2015 to December 2017. It aims at strengthening partner organisations through qualification measures, professional exchange, and knowledge transfer for psychosocial approaches and enabling them to provide trauma and stress-sensitive counselling.

Its long-term overall objective is to contribute to the promotion of positive peace in the Great Lakes Region by breaking violence cycles and allowing the participation of these violence-affected persons in the social process.

Specific objectives:

- » Six strengthened and stabilised local women's organisations provide multi-sector and trauma-sensitive support to about 900 sexualised and gender-based violence survivors;
- » Among the actors working in sexual violence in South Kivu, Burundi, and Rwanda, there is a professional exchange and transfer of knowledge on psychosocial approaches.

EVALUATION OBJECTIVES

Although the South Kivu Support Programme includes components implemented at the regional level, in the DRC, Burundi, and Rwanda, the mid-term evaluation focuses exclusively on South Kivu components. The six women's organisations benefitting from medica mondiale's programme in South Kivu are: Women's Network for Development and Peace (RFDP), Haki, Amani na Maendeleo ya Akina Mama (HAM), Associative Network for Integral Psychology (RAPI), Women's Association for the Promotion and Endogenous Development (AFPDE), Together for the Promotion of Women and Family (EPF), and La Floraison.

The overall objectives of this mid-term evaluation, focussing on the capacity development and qualification intervention axis as well as on the overall programme approach, are:

1. Providing decision makers of medica mondiale and the projects' co-funding institutions (Medicor Foundation and Foundation Smartpeace) with sufficient information to make an informed judgment about the performance of the projects, to document lessons learned and to provide practical recommendations for follow-up actions;
2. Gaining more knowledge on effects and impacts in order to inform future programming;
3. Creating possibilities and room for reflection and learning for the stakeholders involved, partner organisations in particular.

EVALUATION METHODOLOGY AND LIMITATIONS OF THE EVALUATION

All evaluation questions, including the particular questions raised by mm, were designed in a way that allows for the provision of answers and recommendations based on the OECD/DAC criteria, including: (1) relevance, (2) effectiveness, (3) efficiency, (4) impact, and (5) sustainability.

The general approach of the evaluation methodology was the use of mixed methods for data collection, including participatory methods, as well as qualitative and quantitative tools.

Several guides were developed with a view to stimulating reflection and exchanges with the various target groups and individuals. There were semi-structured interview guides, discussion guides, and individual questionnaires. The following individuals and groups took part in the discussions: Directors/Coordinators of the six partner organisations, regional counsellors and experts, the former psychosocial advisor of the programme, the former organisational development advisor, the baseline study consultant, the organisational development consultant responsible for the conceptualisation of the partner organisations' organisational diagnosis, medica mondiale staff, including the regional representative, the former programme manager, the head of international programmes, as well as the former and current counsellor of the trauma department. Also present were some government actors who are involved in combating SGBV, including the Chief of Staff of the Provincial Ministry of Gender and the Provincial Coordinator of the National Mental Health Programme. The international actors combating SGBV included Heartland Alliance International's Deputy Director and the Kvinna till Kvinna Programme Officer. Discussions were also held with psychosocial assistants of partner organisations, women beneficiaries, and members of the regional pool of experts. As for the latter target groups, the evaluation team established specific methods, such as participatory and illustrative approaches.

The collected data was transcribed and analysed in both quantitative and qualitative terms. Also, these data were cross-checked with the different guides with regard to issues that affected several categories of respondents.

The team of consultants faced a few restrictions/challenges during the implementation of the evaluation, such as the programme's inconsistent basic documents, change of key staff at medica mondiale headquarters or the lack of security in some areas of the South Kivu province.

Nevertheless, the evaluators were able to collect essential data.

Key Findings DAC Criteria

RELEVANCE, EFFECTIVENESS, EFFICIENCY, IMPACT, AND SUSTAINABILITY WITH REGARD TO PARTNER ORGANISATIONS' ORGANISATIONAL CAPACITY DEVELOPMENT

Relevance

The intervention area focussing on organisational capacity development of partner organisations of smaller size is characterised by a high degree of relevance. It meets the need for the capacity development and consolidation of local organisations active in combating SGBV and to expand a holistic care network through these organisations, including remote sites.

Effectiveness

Due to the lack of an effective monitoring and evaluation system, it is difficult at the moment of the mid-term evaluation to validate the figures reported by the partner organisations and judge the real performance of activities implemented by the partner organisations. Therefore, the effectiveness with regard to the intervention area focussing on organisational capacity development as a whole can only be considered as partly effective, thus sufficient. However, it is to underline that the output which aims in particular at providing support for organisational capacity strengthening of the partner organisations is implemented in a fully effective way.

Efficiency

The efficiency with regard to the partner organisations' micro-projects can be considered as satisfying. The resources invested by medica mondiale in the partner organisations' micro-projects were converted into concrete activities at partner organisations level. Unfortunately, at the time being, the activities can only be measured in a quantitative manner. Some budget lines of the partner organisations' micro-project budgets do not seem to be realistic, in particular in view of the costs allocated to the partner organisations' monitoring activities. In this sense, the quality assurance of partner organisations' budgets requires assistance from mm's programme coordination team, preferably via the regional office. In addition, a few partner organisations stated that the activity funds budgeted for a

one-year period are too low with regard to the implementation period.

Impact

The intervention area directly focussing on the partner organisations' organisational capacity strengthening is characterised by a high degree of impact.

The activities directly targeting the partner organisations' capacity development have a remarkable impact, including several positive changes in their working methods. The exercise of organisational diagnosis, together with the development of capacity building plans, prompted changes such as the redefinition of each partner organisation's organisational chart, and core documents relating to their mission, vision, and values. These actions facilitate the reporting chain and the understanding of each member's roles and responsibilities. Trainings on topics of self-care in line with the Trauma-Sensitive Approach (TSA) and team building provide well-appreciated innovative approaches for partner organisations. These methods contribute to a better delegation of tasks, stress- and trauma-sensitive team management, improved fitness for work and an increased resilience to stress, as well as the improvement of the working climate and communication. Nevertheless, the integration of these approaches has not yet been institutionalised at all levels of partner organisations.

Sustainability

The development of partner organisation networking is a crucial factor contributing to the sustainability of mm's programme. The formalised referral networks will assist partner organisations with the provision of holistic care to survivors, experience sharing, the synergy of actions, and data harmonisation. For instance, three partner organisations in the axis of Fizi, namely RAPI, EPF and La Floraison, established a formalised medical referral system. RAPI and EPF will refer their beneficiaries that are in need of health care to La Floraison, which collaborates with Doctors without Borders. RAPI and EPF will cover the costs linked to the transport of the beneficiaries and accompanying psychosocial assistants towards La Floraison while the latter partner organisation covers the costs for their accommodation. Those three partner organisations jointly calculated

the different arising costs and integrated them in the respective budget of their upcoming micro-projects, in order to assure the proper functioning of the network. Furthermore, these three partner organisations are also in the midst of negotiations with Arche d'Alliance over a partnership for legal assistance.

RELEVANCE, EFFECTIVENESS, IMPACT, SUSTAINABILITY WITH REGARD TO THE INTERVENTION AREA FOCUSING ON PSYCHOSOCIAL QUALIFICATION ACTIVITIES

Relevance

The intervention area focussing on psychosocial qualification is characterised by a high degree of relevance.

The mm qualification programme for psychosocial assistants is relevant as it meets the expectations of the national protocol on psychosocial support with regard to capacity development for psychosocial assistants and contributes in a beneficial manner to the rehabilitation and empowerment of beneficiaries.

Effectiveness

The intervention area focussing on psychosocial qualification can be considered as implemented in a fully effective way.

Trainings of psychosocial assistants on mm's stress- and trauma-sensitive approach and counselling were effective. Psychosocial assistants have clearly acquired skills, which is supported by the declarations of beneficiaries, who stated they feel better psychologically. The difficulty is that some of the psychosocial assistants did not attend all training sessions. At this moment, some of them only benefitted from a partial training.

Impact

The intervention area focussing on psychosocial qualification is characterised by a high degree of impact.

The existence of the regional pool of experts has, or rather will have, an impact on partner organisations as it provides required expertise in view of psychosocial assistants and beneficiaries. This is the opinion of

those psychosocial assistants, who had the opportunity to interact with the experts from the regional pool. The pool members helped them better understand the unclear points with regard to the trainings. Cases that psychosocial assistants found complex could be discussed with the experts and psychosocial assistants benefitted from their expertise. Overall, the members of the pool of experts expressed their satisfaction with the trainings they received from mm as they would meet their trainings needs. Based on the beneficiaries' testimonies, one can clearly identify positive changes in the beneficiaries' lives and mental health status, which emerged between the start of the support process and the present time. The techniques of the stress- and trauma-sensitive approach seem to have a positive impact on the beneficiaries.

Sustainability

The programme has the potential that positive effects and results (those achieved and those yet to attain) will be durably grounded in the province of South Kivu.

Solidarity groups show the potential of contributing to the survivors' social empowerment and, to a lesser extent, to their economic empowerment. Once stabilised, these groups are likely to continue to work without external support. After the withdrawal of mm, the qualified psychosocial assistants will probably be capable to provide psychosocial support to their beneficiaries. However, for this to be effective in the long term, the main hindrance related to the logistics of an appropriate psychosocial counselling and client monitoring framework should be addressed. The development of partner organisation networking is a crucial factor contributing to the sustainability of mm's programme. Unburdened survivors sharing their testimonies in the community represent a strong pillar for the continuity of awareness-raising activities amongst peers. The government is the only institution developing the standards and able, in the long term, to ensure sustainability of the implemented activities whatever the area of intervention. A formalised collaboration with governmental actors, including the National Mental Health Programme, the provincial ministry of health/gender, and the province's gender division, might be interesting for assuring the sustainability of medica mondiale's psychosocial interventions.



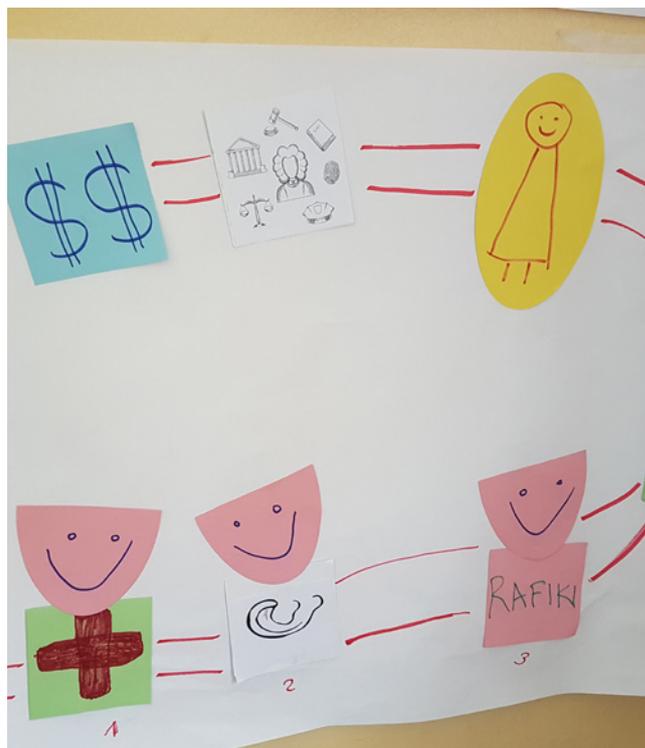
Meeting with RFDP's psychosocial assistants during field visit in Burhale, Walungu territory, © medica mondiale 2017

The following quotes were taken from the stories and statements provided throughout the evaluation. When assessing the sustainability of the programme, a survivor stated:

“Based on what I learned from my psychosocial counselling sessions with psychosocial assistants, I was able to help a friend overcome the stress caused by her husband. I taught her some exercises to get rid of the stress and this helped her better manage the pressure in her home. When she is on the verge of sinking into despair, she comes to me and we do the exercises together. Anyway, she suffers less and less from headaches and stomach aches.”

When evaluating the effectiveness of the programme with regard to psychosocial qualification, a psychosocial assistant explained:

“Through mm trainings, I realised everything I was doing wrong before I was trained. The fact of knowing what to do means a lot to me. I now know that listening must be done in a secure environment, what attitude to adopt and what attitude to avoid, what to say and what to avoid saying, and how to let the survivor choose her own solutions.”



Evaluation Tool used during field visit in Kamanyola, Walungu territory, © medica mondiale 2017

When evaluating the impact of the intervention area focusing on psychosocial qualification, a psychosocial assistant described negative effects of the programme on herself:

“I do not like to go on leave because of the beneficiaries. Since they don't want to be followed by other psychosocial assistants, I don't see how I can go on leave. And even if I took my leave, they might come and see me at home. When I have a baby and go on maternity leave, they say they will not go to see the others and wait for me to come back.”

EFFICIENCY AND EFFECTIVENESS WITH REGARD TO THE OVERALL PROGRAMME APPROACH

Based on medica mondiale's particular questions, the evaluation of the programme steering approach was limited to the criteria of effectiveness and efficiency.

Efficiency

The efficiency with regard to the overall programme approach can be considered as satisfying. The resources invested by medica mondiale were converted into tangible results (establishment of the regional office, many activities already having taken place, despite

the delays in starting up the interventions focussing on the partner organisations' organisational capacity building).

Effectiveness

The overall management of the programme is only partially effective.

The establishment of the regional office contributes to the effectiveness of the programme, but there exist some remaining challenges in terms of the involvement of the regional office in the organisation, implementation, and monitoring of programme activities on

the ground. An effective monitoring and evaluation system on all implementation levels is still in the process of being set up. The implementation of the programme is hampered by changes in staff, including both employees as well the regional psychosocial advisor, who played key roles in the programme's coordination and/or the facilitation of training and technical assistance activities. A logical framework for the programme as a whole could have facilitated better collaboration, synchronisation and the development of responses to some of the partner organisations' problems and challenges on the ground that affect both intervention areas.

Overall Key Findings

- » The intervention area focussing on organisational capacity development of partner organisations of smaller size is characterised by a high degree of relevance. The same applies to the intervention area focussing on psychosocial qualification.
- » Despite the existence of challenges as to the measurability and validity of data presented by the partner organisations with regard to the effectiveness and impact of some outputs, the interventions focussing directly on the partner organisations' organisational capacity development by means of trainings and other activities are fully effective and characterised by a high degree of impact.
- » The efficiency with regard to the partner organisations' micro-projects can be considered as satisfying. The programme needs to develop a clear and unequivocal attitude on the significance of the partner organisations' micro-projects that can be considered as integral and primordial components for a successful achievement of the planned outcomes and outputs of the overall programme.
- » The training of psychosocial assistants on the stress- and trauma-sensitive approach and counselling is effective. The psychosocial assistants clearly acquired skills, as supported by reports from the beneficiaries who said they felt better psychologically.
- » With a high degree of impact, psychosocial counselling for women targeted by partner organisations leads to changes in their lives, mental and psychological health states, and allows them to participate in social life.
- » The programme has the potential that already achieved and yet to achieve positive effects and results will be durably grounded in the province of South Kivu.
- » An effective monitoring and evaluation system on all implementation levels is still in the process of being built.
- » There is room for improvement regarding the overall management approach. Changes of staff, who played key roles in the programme's coordination or the facilitation of activities, hamper the effective implementation of the programme. The lines of responsibilities, communication, and information sharing between the headquarters, the regional office, and the implementing actors (counsellors and partner organisations) are not always clear.

- » The two departments responsible for the programme at the headquarters (trauma department and international programmes department) do not always adequately synchronise their interventions under the programme. A logical framework for the programme as a whole, could have facilitated better collaboration, synchronisation and the development of responses to some of the partner organisations' problems and challenges on the ground that affect both intervention areas.
- » The final set-up of an effective monitoring and evaluation system on all implementation levels will contribute to the effectiveness of the programme.

The most relevant Lessons Learned include:

- » Working with small-scale organisations deeply rooted in their communities is an asset for the programme and for the growth and development of the capacities of these organisations. Formalised networking and exchange between partner organisations is a major asset for the provision of holistic care to SGBV survivors.
- » An effective monitoring and evaluation system at all levels of programme implementation which allows in particular for the validation of data and activities reported by the partner organisations could be useful for a more reliable monitoring of the achievement of the programme's objectives and results. The impact of partner organisations' activities, namely actual changes achieved through income generation related activities, the support of community-based organisations and awareness-raising on community and/or local leaders level, are not measurable.
- » A clear and unequivocal attitude on the strategic classification of the partner organisations' micro-projects – a mere 'dry run' or an integral and primordial component for a successful achievement of the planned outcomes and outputs – could facilitate the strategic planning of the programme's next steps.
- » The South Kivu Support Programme covers psychosocial care at the levels of both psychosocial assistants and psychologists/psychosocial experts.
- » The difference in psychosocial skills is perceptible when comparing psychosocial assistants who participated in mm's qualification training and those who did not.
- » The beneficiaries of the programme's trainings, namely the pool experts and psychosocial assistants, are satisfied with mm training sessions as they meet their training needs.
- » Further trainings on self-care in accordance with the TSA approach and team building constitute well appreciated, innovative approaches for the partner organisations.
- » An intervention framework for the programme as a whole could facilitate a better degree of collaboration, synchronisation, and the development of responses to some of the problems and challenges facing the partner organisations on the ground and affecting both intervention areas.
- » Sound recruitment and contracting procedures and careful selection of staff are essential for efficient implementation of programme activities and help both the achievement of the targeted objectives and results as well as programme-related knowledge management.
- » The clear definition of responsibilities as well as the communication and information sharing system would improve professional relations at various levels of the mm team, including headquarters, the regional office, and consultants.

Key Recommendations

- » Set up a logical framework for the South Kivu Support Programme as a whole and not only partially for the two intervention areas. This framework should list all of the indicators, and show how the two intervention areas are actually intersecting and how they contribute to the development and success of each other. The logical framework could be completed by a theory of change. If necessary, the programme should resort to an external expertise in order to accelerate this activity.
- » Set up a programmatic monitoring and evaluation framework for partner organisations that is not exclusively based on the partner organisations' narrative reports and allows to verify the figures and data shared by partner organisations, in particular with regard to their income generation related activities, their support to community-based organisations, and awareness-raising activities.
- » Regulate the budgets of partner organisations' micro-projects by ensuring the feasibility of planned activities in relation to their corresponding budget lines, especially in terms of monitoring and evaluation missions. Take mitigation measures as to the possibility of misappropriation of funds.
- » Partner organisations that accept counselling sessions at their psychosocial assistants' homes should strive for the integration of psychosocial assistants within existing structures, as demonstrated by AFPDE integrating their counselling structure into the general hospital of Kamanyola. Those partner organisations that have already set up counselling structures in accordance with basic requirements might gradually endorse the idea of transforming their counselling centres into community centres, as in the case of RAPI in Fizi-Centre.
- » Plead with mm for the completion and finalisation of initiated trainings for psychosocial assistants so that psychosocial assistants' qualification levels would be more or less balanced within the partner organisations and psychosocial assistants would feel more comfortable to take leave.
- » Train all staff members of partner organisations, specifically psychosocial assistants, on judicial proceedings in order to enable psychosocial assistants provide appropriate guidance on legal and judicial support.
- » Enable those pool experts, who have not yet carried out formative supervision activities (and who have the required skills), to facilitate this kind of activities, by adhering to the planned rhythm of psychosocial assistants supervision activities up to September 2017. At the same time, it needs to be stressed out that only those experts facilitating a training on a particular module should be in charge of the corresponding coaching missions.
- » Develop a strategy for strengthening beneficiaries' empowerment, for instance by further consolidation of solidarity groups, where beneficiaries can continue to evolve and that provide a setting of mutual support and social cohesion. This could enable beneficiaries to leave the programme at a certain point so that psychosocial assistants have capacities to take care of new cases.
- » Assure an appropriate length of monitoring and training missions that allows new staff to become familiar with the realities on the ground, including visits to partner organisations' headquarters and activity sites outside of Uvira and Bukavu.
- » Actively coordinate collaboration and synchronisation of activities between the two departments at headquarters level and the regional office.
- » Establish clear lines of communication and programme steering, ensuring their practicability and gradually empowering the regional office through increased involvement of the regional representative especially with regard to qualification activities.



Evaluators Michelle Dörlemann and Dora Muhuku Salama (on the left) together with RAPI staff members in Bukavu, © medica mondiale 2017

Cover photo:

Village in Walungu territory © medica mondiale 2017

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