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CARE ACCESS SAFETY AND EMPOWEREMENT MID TERM EVALUATION REPORT

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MID TERM EVALUATION - CASE PROJECT

(CARE, ACCESS, SAFETY AND EMPOWERMENT)

PERFORMANCE EVALUATION

Final Report

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ACRONYMS

ABA-ROLI	American Bar Association-Rule Of Law Initiative
AIDS	Acquired Immuno-Deficiency Syndrome
BCC	Behavior Change Communication
CA	Cooperative Agreement
CBHZ	Central Bureau of Health Zone
CBO	Community-Based Organization
CASE	Care, Access Safety and Empowerment
COOPI	*Cooperazione Internazionale*
CoP	Chief of Party
CHWs	Community Health Workers
CPHZ	Chief Physician of the Health Zone
CRC	Community Resource Center
CV	Community Volunteer
DN	Deputy Nurse
DFLR	Democratic Forces for the Liberation of Rwanda
FARDC	Forces Armées de la République Démocratique du Congo
FBO	Faith Based Organization
GBV	Gender-Based Violence
GRH	General Referral Hospital
HC	Health Center
HZ	Health Zone
PHC	Provincial High Court
HV	Home Visit
IGA	Income-Generating Activities
IMC	International Medical Corps
IR	Intermediate Result
IRC	International Rescue Committee
LC	Legal Clinic
M23	*Mouvement du 23-mars*
MSF	*Médecin Sans Frontière*
NGO	Non Governmental Organization
NHIS	National Health Information System
PEP	Post Exposure Prophylaxis
PDG	Provincial Division of Gender
PHI	Provincial Health Inspectorate
RFA	Request For Application
SGBV	Sexual and Gender-Based Violence
SN	Senior Nurse
STI	Sexually Transmitted Infections
SV	Sexual Violence
UNFPA	United Nations Population Fund
UNICEF	United Nations Children and Education Fund
UNDP	United Nations Development Programme
UNMSC	United Nations Mission for the Stabilization of Congo (DRC)
USAID	United States Agency for International Development
USD	US Dollar
VSLA	Village Savings and Loan Association

EXECUTIVE SUMMARY

Project evaluated: This report is produced after the mid-term evaluation of the CASE project (Care, Access, Safety and Empowerment) implemented by International Medical Corps (**IMC**) in partnership with the American Bar Association - Rule Of Laws Initiative (**ABA-ROLI**) over the period from 2010 to 2015 in the provinces of South Kivu and North Kivu in the Democratic Republic of Congo (DRC). The project provides holistic support (psychosocial, medical, legal and economic) to survivors of Gender Based Violence (GBV) including Sexual Violence (SV) – commonly referred to as Sexual and Gender-Based Violence (SGBV) - and to vulnerable people.

Methodology: The evaluation has been conducted to measure the overall performance of the project and its four components after the first implementation round, through the analysis of project indicators, the six standard evaluation criteria (relevance, coherence, effectiveness, efficiency, impact, and sustainability), the organizational performance including monitoring and evaluation and budget management, and finally the role and involvement of stakeholders. Data for analysis were obtained through a review of relevant documents of the project, a survey addressed to 185 beneficiaries (10 male) in the four targeted zones (Walikale, Itebero including Chambucha Health Zone, Bunyakiri and Kalonge), and interviews and group discussions with key stakeholders involved in the project.

Findings: After carrying out the analysis, it appears that the project is performing well regarding the progressive achievement of outputs whose aggregate values by type of outcomes are presented in the figure on the right, and the main results observed following the beneficiaries' survey are presented in the *Table i.i* below.

Table i.i: Main quantitative results of the CASE project at mid-term

Type of assistance	**Outputs included in the project logical framework**	**Main results based on the survey on 185 men and women, beneficiaries of the project**
Psychosocial	- 3,411 SGBV survivors and vulnerable people received psychosocial care (**25.74%** of target) - 8,338 community members participated in awareness-raising activities (**59.13%** of target) - 688 community leaders, religious leaders and volunteers were trained to provide psychosocial support to SGBV survivors (**76.87%** of target) - 69 NGO, CBO and FBO were supported to strengthen community prevention and response to SGBV (**98.57%** of target) - 44 Community Volunteers (CV) were trained to receive SGBV survivors at Community Resource Center (CRC) and to support their community reintegration (target = **11 by CRC**)	- 40.1% of SGBV survivors interviewed were referred to specialized health/psychosocial facilities after their first visit at CRC and the interview with GBV Officer - 76.2% of SGBV survivors interviewed were referred to CRC by Community Volunteers (CV) or Community Health Workers (CHW) - 73.9% of SGBV survivors interviewed received Home Visits (HVs) from CV on a regular basis - 71.1% of SGBV survivors interviewed are feeling healed after the psychosocial care - 78.5% of SGBV survivors interviewed feel supported and accepted in their community after the psychosocial care - 95.0% of SGBV survivors interviewed consider that psychosocial care offered by GBV Officers is of good quality
Medical	- 2,992 SGBV survivors received care at supported health facilities in accordance with national treatment protocols (**48.06%** of target)	- 63.9% of SGBV survivors interviewed who received medical care were referred to Health Centers (HC) by GBV Officers

Type of assistance	Outputs included in the project logical framework	Main results based on the survey on 185 men and women, beneficiaries of the project
	- 1,508 rape survivors received Post-Exposure Prophylaxis (PEP) kit 72 hours after the incident (**37.10%** of target) - 755 medical and paramedical service providers trained in evidence-based clinical care for sexual assault survivors (**76.27%** of target) - 65 health facilities strengthened and supported to provide quality healthcare to SGBV survivors (**95.59%** of target) - 65 health facilities provided with PEP kits (**95.59%** of target)	- 42.5% of SGBV survivors interviewed went to supported HCs within 72 hours after the incident - 70.0% of SGBV survivors interviewed are feeling definitely healed after benefiting from medical care in supported HCs - 86.1% of SGBV survivors interviewed consider that medical care offered by HCs is of good quality
Legal	- 1,378 SGBV survivors and vulnerable people received legal assistance (**57.42%** of target) - 2,344 individuals received information on human rights (**58.60%** of target) - 3 Legal Clinics (LC) created and supported to provide legal assistance to SGBV survivors (**75.00%** of target) - 6 mobile courts created and supported to provide legal assistance to SGBV survivors (**46.15%** of target)	- 33.3% of SGBV survivors interviewed decided to go to court after receiving legal assistance from LC - 64.4% of SGBV survivors interviewed decided to have mediation after receiving legal assistance - 46.7% of SGBV survivors interviewed who decided to go to court obtained a court decision. - 71.4% of SGBV survivors interviewed who decided to go to court won their case. - 62.1% of SGBV survivors interviewed who decided to have mediation obtained a favorable judgment against their offender
Economic	- 1,554 individuals, including SGBV survivors, participated in knowledge-building, skills-building and livelihood activities (**33.86%** of the target) - 20 Village Savings and Loan Association (VSLA) created and operational in the targeted zones	- 55.4% of SGBV survivors and vulnerable people benefiting from economic services completed a specialized training (e.g. Pastry) - 34.8% of SGBV survivors and vulnerable people benefiting from economic services completed at least one Income Generating Activities (IGA) training - 17.9% of SGBV survivors and vulnerable people benefiting from economic services completed "skills and business" training - 7.6% of SGBV survivors and vulnerable people benefiting from economic services completed literacy training - 42.9% of SGBV survivors and vulnerable people engaged in an economic activity as a result of specialized training undergone - 65.0% of SGBV survivors and vulnerable people engaged in an IGA as a result of IGA training undergone

The main results presented above have been reached through the strong involvement of stakeholders (community leaders, religious leaders, volunteers, household members including survivors themselves),

government departments and political / administrative authorities (police, justice) and availability of project staff (IMC and ABA-ROLI) in the implemented zones.

Conclusions and Recommendations:

The major needs of SGBV survivors and vulnerable people are covered effectively through very consistent and complementary activities in the context of the holistic approach. Several survivors receive health care and psychosocial care according to the national and international quality standards in the targeted zones. Punishment of offenses related to GBV, in particular sexual abuse, and compensation for damages caused to survivors through mediation are now more accepted in the community. The CASE project has also helped to provide opportunities for financial empowerment and sustainable reintegration into the community to SGBV survivors. **IMC - Psychosocial component:**

- Strengthen the capacity of service providers in order to provide specialized services
- Reform and strengthen the organizational system for implementing activities
- Strengthen community support to the psychosocial component activities

IMC- Medical component

- Increase the capacity of field staff and health providers for the medical assistance to SGBV survivors
- Promote the role of health providers as key entities for sustainability of the project
- Strengthen the skills of health providers for the response to special or severe cases and the capitalization of national knowledge and achievements, when providing medical assistance to survivors
- Strengthen awareness in communities about the need to refer GBV survivors to HCs within 72 hours after the incident

IMC -Economic component

- Strengthen the capacity for economic empowerment of SGBV survivors and vulnerable people
- Increase the involvement of communities in the empowerment of SGBV survivors and vulnerable people

ABA – ROLI legal component

- Making legal services available to survivors in all targeted regions and do not forget the remote villages
- Improve the quality of provided services and the reporting of results
- Enhance the role and the involvement of government bodies and development partners in legal activities in order to strengthen sustainability

In addition to the recommendations proposed to IMC and ABA-ROLI, the evaluators recommend that USAID, the donor of the CASE project, (i) direct the bulk of funding to support providers of health systems and judicial systems, and (ii) ensure the inclusion of key results indicators in the list of project indicators.

At the transverse level, the monitoring and evaluation of the project should be strengthened by the inclusion of relevant results indicators to measure the project's effects on beneficiaries. This should entail the revision of existing indicators and include new indicators proposed in this report, collect of annual data to capitalize on quantitative and qualitative results of the project, as well as the close collaboration with the government and other development partners.

As far as budget management is concerned, the analysis indicates that **90.4% of the planned budget has been consumed on** the first phase of the project; which is very positive although major challenges remain at this level, in particular (i) there is need to increase the percentage of the total budget allocated to the activities of the four components (currently 27.3%) and the execution rate of the budget for each phase (less than 80.0%).

EVALUATION PURPOSE & EVALUATION QUESTIONS

EVALUATION PURPOSE

For more than two and a half years of implementing the CASE project, the actions specified were updated, organizational configuration of the project has undergone changes and progress monitoring reports were submitted to the donor (USAID). However, to strictly enforce standards and procedures of USAID regarding project monitoring and to have an external critical look on the activities, strategies, results, coordination and operations, this external mid-term evaluation was initiated to redirect the second phase of the project.

In particular, the users of the evaluation results are:

- USAID, whose goal is to establish whether the project is relevant, cost-efficient, effective and implemented under the terms of **Cooperative Agreement N. AID-623-A-10-00013-00** signed in July 2010;

- IMC and its implementing partner American Bar Association - Rule Of Law Initiative (ABA ROLI), whose main expectations are related to the strategies and actions to be initiated to ensure that implementation of the project is in line with the with program objectives to best serve beneficiary populations and initial logical framework

Mid-Term evaluation goal

The mid-term evaluation aims to measure the level of achievement of expected results at half way through the project lifetime, to examine the various adjustments made since the beginning of the project and to ensure CASE's contribution to the reduction of SGBV and its impact in the areas of operation.

The analysis focused on the **six standard evaluation criteria,** namely *relevance* and *consistency*, *effectiveness*, *efficiency*, *effects* and *sustainability*[1], in order to make relevant recommendations for further development of the project until 2015.

Specific objectives of the evaluation

More specifically, the objectives of the evaluation are as follows:

- Review the relevance of the project and defined strategies in relation to the needs of the target populations;
- Verify if CASE is being implemented as planned (operationalization of strategies outlined in the project proposal submitted to USAID) and to highlight gaps to be addressed in any of the four components in order to achieve objectives and expected results;
- Analyze CASE's overall implementation and its effects on achievement of the following three objectives: (i) Increase access to quality services for individuals affected by sexual and gender-based violence (ii) Improve the quality of services and interventions for people and communities affected by sexual and gender-based violence, and (iii) Reduce the vulnerability of individuals to acts of abuse and violence.

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[1] DAC Criteria for Evaluating Development Assistance.
http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm
The term "impact" as defined by USAID will not be measured in the evaluation. Insofar as it is a mid-term evaluation, effects (outcomes) of the project will be appreciated.

- Measure CASE performance in terms of effectiveness (level of achievement of results against those planned) and efficiency (do the funds invested in CASE match the results achieved to date, taking the context into account?)
- Examine resources (human, financial and material) available including how they are being managed and identify possible adjustments and reorganizations to achieve the planned results;
- Assess the sustainability mechanisms put in place and make necessary suggestions for the continuation and reorientation of activities and/or project strategies;
- Highlight those axes of intervention where particularly important gaps exist and for which International Medical Corps should seek additional funding;
- Analyze the involvement and the role of project stakeholders;
- Identify lessons learned and make recommendations.

EVALUATION QUESTIONS

Evaluation questions on Relevance:

- To what extent did the expressed and unexpressed needs of the direct / indirect beneficiaries require the implementation of the project?
- Are these needs effectively addressed holistically in the formulation and implementation of the project?
- Is the project relevant regarding the national initiatives and interventions of other development actors in the region?

Evaluation questions on Consistency:

- To what extent is the articulation of the four components of the project consistent with the goal and effects?
- Does the care itinerary in place allow protecting the rights of direct / indirect beneficiaries? How are the four principles of protection of GBV survivors taken into account in the project?
- Are there complementarities / synergies with other IMC projects and other development partners' programs?

Evaluation questions on Effectiveness:

- Are the activities being executed as planned in the project planning?
- What is the level of achievement of results with respect to those provided (indicator values, qualitative change)?
- What were the main factors that influenced the achievement or non-achievement of objectives?
- If applicable, how can the planned activities be modified to better achieve the objectives?

Evaluation questions on Efficiency:

- Is the investment level in the CASE project aligned to the results achieved at mid-term, given the context?
- Are the available resources well managed in order to achieve the planned results?
- Have the activities been cost-efficient compared to other alternatives?
- Have the objectives been achieved on time?

Evaluation questions on project's Effects:

- What were the contributions of the project to the challenges of supporting survivors and to the objectives of the national strategy for the fight against GBV?
- To what degree does the project apply to the advancement of gender and reduction of violence against women?
- What are the target groups that were actually affected by the project?
- Are the results obtained of good quality compared to other alternatives?

Evaluation questions on Sustainability:

- To what extent do stakeholders take ownership of the project?
- What is the level of involvement of stakeholders in the project and what role do they play?
- What is the level of cooperation with government authorities, other organizations involved in the sector, etc.?
- To what extent will the project benefits continue after cessation of USAID funding?
- What were the main factors that influenced the achievement or non-achievement of sustainability of the project?

PROJECT BACKGROUND

Goal: The CASE project was designed to respond to GBV, especially sexual violence, which is widespread in Eastern DRC. The overall project goal is "***To protect vulnerable populations from physical violence and abuse and to assist the DRC in its stabilization and gradual transition from a post-conflict country to a developing one.***"

More specifically, the project objectives[2] are to:

1. Increase **access** to timely and quality services for individuals affected by SGBV
2. Improve **quality** of services and interventions for individuals and communities affected by SGBV
3. Reduce **vulnerability** of individuals to future acts of abuse and violence

Contents and implementing mechanisms: To achieve these objectives, the CASE project is designed around **four (4) variety of services** (medical, psychosocial, economic and legal) to provide assistance to SGBV survivors and other vulnerable people.

By medical assistance, the project ensures the provision of free health care to the SGBV survivors. Particularly in cases of rape, the survivor receives a Post Exposure Prophylaxis (PEP kit), a treatment against unwanted pregnancy, treatment against Sexually Transmitted Infections (STIs) and other possible treatments.

Psychosocial assistance allows the restoring of psychological and social balance of the survivor through emotional support, family and community integration.

As for the economic support, it facilitates the empowerment and socio-economic integration of survivors and other vulnerable people by providing a variety of economic activities. Economic support aims to strengthen the capital of the beneficiaries to meet their needs and those of their families.

The legal component provides legal counseling and legal support to survivors in order to pursue offenders in court to put in jail or to have mediation in the community. In established legal clinics, survivors and their families receive information, counseling and legal consultation. The legal component ensures the promotion and pervasion of national laws on GBV.

The CRCs are installed in each of the project targeted regions to accommodate psychosocial, legal and economic activities. The medical care is provided in the Health Centers (HC) and General Referral Hospital (GRH) supported by the project.

Stakeholders: Two main actors implement the CASE project: **IMC** and its main partner **ABA ROLI**. At the operational level, some secondary partners, often local governmental bodies or local communities, are involved in the implementation: the Ministry of Health represented by the ***Provincial Health Inspectorate (PHI)*** and the ***Central Bureau of Health Zone (CBHZ)***, the Ministry of justice represented by the ***courts***, the Ministry of Security that is represented by the ***local police*** and the Ministry of Gender, Child and Family represented by the ***Provincial Division of Gender (PDG)***. ***Local authorities, customary and religious leaders***, as well as local ***NGOs***, ***CBOs*** and ***FBOs*** are also involved in the CASE project as local partners.

[2] As presented in the RFA (*Request for Application*) and CA (*Cooperative Agreement*)

1.1. Changes in the implementation context

During the first phase of the CASE project, the context of intervention in targeted regions and the general context in the provinces of Kivu have changed.

In terms of targeted regions:

- **Two (2) provinces** of the Eastern DRC is covered (South Kivu and North Kivu) including 4 Health Zones and 1 Health Sector instead of the three (3) originally planned provinces (South Kivu, North Kivu and Maniema) with 5 HZ.

In terms of partnership for the implementation of the project:

- **Two (2) partners** in the consortium are implementing the project (ABA-ROLI: legal assistance; IMC: medical, psychosocial and economic support) instead of three (3) as originally planned (ABA-ROLI: legal assistance; IMC: medical component; COOPI: psychosocial and economic support).

In terms of organizational structure:

- **Addition of new staff positions and deletion / restructuring of some positions initially planned by the project**. For example, the positions of Monitoring and Evaluation Officer were created in the IMC's field offices while in the initial planning; data collection should be carried out by GBV Officers. [cf. Cooperative Agreement (CA)]

In terms of security situation:

- **Persistence of a high insecure and volatile climate** since the starting of the project, with peak periods for *armed clashes* between the various armed groups (FARDC, M23, DFLR, Raia Mutomboki, etc..), mainly in North Kivu, and *community conflicts* sometimes causing temporary closures of some of IMC's field offices (e.g. Kalonge).

EVALUATION METHODS & LIMITATIONS

Overall approach and justification

The mid-term evaluation of the CASE project was carried out from 02 to 29 August 2013. It covers, in principle, the period from August 2010 to March 2013 and applies to all four areas of intervention of the CASE project in South Kivu and North Kivu. However, to take account of recent major changes in the implementation, the activities implemented until 31 July 2013 were included in the analysis.

The project components analyzed are the four components that make up the holistic response to the needs of SGBV survivors and vulnerable persons: ***(1) Psychosocial assistance***, ***(2) Medical assistance***, ***(2) Legal assistance*** and ***(4) Economic assistance***.

The evaluation mission was conducted in three (3) phases:

1. A stage of literature review and finalization of the methodology and tools;
2. A data collection and analysis stage;
3. A stage of writing and submission of evaluation reports (interim and final).

Sampling

The choice of samples concerned two levels: (i) the samples for interviews and group discussions, and (ii) the samples for surveys by questionnaire.

1. Samples for interviews and group discussions: At this level, an almost *exhaustive sampling* was performed, that is to say almost all key project stakeholders and local partners were interviewed.

2. Samples for surveys by questionnaire: The targets of this survey were GBV survivors and vulnerable people. The sample size of 180 beneficiaries was identified by quota sampling; taking into account the time and budget allocated for data collection (see Summary Table of samples in Appendix 5). The sampling rate for the sample relative to the total number of survivors and targeted vulnerable people in connection with the psychosocial service (chosen as the main entry point of the project) is **3.6%** and the margin of error[3] on the validity of the results is **14.5%**. Even if the sampling rate is very low and the confidence level of sampling is relatively low (85.5%), ***the results are extrapolated to all beneficiaries of the targeted regions and people likely to benefit from the project***, for the following reasons: (i) the potential beneficiaries have substantially the same characteristics as those interviewed and (ii) the causal relationship between variables constructed as part of the assessment is relevant. However, outside the targeted regions, the representativeness of the sample and the extrapolation of results will be guaranteed only if it is certified that the above two criteria are met.

Evaluation strategies and assessment methods

The type of assessment is a **performance evaluation** achieved in part of a ***longitudinal analysis***. For each component of the project and each evaluation criterion (relevance, consistency, effectiveness, efficiency, impact, sustainability), indicators were identified based on survey, and sources of information have been specified (see Section 4.2).

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[3]The margin of error and sample size are determined by the following formula: n = (1,962 x N) / (1,962 + e2 x (N-1))
where n : sample size; N : population size ; e : error of margin desired

For the particular case of the efficiency[4] of the project, mainly *operational efficiency* and *allocative efficiency* were analyzed. The *savings on inputs* was not highlighted because the CASE project does not cause major challenges for optimization of inputs, and risks associated with their use (e.g. potential losses) are extremely low because it is a development project for which the donor does not require a return on investment.

The tools for data collection (questionnaire, interview guide) are presented in *annex I I I*

Conceptual limits and contingency measures

The main conceptual limitations were related to (i) the selection of the sample of survivors, (ii) the choice of interview strategy with survivors in order to maintain confidentiality, and (iii) management of the risks of "socially desirable answers".

(i) Sample selection of survivors:

Due to issues related to confidentiality, survivors were not randomly selected. However, the list of survivors for the evaluation was established by the M&E manager on the based on criteria which was developed by the consultants. The final choice of the survivors to be interviewed was done determined by the geographical location of the survivors. Those selected had relatively easy access to the community resource center. This selection is prone to bias because there is a chance that those who are in close proximity of the community resource center received services and are known to the psychosocial service providers. An overestimation of success is likely.

(ii) Choice of interview strategy with survivors in order to maintain confidentiality

The risk of having the survivor recount the violence she suffered was evident if measures had not been put in place to prevent the recount before the assessment. In order to reduce the risks, the questions asked during the interview focused on the services the survivor received and not on the actual event hence limiting as much as possible any chance of the survivor recounting the incident. The data collectors were trained to safeguard confidentiality during the interviews. The interviews were conducted in the community resource centers, in private rooms and written consent was obtained from each respondent before the questionnaire was administered.

(iii) Management of socially desirable responses.

In order to reduce socially desirable responses, control questions were included in the questionnaire. Information on transport reimbursement was not shared with the beneficiaries until the end of the data collection period after which the transport reimbursement was paid. Despite this, there were people who were not originally selected for interview who turned up after hearing from others that they had been requested to come to the community resource center in Kalonge and in Bunyakiri. It was also remarked that respondents were hesitant to tell the interviewer the exact amount spend on in their household or the number of active people in their household due to fear of being categorized as less vulnerable by the IMC and therefore lose the support they have been receiving. To reduce the effects of these responses, the beneficiaries whose response to these questions was missing were excluded from the overall analysis.

[4]The efficiency analysis is generally carried out at three levels: (i) Analysis of savings on inputs, (ii) Analysis of operational efficiency, (iii) Analysis of allocative efficiency

Source: Centre of Excellence for evaluation (CEE), «Assessing Program Resource Utilization When Evaluating Federal Programs», and Treasury board of Canada Secretariat.

Ethical considerations

Action was taken to reduce re-exposing the survivor the incident of violence by not asking questions related to the incident. The questionnaire focused on the services received by the survivors to establish whether these services assisted the survivor to heal and reintegrate into community life. All interviews were conducted in private rooms and consent was signed by each survivor before the interview was started by the data collectors.

FINDINGS, CONCLUSIONS & RECOMMENDATIONS

FINDINGS

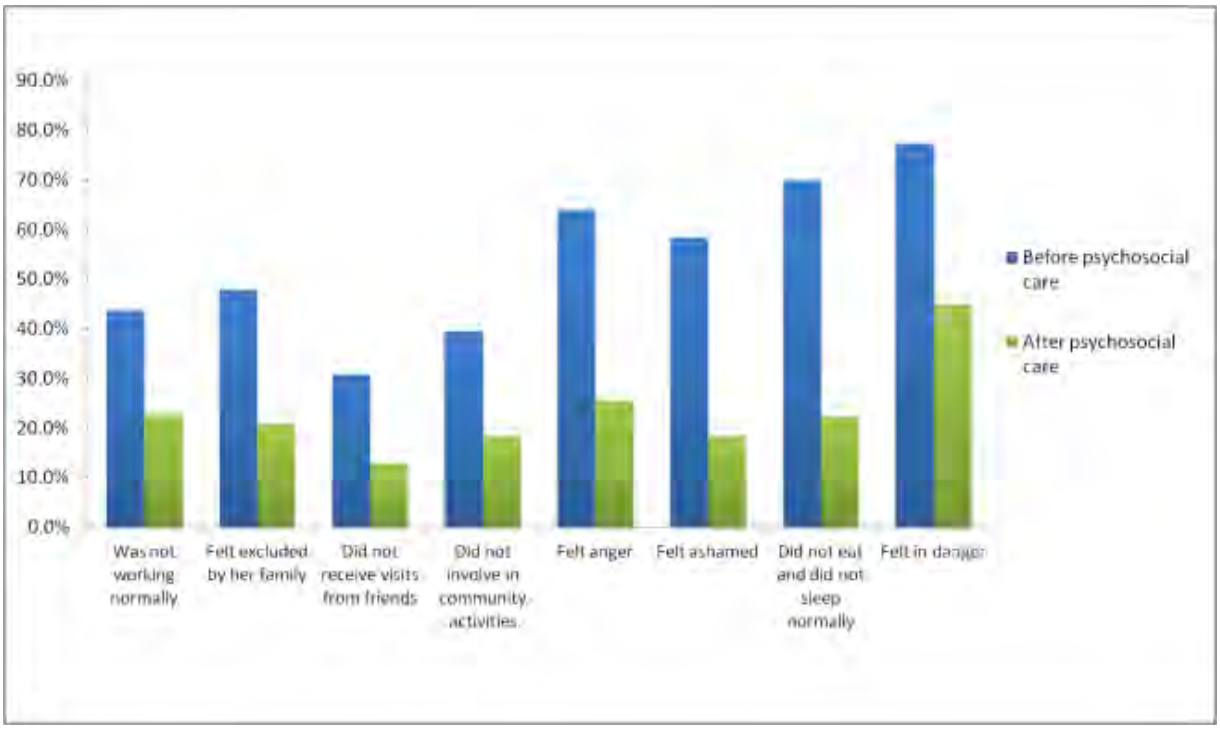
Psychosocial Component

Psychosocial assistance takes place in Community Resource Centers (CRCs) which were constructed with private funds, equipped and is functional to provide psychosocial services in Kalonge, Bunyakiri, and Chambucha. CRC affiliates (decentralized centers) are being installed in remote locations. The activities carried out at CRC for the psychosocial care of SGBV survivors (knitting, embroidery, sharing of experiences, educational films) are appreciated by the majority of survivors interviewed, especially the sharing of experiences, and contribute significantly to their quick recovery. According to feedback from interviewed beneficiaries, 89.4% of survivors who received psychosocial support returned to the community resource center for community activities. 75% participated in sharing experiences, 30.0% embroidery and 31.6% knitting. 83.7% of those who participated in CRC activities declared that the activities contributed to their quick healing.

CVs and CHWs are active in the community and ensure the continuation of services in communities throughout referrals of SGBV survivors to available services and home visits (HVs).

76.2% of interviewed survivors were referred for psychosocial services by either CV or CHWs, 9.9% were referred by family members, 5.5% self-reported, 4.4% were referred from the legal aid clinic and 3.9% were referred to psychosocial support by other sources. Overall, 71.1% of survivors declared that they were totally healed after receiving psychosocial support. 78.5% of survivors reported feeling supported and accepted in their community while 21.5% still felt rejected. Most (64.1%) felt rejected because they had not received any support from the community.

Graphic 1: Psychosocial status of survivors after psychosocial care provided by IMC



Members of the community are opened to awareness messages on SGBV disseminated by the project through their massive involvement in outreach activities. In particular, community leaders (traditional and religious leaders) and CBOs are mobilized for awareness of communities in targeted regions.

Many SGBV survivors interviewed reported significant physical and psychological consequences after the incident and do not have the reflex to go to a specialized service center immediately after the incident occurs. There are almost no specialized centers for psychosocial care and mental health of SGBV survivors in targeted regions for implementation. The few existing centers are present in the province capital, Bukavu and in Goma.

An Emergency Kit (including food, clothes, etc.) has been made available to extremely vulnerable survivors and is given to a survivor according to their needs during the first visit to the CRC.

The psychosocial assistance provided by IMC for SGBV is an essential contribution to help SGBV survivors in regaining hope and a normal life, and being reintegrated into their communities, even if this care is not an end in itself, because many survivors are not fully restored after the support received from IMC.

The direct unit cost per survivor (actual) for the psychosocial component is greater than the direct unit cost per survivor (planned) which is $ 44 ($ 293,852 / 6,625) .

Medical services

It was remarked that health centers which are not supported by the project are not frequented by SGBV survivors because the latter knew that they will not benefit from appropriate care. In supported health centers, ethics of the medical work, including the 4 principles of protection for SGBV survivors, are respected by the majority of health care providers according to SGBV survivors interviewed. They also comply with the national protocol on treatment of survivors of sexual violence. Almost all HCs targeted in the project was supplied with PEP kit, strengthened and supported to provide quality medical care to SGBV survivors. The project rehabilitated seven health facilities – 01 in Itebero, 03 in Kalonge, 02 in Bunyakiri and 01 in Chambucha– to improve access to medical services.

The referral between psychosocial and medical components of the project is essential for the recovery of SGBV survivors with physical or psychological traumas after the incident. Most referrals to health centers were made by GBV Officers who provide psychosocial support. Community volunteers and family members also play a significant role in the referral of survivors for medical services as 18.1% and 10.8% of survivors were referred for medical services by community volunteers and family members respectively. Self-referral was low at 2.5% of respondents.

42.5% of the survivors reached health facilities within 72 hours, 48.8% reached between 72 and 120 hours and 8.8% reached health centers for medical services after 120 hours of the occurrence of the rape incident. Information on the percentage of rape survivors who received a PEP kit among those arriving to the HCs with 72 hours is unknown.

A majority of survivors (86.3%) reported that their consent was sought by the nurse before treatment started. A similar proportion (87.3%) of survivors also reported having received information about the purpose of the treatment before medicine was prescribed and given to them. 86.1% of the survivors rated the medical services as very well done, 12.7% as medium done and 1.3% as very poorly done.

More survivors reported feeling healed (70%) than those who reported being partially healed (28.8%) or being sick (1.3%) despite having undergone medical treatment. From the data, about 30% of SGBV survivors remain with physical or physiological traumas, even after medical care, which could be due to HIV status, physical disability and chronic medical complications such as fistulae. The fistulae cases require referrals to specialized health centers.

Budget and sustainability of the medical component

- The actual direct unit cost per survivor of $204 for the medical component is lower than the planned direct unit cost per survivor, which is $ 303.

Sustainability of the medical component

- The challenge of maintaining compliance and maintenance of HCs' infrastructures is acute due to the lack of an operating budget for HCs.
- Training of Nurses on medical care for SGBV survivors and Chief Physician of Health Zone (CPHZ) on formative and routine supervision are opportunities for the continuation of the medical care at the end the project.
- Supervisions are made on a monthly basis by IMC's Medical Officers in coordination with CPHZ. In the event of lack of support from IMC, the CBHZ will have no resources to achieve these activities.

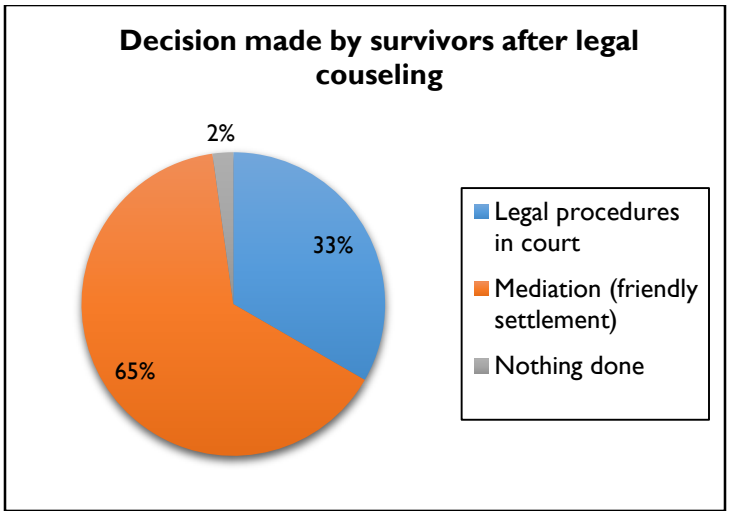
Legal services

Access to justice is very limited in the targeted regions. Apart from the police and military authorities involved in the enforcement of law, there are no private or public organizations providing legal advice to people, particularly SGBV survivors.3 of the 4 Legal Clinics (LCs) were installed and equipped to provide legal services to SGBV survivors in Kalonge, Bunyakiri and Walikale. Each LC includes two lawyers of ABA-ROLI (1 lawyer and an assistant) providing legal advice to survivors. Lawyers of the LCs have an excellent command of the legal support protocol for SGBV survivors, implemented by the project. However, the number of legal clinics created does not reach the expected number and is not adequate for the support of all survivors in all of the four targeted regions. Improving access to justice and training women about their rights remain priorities for the response and the fight against SGBV. Legal support made by LCs has significant effects for the punishment of GBV crimes and community reintegration of survivors. Overall, 88.9% reported having received support from family members during the legal process.

Findings show that the majority of cases that reach the legal aid clinic are referred by IMC staff and more specifically, psychosocial staff. Similar to medical and psychosocial services, self-reporting is weak but family support exists. Community volunteers continue to be seen as a force that is important in the referral of survivors to legal services. The referrals between project components are essential for survivors to have access to justice because some survivors are not aware of the existence of legal clinics. Many SGBV survivors are referred to the legal component after receiving psychosocial or medical assistance.

Survivor consent was sought from 93.3% of survivors who received legal aid counseling from the legal aid clinic. The remained of the survivors reported that they felt the decision came from the lawyer. The majority of survivors made a decision on the course of action after receiving legal advices from the lawyer. 33.3% chose to take their case to the formal legal justice system (courts), 64.4% chose mediation and 2.2% chose to do nothing after receiving legal counseling. The consent form consulted during the evaluation does not explicitly state that the survivor has given his consent to the lawyer in order to pursue legal support procedures, and gives the impression that it is rather the lawyer.

33.3% of the survivors reported having chosen to seek formal legal justice after receiving legal counseling from the lawyer. Of these, 46.7% reported having received the final judgment. 71.4% of the cases which reported having received judgment reported that the judgment was in their favor compared to 28.6% whom judgment rendered were not in their favor.



Graphic 2: Decision made by survivors after legal counseling

Mediation often occurs for non-sexual violence cases; for example, denial of resources by a husband, refusal of a husband to pay upkeep for children, etc. The mediation is conducted by the legal aid lawyers based on the existing legal guidelines. 64.4% of the beneficiaries interviewed reported to have chosen to pursue mediation after legal counseling. 62.1% of the respondents reported that decisions reached after mediation were in their favor while 37.9% reported that the decision were not in their favor. Community mediation is the dominant option chosen by the survivors as a result of legal advice received from lawyers, compared to the legal procedures in court.

A large number of community members in the targeted regions, compared to the target number at the end of the project, received information on human rights and were involved in advocacy on GBV. The LCs carry out awareness of the police and courts while these activities are not included in the CASE project, but in the BCC program.

The actual direct unit cost per survivor of $684 for the legal component is lower than the direct planned unit cost per survivor which is $ 813.

So far, there are no mechanisms to address difficulties related to the transportation of survivors and perpetrators to trial, the holding of public hearings and mobile courts at the end of the project have not been put in place. This makes sustainability of the legal component difficult.

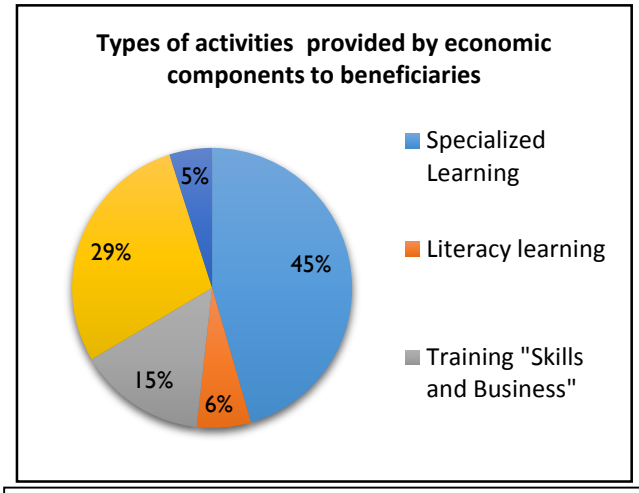
Economic component

According to the poverty threshold of $1 per day, approximately one beneficiary out of thirty lives in a non-vulnerable household. An array of economic and skill building activities are offered by the economic response component for the benefit of survivors and vulnerable individuals. In addition, the economic component contributes to social integration of SGBV survivors by encouraging survivors to participate spontaneously in the activities of VSLAs in order to avoid victimization. The support of some men to their

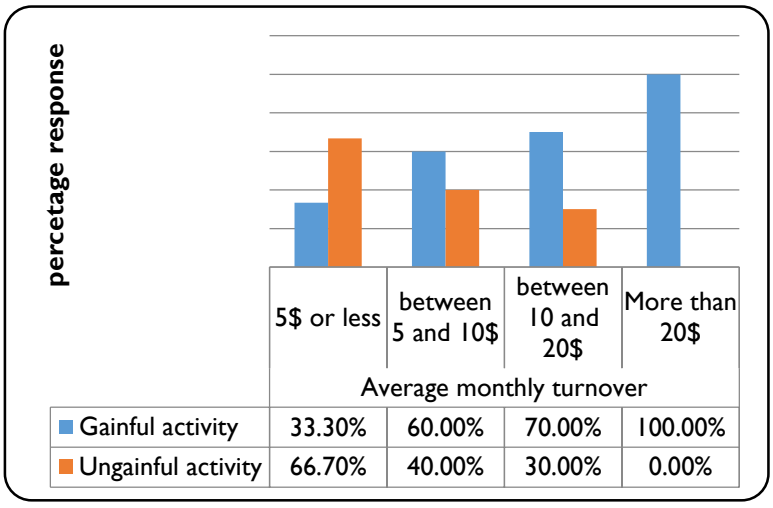
wives, sisters or children SGBV survivors to undertake an IGA or participation in VSLA is a reality for some of beneficiaries.

Specialized learning (skills building)

Among the beneficiaries who reported having participated in specialized learning (including: knitting, embroidery, pastry making, basketry, tailoring, soap making and others), 42.9% are engaged in a business. Those who reported not being engaged in a business cited lack of funds (69.2%), physical unfitness (5.1%), and ongoing learning (15.4%) as major reasons for their lack of engagement in the business. 78.1% of the beneficiaries reported having relied on IMC to provide resources to start up a business while the remainder mobilized their own resources (17.2%), family members (3.2%) or their partners (10.3%).



Graphics 3: Type of activities provided by economic components to beneficiaries



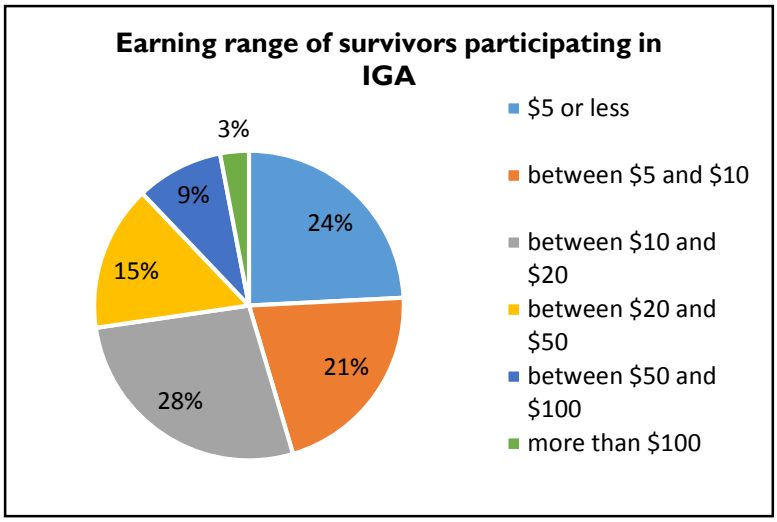
Among those who were engaged in business, 51.4% said that the business was gainful and assisted them to cover the costs of their daily needs.

Graph 4: Specialized Learning Beneficiaries' perception on profitability of business monthly income.

Income Generating Activities

Trainings on how to start up small business, agriculture and Village Savings and Loans Association were conducted. 84.1% of the beneficiaries reported having participated in training on how to start up small businesses, 15.9% in agricultural training, 19% in VSLA and 7.9% in other IGA related trainings.

65.0% reported being involved in business after completing training. This is higher than the number of survivors who reported having started a business after being engaged in specialized learning. Similar to beneficiaries of specialized learning, most of the beneficiaries rely on the CASE project for support to start businesses. "Start up kits" for IGAs are necessary to enable beneficiaries to carry out the activities for which they were trained because many of them do not have the resources. 74.3% of the beneficiaries interviewed reported that the business was gainful while 25.7% found the business they were doing was not beneficial to them.



The actual direct unit cost per survivor of $54 for the economic component is greater than the direct planned unit cost per survivor which is $49.

The involvement of public or private technical and vocational institutions through specialized learning (craft jobs) is a reality in the targeted regions for sustainability of the project.

CONCLUSIONS

Relevance

The implementation of the CASE project in the targeted regions is relevant and beneficial in taking account the marginalization of women in the targeted regions, in particular single women or those regarded as having a disability: single, divorced, widowed, barren, raped, with physical or physical disabilities that hamper movement.

The holistic approach initiated by IMC is relevant, and recommended for assistance to SGBV survivors because:

- It meets the basic needs of GBV survivors who are the main consideration in the design of the project.
- This is in line with national and international strategies (SNLVBG, 2009). Many organizations have already experienced this approach in the Kivu Provinces / DRC (e.g. Trust Fund for Victims - TFV-ICC : http://www.trustfundforvictims.org/success-stories/assistance-victims-sexual-violence; Information and awareness: UN Women http://www.unwomen.org/fr/what-we-do/ending-violence-against-women).

Consistency between activities and strategies

The holistic approach of the project is consistent with the final goal of the project (protection) and expected effects (access, quality and prevention) in taking into account needs expressed by SGBV survivors (need for medical / psychosocial care, protection and economic support to survive). The construction of CRCs was crucial to the project because they allow case management in a particular setting and also a

concentration of services, which provides quick access to all services for SGBV survivors after they are received in the project.

The four main principles of protection (confidentiality, security, non-discrimination and respect) are effectively taken into account in the provision of services to survivors for all components. However, this does not prevent the stigmatization of survivors in communities because they are recognized as victims of GBV.

In addition, CASE provides an urgent response to the management of GBV cases, the CASE project contributes significantly to reinforce the power of women and their empowerment through complementarities with IMC's BCC and WiLEAD programs and the projects of other development partners in the region (IRC, COOPI, MSF, the United Nations agencies: UNICEF, UNFPA).

As the project was designed in various components, it was necessary that these components are implemented by specialized organizations with key competencies in the main field of intervention. This justifies partnerships and outsourcing, particularly with ABA-ROLI for the legal aspect and HCs for the medical component.

Effectiveness

Most of activities planned in the CASE project were implemented as planned, but the major activities for the sustainability experienced significant delays or have not yet been implemented: recruitment and training of CBOs / FBOs for all components, setting up of CRC's Management Committees, training of health professionals on legal support, training of HCs' support staff on medical care of SGBV survivors, financial support / materials for women's organizations and SGBV survivors to exercise IGAs, and awareness of men's groups.

The number of beneficiaries (44.92%), service providers (75.49%), organizations and entities providing services (93.27%) supported by the CASE project, all components considered, are in accordance with the values expected. The project is therefore effective for this aspect, especially with regard to security constraints in the targeted regions. The recent positive developments on this subject, with the surrender of the rebels of M23, reduce the exacerbated prevailing insecurity.

The involvement of communities, the availability of good skills of project staff and of funding were the positive factors for the achievement of outcomes. However, improvements must still be made in relation to coordination with other development partners, and the sharing of information between field staff and the management team based in Bukavu.

Efficiency

The CASE project is globally cost-efficient in the support to SGBV survivors, with a cost per beneficiary approximately equal to that expected, taking into account all types of costs. However, if we consider the qualitative aspect, the funds allocated to the four components for the implementation of main activities are inadequate compared to the standards and the objectives of the donor.

Available funds are unequally distributed between activities and other costs (salaries, transportation, etc.). Compared to other alternatives, particularly the SGBV cases managed by the government itself, the activities of the CASE project are cost-efficient because PEP kits are free in the project when in reality, the cost is not zero in HCs. For example, PEP kits for HIV / AIDS cost between $600 and $1,000; the psychosocial care is also free in the project, as well as legal assistance. In addition, beneficiaries attend free

training for their economic empowerment while with government bodies these trainings would have a cost.

The project outputs were achieved on time for all components, but the establishment of sustainability mechanisms for some components has been delayed, which may adversely affect the final effects of the project.

Effects of project

The activities implemented by the CASE project contribute significantly to the psychological, physiological and physical recovery of the majority of SGBV survivors, as well as to their community reintegration, although some SGBV survivors continue to live with the aftermath of their aggression (e.g. HIV), and other cases require referrals to specialized health facilities (e.g. fistulas). Many survivors have obtained the judgment and condemnation of their executioner following the legal assistance made by LCs. It should be noted that mediations made in the community are unfavorable for survivors in comparison to the trial in court. Despite this result, mediations are necessary because they are done for cases for which the interest of the family or community is significant, and for which the parties do not agree to go to court. The objective aims to help the community to have in mind the idea of peacefully settling some cases, even in the absence of the legal clinic, as well as for the sustainability of their activities. The economic empowerment of survivors and vulnerable people is not yet effective and will be so through financial or material support to SGBV survivors in order to engage in economic activity after trainings and learning.
After the strengthening of livelihood skills of SGBV survivors and vulnerable women, many of whom are becoming autonomous through IGAs, the community recognized that the survivors can contribute to the development of the community despite the persistence of stigma related to customs. Men's groups need to be educated and engaged effectively to actively participate in the reduction of violence against women and gender inequality.

The CASE project has had a significant impact for survivors and vulnerable women who are gradually returning to a normal life in their community and registers a strengthening of their economic empowerment abilities. Community members are also beginning to understand the importance of the prevention of GBV and support to SGBV survivors, especially the traditional leaders, elders, religious leaders and members of CBOs.

Sustainability

CRCs and their affiliates in remote locations (antennas) are infrastructures around which the sustainability of the psychosocial, legal and economic assistance will be done, in particular through the involvement of CBOs / FBOs, local NGOs, CRC's Management Committees and CVs. CBOs / FBOs and local NGOs are motivated but have weak capacity to achieve awareness and support of SGBV survivors on the three components. Organizational capacity of these organizations are being improved but their financial and material capacity remains a challenge, and one of the possible solutions would be to support them in the goal of their economic empowerment through the engagement in IGAs or any other gainful activity.

With regards to the health professionals, HCs' are the key players who will help maintain the continuity of services through the trainings received. To maintain the effectiveness of the referrals system toward other services and also address the absence of GBV Officers and Legal Clinics at the end of the project, it is necessary to train all health providers, including support staff, on legal assistance to SGBV survivors.

The training of community and justice stakeholders, paralegals and the establishment of court affiliates (court's field office) are essential to promote the continuity of legal services. The role of project stakeholders at this level is to advocate with the Ministry of Justice in order to achieve these goals.

It is also necessary to strengthen partnerships with governmental bodies (Police, Courts, Division of Gender) and international organizations of Justice (e.g. ICC) for the legal component, and with other development partners for the other components in order to ensure the continuity of services after the end of the project.

At the level of the economic component, the support to VSLAs and financing IGAs are essential to lead to effective empowerment of SGBV survivors and vulnerable people. Support from men to their wives, sisters or child victims of SGBV to engage in IGAs or take part in VSLAs activities needs to be explored, in addition to involvement of men's groups for awareness around women's empowerment. Subcontracting and partnership with vocational training institutions should continue to be favored in the context of trainings and specialized learning (craft jobs).

For the continuity of services after the end of IMC's funding, the Congolese government must necessarily take over activities, particularly in the medical component for which the challenge of maintaining the compliance and maintenance of rehabilitated infrastructures (HCs) is acute, taking into account the lack of an operating budget for the HCs. It is the same challenge concerning the supervision of HCs that might not be realized without the support of IMC, because the CBHZs do not have the resources.

Project Monitoring and Evaluation System

The M&E system of the project is efficient to collect disaggregated and updated data for decision making. Nevertheless, the challenge of the identification and presentation of indicators in the reports remains. Instead of being limited to enumerations of values, the reports should be able to make comparisons with baseline data, and data from other partners, and to conduct a comparative demographic data analysis of beneficiaries.

On the whole, the project indicators such as defined do not enable the appreciation of the efforts made by the project and the **relevant results** for direct beneficiaries of the project. Taking into account the above comments and the results of the survey which has targeted SGBV survivors and vulnerable people, a **revised project indicators matrix** and a **complementary matrix of performance indicators** are provided in *Appendix 10* of this report. The values of these indicators, identified in this evaluation, could be used as baseline values in the final evaluation of the project to assess the level of changes obtained.

RECOMMENDATIONS

TO USAID

- ***Direct the bulk of the funding to support service providers of the health system and justice:***

In the project strategy, it is essential that NGOs / CBOs / FBOs be strengthened to ensure the continuity of psychosocial, economic and legal services not only during the implementation, but also after the end of USAID's funding. While this is an appropriate strategy - because the members of these organizations will have their capabilities strengthened, and because they remain in the community, it will be easy for them to carry out the activities - its sustainability is nevertheless questioned concerning the support to SGBV survivors by the fact that the majority of these organizations are economically vulnerable and regularly claim financial support in the context of the project (e.g. see page 8, Bunyakiri monthly report, March

2013 – BCC program). A sustainable strategy would be supporting governmental facilities for psychosocial and legal assistance because they are established for a long time and have their capacities continually reinforced by the government and development partners across all funding of development assistance.

- ***Ensure the inclusion of result-based indicators in the list of project indicators:***

It is true that the coverage of beneficiaries' needs is important, but it is also crucial to ensure that the coverage of needs leads to lasting change for beneficiaries. The indicators defined for the monitoring of the project must be able to measure both the outputs and outcomes for beneficiaries.

To International Medical Corps (IMC)

Psychosocial assistance

- ***Strengthen the capacity of service providers in order to provide specialized services:***

The training of GBV Officers and CBOs / FBOs / NGOs for the treatment and care of mental health is necessary for the next phase of the project. For sustainability, the health care providers (doctors, nurses and midwives) should be included *(Effect 1: Increase **access** to services).*

- ***Reform and strengthen the organizational system for implementing activities:***

In order to improve the effectiveness of the activities in the targeted regions, it would be appropriate to revise the responsibilities of both GBV Officers in each field office so that in addition to case management, one has the responsibility to conduct trainings and recreational activities in the CRC, and the other, the supervision of CVs and CBOs. "Detraumatization" sessions, at least once per semester, may be held for the officers in order to maintain the quality of services. The issuance of a volunteer contract for CVs, a letter of accreditation in communities, a representation of CVs in CRC's Management Committees and the adjustment of working time for each CV, can better strengthen and formalize their involvement in the project. Finally, making sure that CVs, as well as GBV Officers, have reasonable field equipment (e.g. boots, raincoats or umbrellas) will ensure the continuity of services during the rainy season. *(Effect 2: Improve **quality** of services).*

- ***Strengthen community support to the psychosocial component activities:***

This measure will ensure that members of the community, who play an important role and have relevant influence for the continuity of service, must be objectively represented in CRC's Management Committee as suggested in the CA (traditional chieftaincy, local administrative authorities, Community Volunteers, NGOs / CBOs / FBOs). Communication on the available services in the CRCs should be reinforced, either through the CASE project or other programs (BCC, WiLEAD) in order to increase referrals made by the community, which is a sign of their ownership of these activities. *(Effect 3: **Prevent** from future SGBV cases).*

Medical assistance

- ***Increase the capacity of field staff and health providers for the medical assistance to SGBV survivors:***

Given the situation of Itebero, established as a full-fledged Health Zone close to Walikale, and the number of cases registered at the medical level that is almost double the cases registered in other sites, it is desirable that the project recruits an additional Medical Officer. Although primary health care is not the primary purpose of medical assistance, furnishing 15-20% of the stock of drugs provided to HCs in essential drugs would be essential for the care of SGBV survivors. This could be done through the support of another donor or through a partnership with another development organization involved in the support of the health system in the region. *(Effect 1).*

- ***Promote the role of health providers as key entities for sustainability of the project:***

In addition to the medical component, it would be appropriate to transfer gradually the responsibility of psychosocial care to health providers for the next phase of the project, taking account of the close

relationship between these two components and the almost lack of specialized facilities in the psychosocial sector in the targeted regions. This change would be relevant for sustainability, insofar as NGOs / CBOs / FBOs are economically vulnerable to achieve this goal as we indicated above. It will also important to make an advocacy directed to the Congolese government in order to strengthen their support HCs, particularly in procurement of SGBV drugs and infrastructure maintenance after the project*(Effects 1 and 3)*.

- ***Strengthen the skills of health providers for the response to special or severe cases, and the capitalization of national knowledge and achievements, when providing medical assistance to SGBV survivors:***

Health providers (doctors, nurses and midwives) should be trained in the identification and management of severe cases (e.g. fistulas). The establishment of a mechanism to share information with the Ministry of Health should be undertaken by sharing relevant data with CBHZs and / or advocating for an adaptation of the National Health Information System (NHIS), so that it includes full data on SGBV. In addition, it will be necessary to advocate for the strengthening of the role of PHIs to support CBHZs to ensure that formative and routine supervisions are carried out on a regular basis at the end of the project. *(Effect 2)*

- ***Strengthen awareness in communities about the need to refer GBV survivors to HCs within 72 hours after the incident:***

Although approximately one survivor out of two arrived at a HC within 72 hours after the incident, it is necessary to strengthen communication and education on the PEP so that survivors can go to the HCs within this period as recommended by the national protocol. In this context, awareness and involvement of informal medical practitioners (e.g. traditional healers) would be a significant contribution in order to engage them to make referrals of cases in time to HCs, and continue the awareness in the community.

Economic support

- ***Strengthen the capacity for economic empowerment of SGBV survivors and vulnerable people:***

Literacy courses should be more oriented towards learning of the French language than to Swahili for which the majority of beneficiaries already have fluency. Specialized learning offered through the project (e.g. weaving of baskets, pastry) should be in line with the realities of each community, as well as the availability of inputs (raw material) in the region concerned. It would also be appropriate at this level to propose occupations and activities more appropriate for male SGBV survivors (e.g. agriculture, breeding, etc.). The latter are not comfortable with some activities like weaving of baskets, embroidery, making of donuts, etc. For more possibility to lead to the empowerment of survivors and vulnerable people supported by the project, training in IGAs must be prioritized, as well as the improvement of "start- up kits" through the analysis of funding capabilities of the survivor and their relatives. A training certificate issued to each beneficiary would also help to find funds. In addition, a follow-up mechanism for the beneficiary's activity - used by the Livelihood Officer during the first 3 months - should be set up to ensure of the profitability of the activity. *(Effects 1 and 2)*

- ***Increase the involvement of communities in the empowerment of SGBV survivors and vulnerable people:***

In connection with the psychosocial component and the BCC program, awareness campaigns should be conducted towards men, spouses, brothers or fathers of SGBV survivors, so that they financially or materially support their participation in AVEC or for their engagement in an IGA after training. The formalization of partnerships with technical and vocational learning institutions to support some specialized learning (e.g. pastry, dressmaking, soap factory) should continue, but also exploring opportunities with NGOs / CBOs / FBOs.

Monitoring and Evaluation

- ***Strengthen the measure of project's results (effects and impact) :***

Result-based indicators are needed to measure actual changes achieved by the project for the recovery and community reintegration of SGBV survivors and vulnerable people. To this end, we propose that the matrix of indicators (*Appendix 10*) is used for this purpose. This list of indicators takes into account some relevant indicators proposed in the RFA and CA (e.g. indicator of coordination). In addition, financial and performance indicators related to the efficiency of the project should be calculated and updated periodically to ensure compliance with donor requirements (see *Appendix 12*). *(Effect 2)*

- ***Capitalize and highlight the achievements obtained through other programs (BCC and WiLEAD) in the reporting of the project:***

It is necessary that some activities of IMC's other programs (BCC and WiLEAD) might be better reported in the monitoring and evaluation, insofar that these activities have significant effects on the CASE project. Moreover, the complementarities of these programs with the CASE project components are recognized by the donor in the CA. These activities include (i) training of teachers and school clubs on national laws and procedures to fight against SGBV (2006, 2009), radio broadcasts, etc. for BCC; (ii) skills training, literacy learning, discussion sessions with the girls, awareness of men's and women's groups, etc., for WiLEAD. *(Effect 2)*

- ***Increase the collaboration and information sharing with other development organizations working for the response and prevention of GBV:***

As highlighted in the previous analysis, the information and experience sharing is necessary and crucial to ensuring the quality of services and outcomes. Also, it is important that the project works closely with other partners working in the region (MONUSCO, UNFPA, IRC, DWB, COOPI, etc.) as recommended by the CA (pages 34, 41-43), in order to capitalize on the successes, the best practices and improve the quality of data for the national statistical system on GBV.

Budget Management

- ***Increase the funding for medical and legal components of the project:***

The analysis has shown a low budget execution rate for monitoring and evaluation, psychosocial and economic components. Considering these facts as well as the relatively low cost of the activities planned for the second phase of the project (training and awareness of NGOs / CBOs / FBOs, financial support for IGA, etc.), it should not be necessary to increase the planned budget for these components. However, support to HCs and legal facilities should be crucial for the sustainability of the project, including:

For health providers:

- training of staff on treatment and management of special cases (fistula);
- capacity building to provide psychosocial care;
- rehabilitation and equipment of other HCs based on identified needs;
- supply of primary health care drugs to SGBV survivors.

For legal facilities and activities:

- support the installation of court's in the targeted regions;
- training of health providers on the legal assistance protocol on GBV for the reference of cases to legal component;
- establishment of a legal clinic at Chambucha, including the recruitment of staff;
- provide transportation for lawyers in order to facilitate awareness in remote areas.

- ***Improve budget execution rate for activities of each component of the project:***

As regards the medical and legal components, the implementation of activities listed above will further improve the budget execution rate. For monitoring and evaluation of the project, very few activities were carried out. Except a baseline study at the medical level and this midterm evaluation, no other major activity has been performed. Yet it would be very positive for the capitalization of results to achieve qualitative annual surveys to assess the results obtained for the beneficiaries as recommended by the CA (pages 34, 41-43). At the economic level, improvement of IGAs' "starting kits" and recruitment of an additional Livelihood Officer for each field office will both have an effect on wages and activities, subcontracting grants awarded to technical educational institutions where appropriate, etc., and will improve the budget execution rate for this component. Regarding activities of the psychosocial component, an effect could be obtained on the execution rate by supporting the installation and equipment of CRC's affiliates (antennas in remote locations), the training of NGOs / CBOs / FBOs, and the increasing of home visits for CVs.

To American Bar Association (ABA) – ROLI

Legal assistance

- ***Making legal services available to survivors in all targeted regions not forgetting the remote villages:***

It is necessary to install a legal clinic at Chambucha / Itebero to facilitate legal support of survivors from these regions. As the reasons for this lack of service are purely contractual, a discussion about budget on this point could be conducted with USAID in order to find a solution. To facilitate the work of lawyers in all locations and based on their own recommendation, it is important to strengthen the legal documentation available in legal clinics (books and conventions of international law on SGBV, etc.). In order to make the legal services closer to populations and to better ensure the safety of personnel, enhancing the transport capacity of lawyers (e.g. providing vehicles) could be explored. This vehicle, if possible provided by IMC from its own fleet at the field office or purchased for ABA- ROLI, would help legal clinics in offering legal support and awareness on legal procedures to SGBV survivors in remote villages, and assistance in transportation of survivors and perpetrators to courts. In addition, the identification of a safe housing mode for lawyers (e.g. at IMC's Guest House and not in the community) would be an advantage to enable them to work without "fear" and suspicion of assault *(Effect 1)*.

- ***Improve the quality of provided services and the reporting of results:***

Improvements should be made to some monitoring tools for the legal component in order to ensure the consent of SGBV survivors before pursuing legal procedures in court or doing mediation in the community (e.g. listening and support form, consent form, referrals sheet). Proposals that we improved on, on the proposed revised form in Appendix 11have already been submitted in this regard by ABA-ROLI to IMC's M&E Advisor. In order to strengthen their involvement to make appropriate referrals for the SGBV survivors towards the legal component, it is also important to pursue the training of health providers (doctors, nurses: senior nurses, deputy nurses, and midwives) on the legal aspects of SGBV, as recommended by the CA. Finally, in the reporting of the legal activities, the capitalization of other programs' results (BCC and WiLEAD) - concerning awareness on SGBV in communities, movie screenings, panel discussions, radio programs and other mass activities, and training of the police and courts - is required *(Effect 2)*.

- ***Enhance the role and the involvement of government bodies and development partners in legal activities in order to strengthen sustainability:***

Similar to the medical component, the sustainability of the legal activities could be reached only through governmental bodies, because even if NGOs / CBOs / FBOs are trained - which is already foreseen in the project - their resources are limited. Therefore, it is necessary to advocate to the Ministry of Justice of the DRC to install courts with a judge in the targeted regions with the goal to facilitate hearings and court procedures for SGBV survivors. These measures will resolve the problem of displacement of survivors and perpetrators, and court staff over long distances for court hearings. In addition, strengthening mechanisms for dialogue and cooperation with other justice partners in the Kivu provinces (e.g. international NGOs, UN Agencies) is required to ensure that all cases identified by the latter benefit from legal support. It is also important to continue to strengthen the capacity of paralegals, NGOs / CBOs / FBOs working in the justice sector in regions where this has not yet fully been achieved for the CASE project (e.g. Chambucha / Itebero) (Effect).

ANNEXES

ANNEX I: EVALUATION STATEMENT OF WORK

CASE Program

(CARE, ACCESS, SAFETY, and EMPOWERMENT)

July 14th, 2010 – July 13th, 2015

Implemented by International Medical Corps

TERMS of REFERENCE

Written by:	**Reviewed by:**	**Approved by:**
Mathurin DODO	Kristina BANYEGANA	Dr Aurelio GOMES
M&E Director	*M&E Advisor, HQ*	*Chief of Party*

TERMS of REFERENCE

Background

The Cooperation Agreement AID-623-A-10-00013-00 between International Medical Corps and USAID covering the period 2010-2015, provides a holistic response to survivors of sexual and gender based violence, (SGBV) through the CASE program in eastern Democratic Republic of Congo. The CASE program adopts four approaches to assist survivors of SGBV: (I) medical assistance, (ii) legal assistance, (iii) psychosocial support and, (iv) economic assistance. Considering the unfortunate reputation that DRC has earned as the sexual violence capital of the world, its development partners are mobilized to curb the upward trend in the incidence of sexual violence and other type of gender-based violence, especially in eastern part.

Indeed, the official end of the conflict in2003 has not resulted in end of violence and insecurity, particularly in eastern Congo. According Wasabi (2008), sexual violence and gender-based (SGBV) continues to be a common occurrence in eastern DRC. Substantially all survivors of SGBV are women. Survivors of SGBV are not limited to women of childbearing age, but also include girls and elderly.

To address this persistence of sexual and gender-based violence, the cooperation agreement cited above comes to support the government of DRC, its private and community partners in the difficult and challenging task of fighting against this phenomenon. Specifically, International Medical Corps and its partners intervene to ensure accessibility to: medical assistance, legal assistance, psychosocial support and economic support for SGBV survivors, while developing and implement in gap appropriate strategies to ensure the sustainability of its activities and interventions.

Two and a half years into the life of this 5 year agreement, the actions defined for each of the above components have been updated and implemented in the field according to a documented process of revision and reporting of implementation. Reports monitoring project progress are written and submitted to the donor (USAID) on a regular and period basis (monthly and per semester). However, to strictly enforce USAID regulations and procedures about mid-term evaluation of 5 year projects, and to meet the project team needs for a critical and external opinion on CASE's achievements, activities, strategies, coordination and operation, an external evaluation of these projects is planned, requiring the recruitment of an external consultant.

CASE Program overview

The CASE Program, which is being implemented since July2010 by International Medical Corps and its partner the American Bar Association (ABA), aims to increase access to quality medical, psychosocial, legal and economic support for survivors of SGBV, and to strengthen the capacity of communities to reduce vulnerability to future acts of violence. Ideally designed to cover three provinces of eastern DRC (South Kivu, North Kivu and Maniema Province), the CASE program is being implemented in the two Kivu provinces only (South Kivu and North Kivu) following a readjustment. Its current operational area covers two health zones (Kalonge and Bunyakiri) in South Kivu, two health zones (Itebero and Walikale) in North Kivu and one health sector (Chambucha) in North Kivu. The CASE project is

therefore being implemented in two Territories: the Territory of Kale he in South Kivu and the Territory of Walikale in North Kivu.

In each Health zone, the CASE program aims to provide a holistic response to the expressed and unexpressed needs of vulnerable people, especially survivors of sexual violence and other type of gender-based violence. This holistic response consists of: (I) medical assistance, (ii) legal assistance, (iii) psychosocial support and (iv). Economic assistance. Medical assistance is provided through health centers supported technically, financially and with medical equipment and drugs by the CASE program based on an agreed MOU between the International Medical Corps and the Health Zone Central Office (BCZS). Legal assistance is provided through the legal aid clinic created by ABA in the framework of the partnership agreement between International Medical Corps and the American Bar Association. The last two services (psychosocial assistance and economic assistance) are offered directly by International Medical Corps through the establishment and operation of Community Resources Centers (CRC).

Mid-term evaluation Goal and Objectives

This mid-term evaluation aims to measure the level of achievement of expected results at half way through project lifetime, to examine the various adjustments made since the beginning of the project and to ensure CASE's contribution to the reduction of sexual violence sexual and its impact in the areas of operation.

More specifically, the evaluation will:

- Review the relevance of the project and defined strategies in relation to the needs of the target populations;
- Verify if CASE is being implemented as planned (operationalization of strategies outlined in the project proposal submitted to USAID) and to highlight gaps to be addressed in any of the four components in order to achieve objectives and expected results;
- Analyze CASE's overall implementation its effects on achievement of the following three objectives: (i) Increase access to quality services for individuals affected by sexual and gender-based violence (ii) Improve the quality of services and interventions for people and communities affected by sexual and gender-based violence, and (iii) Reduce the vulnerability of individuals to acts of abuse and violence.
- Measure CASE performance in terms of efficiency (level of achievement of results against those planned) and efficiency (do the funds invested in CASE match the results achieved to date, taking the context into account?)
- Examine resources (human, financial and material) available including how they are being managed and identify possible adjustments and reorganizations to achieve the planned results;
- Assess the sustainability mechanisms put in place and make necessary suggestions for the continuation and reorientation of activities and/or project strategies;
- Highlight those axes of intervention where particularly important gaps exist and for which International Medical Corps should seek additional funding;
- Analyze the involvement and the role of project stakeholders;

- Identify lessons learned and make recommendations.

Methodology

To achieve the above mentioned objectives two (2) main methods of data collection will be used: a literature review and collection of qualitative data;

- ***Literature Review***: To answer the above questions, the Consultant will rely on any existing documentation on the project

    - Project documents(all documents submitted in the proposal);
    - Monitoring and Evaluation Plan (PMP)
    - Annual Work Action Plans;
    - Monthly Reports;
    - Semi-Annual Progress Reports
    - Annual Reports
    - Activity Reports;
    - Reports of missions;
    - MOUs with BCZS, IPS
    - Partnership Agreement between International Medical Corps and ABA
    - Assessment Report conducted by USAID (dTS)
    - Comments and Feedbacks from USAID on the various reports
    - Baseline study reports conducted for the project
    - National Policy against SGBV Documents
    - National Strategic Plan to fight against sexual violence
    - Data from the GBVIMS and other project databases

- ***Qualitative data collection*** : The Consultant will conduct interviews with managers and project stakeholders (CoP, Sr. GBV Advisor, M&E Manager, Technical Advisor, CASE/ABA Supervisors programs, GBV Officers, Livelihood Officers, Medical Officers, M&E Officers, Legal Clinic Lawyers, Community Volunteers and community health workers) and managers/focal points of the following structures:
    - IPS
    - BCZS ;
    - Courts
    - Police
    - Health centers supported by CASE;
    - NGO partners
    - Neighbor

The consultant will also conduct focus group discussions and semi-structured interviews with vulnerable women benefitting from project interventions.

The consultant will develop questionnaires, interview guidelines and statistical data collection sheets with the support of M&E Department of the International Medical Corps DRC.

- **The consultant shall *develop a detailed evaluation plan (including the evaluation grid) with the key evaluation questions which will be addressed by the assessment data analysis and writing up of the evaluation report.***

Evaluation Team

The Consultant will be recruited for a three weeks period and will work under the supervision of M&E Department of the International Medical Corps. The CoP, the Sr.GBV Advisor and the Technical Advisor (Livelihood, GBV, Medical), will also be called upon to review the documents produced, and to organize and facilitate the consultant's mission in the field.

Consultant Profile

- Hold a graduate degree in social sciences, public health or another relevant discipline for the realization of this assessment (Msc, PhD);
- Have at least 5 years of experience in carrying out evaluation for projects on gender and social protection;
- Have at least 3years professional experience in gender and social protection;
- Have experience of having conducted at least three evaluations of projects fighting sexual violence and gender-based(SGBV)
- Have good knowledge of the Congolese context particularly that of the Eastern DRC
- Be fluent in French, both oral and written
- Be fluent in English, both oral and written, and able to present in English

Consultancy length: 3 weeks

ANNEX II: EVALUATION METHODS AND LIMITATIONS

(iv) Sample selection of survivors:

Due to issues related to confidentiality, survivors were not randomly selected. However, the list of survivors for the evaluation was established by the M&E manager on the based on criteria which was developed by the consultants. The final choice of the survivors to be interviewed was done determined by the geographical location of the survivors. Those selected had relatively easy access to the community resource center. This selection is prone to bias because there is a chance that those who are in close proximity of the community resource center received services and are known to the psychosocial service providers. An overestimation of success is likely.

(v) Choice of interview strategy with survivors in order to maintain confidentiality

The risk of having the survivor recount the violence she suffered was evident if measures had not been put in place to prevent the recount before the assessment. In order to reduce the risks, the questions asked during the interview focused on the services the survivor received and not on the actual event hence limiting as much as possible any chance of the survivor recounting the incident. The data collectors were trained to safeguard confidentiality during the interviews. The interviews were conducted in the community resource centers, in private rooms and written consent was obtained from each respondent before the questionnaire was administered.

(vi) Management of socially desirable responses.

In order to reduce socially desirable responses, control questions were included in the questionnaire. Information on transport reimbursement was not shared with the beneficiaries until the end of the data collection period after which the transport reimbursement was paid. Despite this, there were people who were not originally selected for interview who turned up after hearing from others that they had been requested to come to the community resource center in Kalonge and in Bunyakiri. It was also remarked that respondents were hesitant to tell the interviewer the exact amount spend on in their household or the number of active people in their household due to fear of being categorized as less vulnerable by the IMC and therefore lose the support they have been receiving. To reduce the effects of these responses, the beneficiaries whose response to these questions was missing were excluded from the overall analysis.

Additional data on the evaluation methodology (In French)

<u>Tirage des échantillons</u>

Échantillons de l'enquête par questionnaire : Au total***, 180 survivantes de VBG et non-survivantes*** ont été retenues sur la base du nombre de questionnaires que pourrait remplir un assistant par jour (10 à 15) et du nombre de jours de collecte de données (3 jours par site). Les échantillons ont été désagrégés à partir des variables suivantes :

- *Type de bénéficiaire* : 73% de survivantes de VBG et 27% de non-survivantes selon la base de données GBVIMS ;
- *Genre* : 25% de bénéficiaires de sexe masculin et 75% de sexe féminin ;
- *Type d'assistance reçue* : Selon la stratégie du projet, le cheminement de prise en charge se présente comme suit : ~~P~~sychosocial ~~M~~édical ~~J~~uridique ~~É~~conomique. Sur cette base, 5 profils ont été constituées pour les survivantes comprenant les bénéficiaires ayant eu tous les 4 services, 3 services, 2 services et 1 service incluant au moins le service psychosocial. Pour les non-survivantes, 3 profils ont été constitués incluant au moins le service économique.

- ***<u>Procédures de collecte et d'assurance-qualité des données</u>***

La collecte des données auprès des bénéficiaires directs a été réalisée dans les CRC dans le souci de sauvegarder la confidentialité pour les survivantes. De façon pratique, les survivantes ont été sélectionnées sur la base des critères définis dans la base de données GBVIMS. Elles ont été ensuite identifiées à partir de leur code client et convoquées par les Agents de soutien psychosocial avec l'aide des VC. Toujours dans le but de sauvegarder la confidentialité, le questionnaire a été administré à chaque survivant(e) par les assistantes de collecte de données dans une pièce close, selon l'ordre de passage établi.

En ce qui concerne les entretiens et discussions de groupe, les rencontres se sont tenues chaque fois à huis clos entre les consultants et les personnes concernées, quelquefois avec la facilitation des Agents de soutien psychosocial pour la traduction (ex. discussions avec les AVEC).

Les mesures prises **en amont** pour l'assurance-qualité des données ont été les suivantes :

- Former les assistantes au remplissage des questionnaires ;
- Prévoir des contrôles, des questions pré-codées et des sauts dans le questionnaire afin d'éviter que des parties qui ne devraient pas être remplies le soient ;

En aval, lors du dépouillement et de la saisie des données :

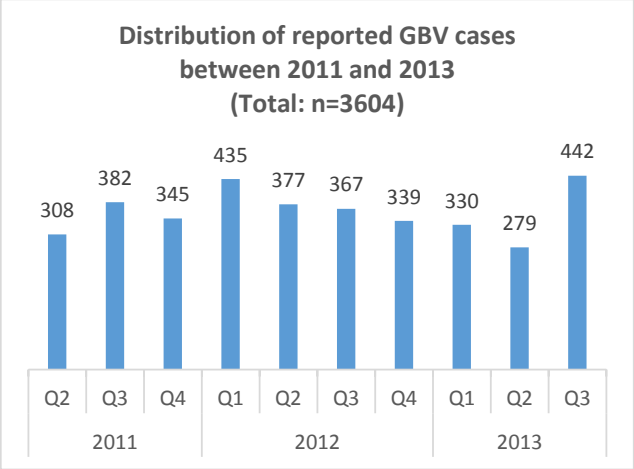
- Dépouillement, contrôle de cohérence et rejet des questionnaires mal remplis ;
- Conception d'un masque de saisie en Epidata avec des contrôles permettant uniquement la saisie des valeurs autorisées ;
- Croisement de certaines variables après la saisie, afin de déceler les erreurs d'entrée de données potentielles (ex. niveau d'études et de langues lues et écrites couramment).

ANNEX III: ANALYSIS OF GBVIMS

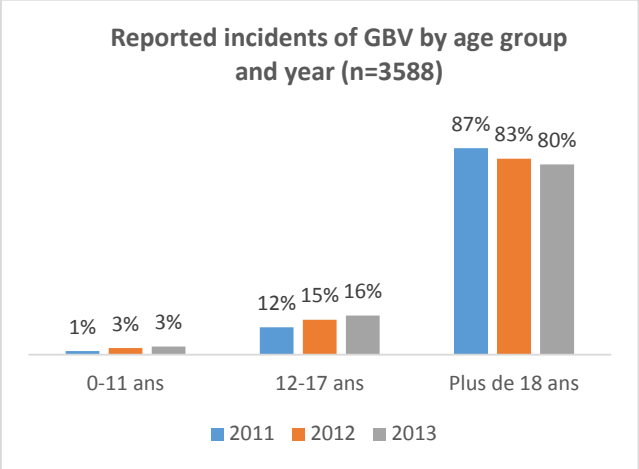
Statistics of reported GBV incidents between 2011 and 2013 - CASE Project – North and South Kivu, DRC

Between May 2011 and September 2013, 3604 incidents of GBV have been reported under CASE project in North and South Kivu. Not that this number does not take into account non -SGBV incidences that received psychosocial support.

These statistics drawn from the GBVIMS reflect the reported incidents in specific services and can't be used to describe the prevalence of GBV in North and South Kivu.



Survivors of GBV

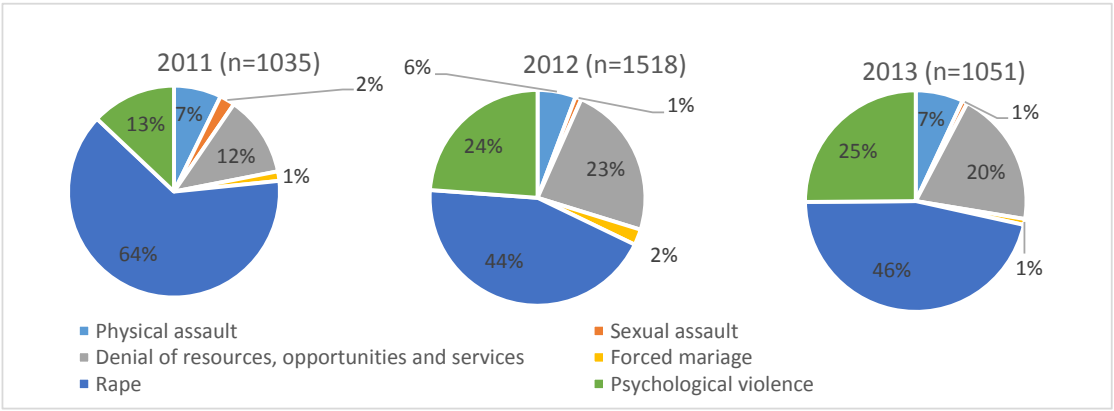


Out of 3588 reported incidents of GBV for whom age was known, more than 80% of survivors are 18 or more. Slightly and progressively more GBV cases of minors were reported from 2011 to 2013. If analyzing data related to reported cases of rape only, the proportion of survivors under 18 reporting cases of rape has increased from 13% in 2011, to 17% in 2012 and 27% in 2013.

In 2011 and 2012, only 5% of survivors (total n=2201) reported the GBV incident within 3 days. Survivors who experienced physical violence are more likely to report within 72 hours, but this is not the observed trend for reported cases of rape.

Types of reported GBV incidents

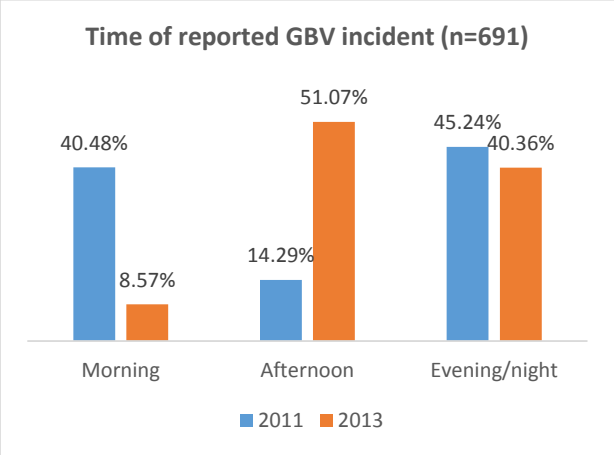
Reported cases of GBV occurred in majority in Bunyakiri (36%), Kalonge (33%), Walikale (22%) and Itebero (7%). The most specific types of reported GBV were rape, Psychological violence, and Denial of resources, opportunities and services. Forced marriage counted for less than 2% overall. Between 2011 and 2013, the number of rape cases reported decreased from 64% of all reported GBV cases to 46%.

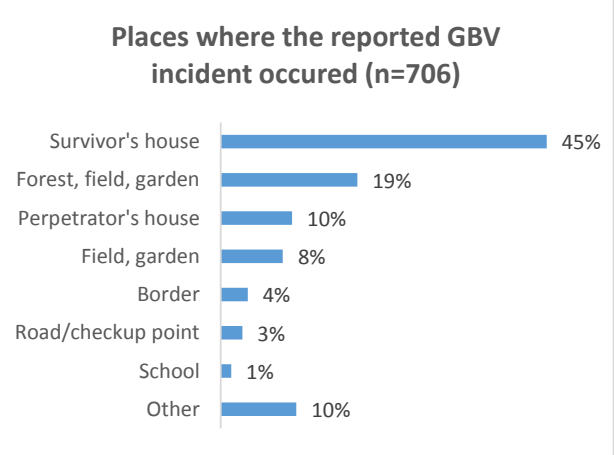


Time and place of reported GBV incidents

Analyzing places where the GBV incident occurred, 45% of reported GBV incidents occurred in the survivor's house. Types of reported GBV that occurred in the survivors' house are mostly related to domestic violence (Psychological violence, physical violence, denial of resources, opportunities and services). Around 45% of reported GBV incidents occurred outside the house. These cases are in majority cases of rape.

The time of GBV incident was available for 691 reported cases of 2011 and 2013. Afternoon and evening/night is mentioned as being the most frequently reported time when the GBV incident happens.





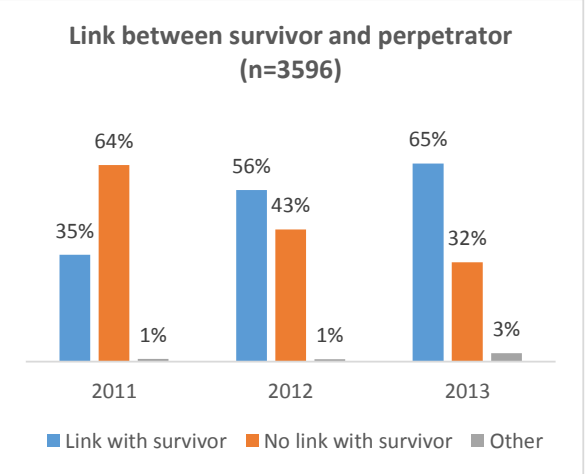
The reported perpetrator

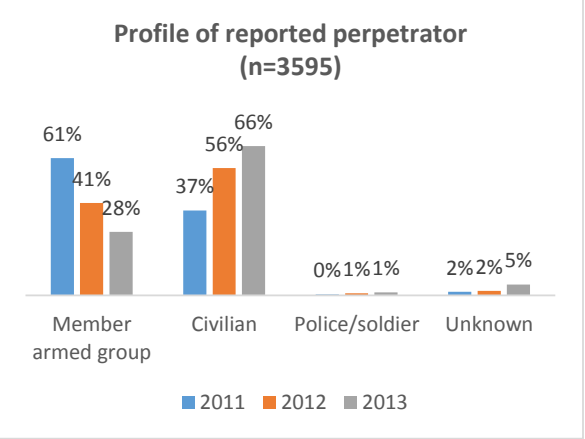
For an increased proportion of reported cases from 2011 to 2013, the perpetrator has a link with the survivor (partner, family member, neighbor, community member). And on the other hand, the proportion of reported incidents committed by a perpetrator with no link with the survivor has decreased between 2011 and 2013 from 64% to 32%.

In 2013, the perpetrator most frequently reported was the intimate partner of the survivor for psychological violence, and denial of resources, opportunities and services. In most of the cases, rape was committed by unknown individuals with no link to the survivor.

The profile of the perpetrator varies depending on the link with the survivor: member of an armed group is mentioned most frequently when the perpetrator is unknown or has no link with the survivor (86%, n=1700), while when there is a link between the survivor and the perpetrator, profiles are very variable with a majority of farmers (49%). It is also interesting to note that 10% of reported perpetrators having a link with the survivor are mentioned as unemployed.

The proportion of perpetrators mentioned as member of armed group has dropped between 2011 and 2013 from 61% in 2011 to 41% in 2012 and 28% in 2013. The proportion of civilians reported as perpetrators of GBV incidents has doubled between 2011 and 2013.





ANNEX IV: DATA COLLECTION INSTRUMENTS

List of project documents consulted:

○ Request For Application (RFA) USAID ○ Cooperative Agreement (CA) IMC/USAID ○ Performance Management Plan (PMP) ○ Annual Working Plans ○ Monthly, quarterly, semester and annual reports	○ Activity reports and field reports ○ Memorandum of Understandings (MoUs) with CBHZs and PHIs ○ Agreement between IMC and ABA ○ Baseline studies reports ○ Data from GBVIMS and other database

Data collection tools (In French)

QUESTIONNAIRE
Bénéficiaires

N°	Informations préliminaires	Codes
SNS01	Nom de l'enquêteur _____	/_/
SNS02	Numéro du questionnaire	/_/_/
SNS03	Nom de la Province _____	/_/
SNS04	Nom du Territoire _____	/_/
SNS05	Nom de la Zone/Secteur de santé _____	/_/
SNS06	Date de l'enquête Heure de début : _ _ : _ _ Heure de fin : _ _ : _ _	_ _ / _ _ /2013
SNS07	Identifiant ***(À ne pas remplir)***	/__/__/__/__/__/__/__/
SNS08	Code client	_____

Module 1 : DONNÉES SOCIODÉMOGRAPHS

S100. Quelle est votre âge ?
Age du bénéficiaire /__/__/ ans

S101. Inscrire le sexe de l'enquêté(e) ?
Masculin 1 Féminin 2

S102. Quelle est votre nationalité ?
Congolaise 1 Non-congolaise 2
(Si 'Non-Congolaise', précisez _____)

S103. Quelle est votre religion ?
Catholique 1 Protestante 3
Musulmane 2 Animiste (sans) 4
Autre _____ 5

S104. Quel est votre niveau d'études ?
N'a pas été à l'école 1 Secondaire 3
Primaire 2 Supérieur 4
Alphabétisation 5

S105. Si l'enquêté(e) a été à l'école (primaire, secondaire et supérieur) : ***Quelle(s) langue(S) pouvez-vous lire et écrire couramment ?***
Mashi Oui 1 Non 2 Kiswahili Oui 1 Non 2
Français Oui 1 Non 2 Lingala Oui 1 Non 2
Autres (précisez) _____

S106. Quelle est votre situation matrimoniale ?
(Assurez-vous, le cas échéant, que l'enquêté(e) est marié légalement au sens de la loi congolaise)
Célibataire 1 Concubinage C2+ 4
Marié (e) 2 Divorcé (e) 5

Concubinage C1 3 Veuf/veuve 6

S107. Si marié(e), divorcé(e), ou en concubinage, depuis combien de temps ?
Moins d'1 mois 1 Moins d'1 an 3
Moins de 6 mois 2 Plus d'1 an 4

S108. Combien de personnes vivent dans votre ménage?

	M	F
S108a. Enfants de moins de 15 ans	[__]__]	[__]__]
S108b. Personnes de 15 – 65 ans	[__]__]	[__]__]
S108c. Personnes de plus de 65 ans	[__]__]	[__]__]

S109. Parmi ces personnes, combien sont vos propres enfants?

	M	F
Enfant(s)	[__]__]	[__]__]

S110. Parmi vos enfants, combien sont scolarisés ?

	M	F
Enfants scolarisés	[__]__]	[__]__]

S111. Quelle est votre activité principale ?
Agriculteur 1 Artisant(e) 3
Manœuvre agric. 2 Femme au foyer 4
Commerçant(e) 3 Aucune activité 5
Autre _____ /__/

S112. Combien de personnes dans votre ménage ont une activité qui rapporte des revenus/ressources en nature?
Nombre de personnes actives [__]__]

S113. Quelle est votre statut de résidence?
Déplacé(e) 1 résident(e) 3
Retourné(e) 2

S114. Quel est votre lieu de provenance?*(Néant si c'est un ménage résident)*
_____
____

Module 2 : VOLET ASSISTANCE PSYCHOSOCIALE

SNS201. Avez-vous bénéficié d'au moins un service d'assistance psychosociale ces 3 dernières années?
(Si Non, passez à la question SNS301)
Oui 1 Non 2

SNS202. Si oui, avez-vous eu les services suivants au CRC?
SNS202a. Écoute active Oui 1 Non 2
SNS202b. Identification des besoins Oui 1 Non 2

SNS203. Quand en avez-vous bénéficié? Mois Année
[__]__] [__]__]

SNS204. Quelqu'un vous a-t-il encouragé à aller au CRC?
Un membre de ma famille 1
Personne (j'y suis allé moi-même) 2
Un volontaire (RECO) 3
Autre (préciser)
_____

SNS205. Après avoir échangé avec la GBV Officer (Madame du CRC) et sur la base de ses conseils, qu'avez-vous décidé de faire?
(Si 1 : « Continuer suivi… », passez à la question SNS214)
(Si 2 : « Aller à l'hôpital… », passez à la question SNS211)

Continuer le suivi de mon cas avec la GBV Officer 1
Aller à l'hôpital pour me faire traiter 2
Aller voir un spécialiste que m'a référé la GBV Officer pour continuer la prise en charge psychosocial 3

SNS206. Si « Aller voir un spécialiste… », Êtes-vous allé voir ce spécialiste effectivement?
(Si Non, passez à la question SNS214)
Oui 1 Non 2

SNS207. Si oui, combien de temps a duré l'accompagnement dans ce centre?
[__]__]__] mois / ou [__]__]__] semaines

SNS208. Dans quel centre êtes-vous allé?
_____
_____
_____
_____

SNS209. Comment avez-vous trouvé l'accompagnement de ce spécialiste? Était-ce :
Très bien fait 1 Très mal fait 2

SNS210. Pourquoi? (Passez à la question SNS214)
_____
___
_____
___

SNS211. Dans quel hôpital ou centre de santé êtes-vous allé?
_____
___
_____
___

SNS212. À l'hôpital, les médicaments qu'on vous a donnés vous ont-ils guéri des douleurs et autres maux que vous aviez?
(Si Oui, passez à la question SNS214)
Oui 1 Non 2

SNS213. Si non, pourquoi?

_____
___

_____
___

SNS214. Après votre première visite au CRC, êtes-vous revenu voir la GBV Officer (Madame du CRC)?
Oui 1 Non 2

SNS215. Quelles sont les activités que la GBV Officer (Madame du CRC) a identifiées avec vous afin de vous aider à améliorer votre situation?

Activité 1 :
_____

_____
___

Activité 2 :
_____

_____
___

Activité 3 :
_____

_____
___

Activité 4 :
_____

SNS216. Continuez-vous à venir au CRC pour voir la GBV Officer (Madame du CRC)?
(Si Oui, passez à la question SNS218)
Oui 1 Non 2

SNS217. Combien de temps a duré l'accompagnement au CRC avec la GBV Officer (Madame du CRC) depuis votre première visite?
[__]__]__] mois / ou [__]__]__] semaines

SNS218. Depuis que vous fréquentez le centre, avez-vous reçu des visites régulières des Volontaires Communautaires à la maison?
(Si Non, passez à la question SNS220)
Oui 1 Non 2

SNS219. Quelle aide ces Volontaires Communautaires vous ont apporté pendant la période difficile que vous viviez?

_____
___

_____
___

_____
___

SNS220. Avez-vous participé aux activités récréatives suivantes depuis que vous fréquentez le CRC?
(Si Aucune activité, passez à la question SNS224)
Tricotage Oui 1 Non 2
Broderie Oui 1 Non 2
Partage d'expérience entre femmes au CRC Oui 1 Non 2

SNS221. Comment vous sentiez-vous pendant ces activités?

_____
___

_____
___

SNS222. Pensez-vous que ces activités vous ont aidé à vous rétablir rapidement?
Oui 1 Non 2

SNS223. Pourquoi?

_____
___

_____
___

SNS224. Avez-vous participé à des activités et échanges avec les membres de votre famille, facilités par le GBV Officer (Madame du CRC)?
(Si Non, passez à la question SNS228)
Oui 1 Non 2

SNS225. Qu'est-ce que ces activités ont permis de changer dans votre relation avec les membres de votre famille?

_____
___

_____
___

_____
___

_____
___

SNS226. Pensez-vous que ces activités vous ont aidé également à vous rétablir rapidement?
Oui 1 Non 2

SNS227. Pourquoi?

_____
___

_____
___

SNS228. Avant d'aller voir le GBV Officer (Madame du CRC), est que :
SNS228a. Vous alliez au travail normalement?
Oui 1 Non 2
SNS228a1. Si Non, pourquoi?
_____

_____
_____

SNS228b. Vous étiez l'objet d'exclusion de la part de votre famille?
Oui 1 Non 2
SNS228b1. Si Oui, pourquoi?
_____

_____
_____

SNS228c. Vos amies vous visitaient régulièrement?
Oui 1 Non 2
SNS228c1. Si Non, pourquoi?
_____

_____
_____

SNS228d. Vous participiez aux activités de la communauté?
Oui 1 Non 2

SNS228d1. Si Non, pourquoi?
_____

_____
_____

SNS228e. Vous ressentiez de la colère?
Oui 1 Non 2
SNS228e1. Si Oui, pourquoi?
_____

_____
_____

SNS228f. Vous ressentiez de la honte?
Oui 1 Non 2
SNS228f1. Si Oui, pourquoi?
_____

_____
_____

SNS228g. Vous arriviez à manger et dormir correctement?
Oui 1 Non 2
SNS228g1. Si Non, pourquoi?
_____

_____
_____

SNS228h. Vous sentiez-vous en danger?
Oui 1 Non 2
SNS228h1. Si Non, pourquoi?
_____

_____
_____

SNS229. Maintenant, vous sentez-vous :
Guéri(e) 1 Malade 2

SNS230. Maintenant :
SNS230a. Allez-vous au travail normalement?
Oui 1 Non 2

SNS230a1. Si Non, pourquoi?
_____

_____
_____

SNS230b. Êtes-vous l'objet d'exclusion de la part de votre famille?
Oui 1 Non 2
SNS230b1. Si Oui, pourquoi?
_____

_____
_____

SNS230c. Vos amies vous visitent-elles régulièrement?
Oui 1 Non 2
SNS230c1. Si Non, pourquoi?
_____

_____
_____

SNS230d. Participez-vous aux activités de la communauté?
Oui 1 Non 2
SNS230d1. Si Non, pourquoi?
_____

_____
_____

SNS230e. Ressentez-vous de la colère?
Oui 1 Non 2
SNS230e1. Si Oui, pourquoi?
_____

_____
_____

SNS230f. Ressentez-vous de la honte?
Oui 1 Non 2

SNS230f1. Si Oui, pourquoi?
_____

_____
_____

SNS230g. Arrivez-vous à manger et dormir correctement?
Oui 1 Non 2
SNS230g1. Si Non, pourquoi?
_____

_____
_____

SNS230h. Vous sentez-vous en danger?
Oui 1 Non 2
SNS230h1. Si Non, pourquoi?
_____

_____
_____

SNS231. Dans votre communauté, vous sentez-vous actuellement :
Soutenu(e) et accepté(e) 1
Seul(e) et rejeté(e) 2

SNS232. Pourquoi?

_____
___

_____
___

SNS233. Comment avez-vous trouvé l'accompagnement de la GBV Officer (Madame du CRC)? Était-ce :
Très bien fait 1 Très mal fait 2

SNS234. Pourquoi?

_____
___

_____
___

SNS235. Pensez-vous que pendant les entretiens avec la GBV Officer (Madame du CRC), votre dignité et la confidentialité ont été respectées?
Oui 1 Non 2

SNS236. Pourquoi?

_____
___

_____
___

SNS237. Après l'accompagnement au CRC avez-vous été référé pour d'autres services *(mis en contact avec d'autres personnes de IMC pour des soins, formation et participation à des activités économiques)**?***
(Si Non, passez à la question SNS301)
Oui 1 Non 2

SNS229. Lesquels?
Service juridique (Avocats de la clinique juridique) Oui 1 Non 2
Service médical (MedicalOfficer) Oui 1 Non 2
Service économique (AGR, coupe couture, etc.) Oui1 Non 2

Module 3 : VOLET ASSISTANCE MÉDICALE

SNS301. Avez-vous bénéficié de soins au centre de santé ces 3 dernières années après une agression?
(Si Non, passez à la question SNS401)
Oui 1 Non 2

SNS302. Dans quel centre de santé êtes-vous allé?

_____
___

_____
___

SNS303. C'était à quelle période? Mois [__]__] Année [__]__]

SNS304. Quelqu'un vous a-t-il encouragé à y aller?
Un membre de ma famille 1
Personne (j'y suis allé moi-même) 2
Un volontaire (RECO) 3
GBV Officer (Madame du CRC) 4
Autre (préciser)
_____

SNS305. Quels sont les services dont vous avez bénéficié ce jour-là?
SNS305a. Consultation Oui 1 Non 2
SNS305b. ARV (comprimés contre VIH) Oui 1 Non 2
SNS305c. Antibiotiques Oui 1 Non 2
SNS305d. Test de grossesse/Contraceptifs Oui 1 Non 2
SNS305e. Vaccin anti-tétanique Oui 1 Non 2

SNS306. L'agent de santé (infirmier) qui vous a reçu vous a-t-il demandé votre consentement avant de vous donner les traitements?
Oui 1 Non 2

SNS306a. L'agent de santé (infirmier) qui vous a reçu vous a-t-il expliqué l'objet des différents traitements qu'il vous a donné?
Oui 1 Non 2

SNS307. Pendant que vous étiez avec l'agent de santé (infirmier), est-ce que :
SNS307a. Les portes et fenêtres étaient fermées?
Oui 1 Non 2

SNS307b. D'autres personnes sont rentrées dans la salle?
(Si Non, passez à la question SNS2308)
Oui 1 Non 2
SNS307b1. Si Oui, c'était qui?
_____
_____

SNS308. Après tous les soins et examens, est-ce que l'agent de santé vous a établi un Certificat médical?
(Si Oui, passez à la question SNS310)
Oui 1 Non 2

SNS309. Si Non, pourquoi?

_____
___

SNS310. Combien de visites avez-vous fait au centre de santé après votre première visite? _____

SNS311. Maintenant, après avoir pris tous les médicaments qu'on vous a prescri, vous sentez-vous :
Guéri(e) 1 Malade 2

SNS312. Pourquoi?

_____
___

_____
___

SNS313. Après votre visite au Centre de santé, est-ce que l'infirmier vous a référé pour d'autres services *(mis en contact avec d'autres personnes de IMC pour des soins, formation et participation à des activités économiques)**?***
(Si Non, passez à la question SNS315)
Oui 1 Non 2

SNS314. Lesquels?
Service juridique (Avocats de la clinique juridique) Oui 1 Non 2
Service psychosocial (Madame du CRC) Oui 1 Non 2
Service économique (AGR, coupe couture, etc.) Oui 1 Non 2

SNS315. Comment avez-vous trouvé la prise en charge médicale au Centre de santé que vous avez visité?
Très bien fait 1 Très mal fait 2

SNS316. Pourquoi?

_____
___

_____
___

SNS317. En plus des médicaments qu'on vous a prescrit et des services fournis au Centre de santé, avez-vous fait d'autres traitements une fois rentré chez vous?
(Si Non, passez à la question SNS401)
Oui 1 Non 2

SNS318. Si oui, lesquels?
Feuilles/écorces 1
Lavement avec une mixture 2
Autre (préciser)
_____

Module 4 : VOLET ASSISTANCE JURIDIQUE

SNS401. Avez-vous bénéficié de conseils d'un avocat de la clinique juridique ces 3 dernières années?
(Si Non, passez à la question SNS501)
Oui 1 Non 2

SNS402. Quelqu'un vous a-t-il encouragé à aller dans la Clinique Juridique de l'ABA dans le cadre du projet CASE de IMC?
Un membre de ma famille 1
Personne (j'y suis allé moi-même) 2
Un volontaire (RECO) 3
Un membre de IMC 4
Autre (préciser)
_____

SNS403. À quand remonte votre première visite dans la clinique juridique (Avocat du centre) dans le cadre du projet CASE de IMC? Mois Année
[__]__] [__]__]

SNS404. Lors de cette visite, quels sont les services dont vous avez bénéficié ce jour-là?
SNS304a. Écoute active Oui 1 Non 2
SNS304b. Conseils juridiques sur votre cas Oui 1 Non 2

SNS405. L'Avocat qui vous a reçu a-t-il demandé votre consentement avant de décider de traiter votre dossier?
Oui 1 Non 2

SNS406. Combien de visites avez-vous fait à la clinique juridique dans le cadre du traitement de votre dossier?
_____

SNS407. Après l'analyse de votre cas, quelle décision vous avez prise sur la base des conseils de l'Avocat?
(Si « Médiation », passez à la question SNS415)
Instruire le dossier en justice 1
Médiation (traitement à l'amiable) 2

SNS408.Quelle est votre sentiment sur la décision prise au niveau de la clinique juridique?
Vient de moi-même sans orientation éclairée de l'avocat 1
Vient de moi-même avec orientation éclairée de l'avocat 2
Vient de l'avocat 3

SNS409. Est-ce que votre cas instruit en justice a pu faire l'objet d'une décision judiciaire?
(Si Non, passez à la question SNS414)
Oui 1 Non 2

SNS410. Combien de temps se sont écoulés depuis l'instruction de votre dossier jusqu'à la décision judiciaire?
[__]__]__] mois

SNS411. La décision judiciaire vous a-t-elle été favorable?
(Si Non, passez à la question SNS414)
Oui 1 Non 2

SNS412. Avez-vous été indemnisé à la suite de cette décision?
(Si Non, passez à la question SNS414)
Oui 1 Non 2

SNS413. Si oui, par quel organisme ou par qui? (Passez à la question SNS417)

_____

_

SNS414. Si non, quelle en est la raison selon vous ou selon votre avocat?(référence à SNS409)

_____

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_____

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SNS415. La médiation vous a-t-elle été favorable?
Oui 1 Non 2

SNS416. Pour quelles raisons?

_____

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_____

_

SNS417. Durant la procédure, quel comportement vos proches ont-ils adoptés envers vous?

Soutien familial et accompagnement 1
Rejet, exclusion 2

SNS418. Pour la recherche de preuves, avez-vous bénéficié de l'appui des RECO/Volontaires Communautaires?
Oui 1 Non 2

SNS419. Quel est votre niveau de satisfaction du traitement qui a été fait de votre dossier?
Très satisfait(e) 1
Moyennement satisfait(e) 2
Insatisfait(e) 3

SNS420. Pourquoi?

_____

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_____

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SNS421. Est-ce que les Avocats de la Clinique Juridique vous ont référé pour d'autres services *(mis en contact avec d'autres personnes de IMC pour des soins, formation et participation à des activités économiques)**?***
(Si Non, passez à la question SNS501)
Oui 1 Non 2

SNS422. Lesquels?
Service médicale (soins à l'hôpital) Oui 1 Non 2
Service psychosocial (Madame du CRC) Oui 1 Non 2
Service économique (AGR, coupe couture, etc.) Oui 1 Non 2

Module 5 : VOLET ASSISTANCE ÉCONOMIQUE

Apprentissage

SNS501. Avez-vous bénéficié d'au moins un apprentissage spécialisé (Coupe couture, etc.) ces 3 dernières années?
(Si Non, passez à la question SNS510)
Oui 1 Non 2

SNS502. Si oui, lequel ou lesquels et avec quelle(s) organisation(s)?
SNS502a. Tricotage Oui 1 Non 2
SNS502a1. Projet CASE de IMC Oui 1 Non 2
SNS502a2. Autre (précisez)

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_____

____

SNS502a3. Quand l'avez-vous suivi? Mois Année
[__]__]

[__]__]

SNS502b. Broderie Oui 1 Non 2
SNS502b1. Projet CASE de IMC Oui 1 Non 2
SNS502b2. Autre (précisez)

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_____

____

SNS502b3. Quand l'avez-vous suivi? Mois Année
[__]__]

[__]__]

SNS502c. Fabrication de Beignets Oui 1 Non 2
SNS502c1. Projet CASE de IMC Oui 1 Non 2
SNS502c2. Autre (précisez)

_____

_____

____

SNS502c3. Quand l'avez-vous suivi? Mois Année
[__]__]

[__]__]

SNS502d. Coupe couture Oui 1 Non 2

SNS502d1. Projet CASE de IMC Oui 1 Non 2
SNS502d2. Autre (précisez)

_____

_____

_____

SNS502d3. Quand l'avez-vous suivi? Mois Année
[__]__]

[__]__]

SNS502e. Tissage de paniers Oui 1 Non 2
SNS502e1. Projet CASE de IMC Oui 1 Non 2
SNS502e2. Autre (précisez)

_____

_____

_____

SNS502e3. Quand l'avez-vous suivi? Mois Année
[__]__]

[__]__]

SNS502f. Fabrication de meubles Oui 1 Non 2
SNS502f1. Projet CASE de IMC Oui 1 Non 2
SNS502f2. Autre (précisez)

_____

_____

_____

SNS502f3. Quand l'avez-vous suivi? Mois Année
[__]__]

[__]__]

SNS502g. Savonnerie Oui 1 Non 2
SNS502g1. Projet CASE de IMC Oui 1 Non 2
SNS502g2. Autre (précisez)

_____

_____

_____

SNS502g3. Quand l'avez-vous suivi? Mois Année
[__]__]

[__]__]

SNS502h. Pâtisserie Oui 1 Non 2
SNS502h1. Projet CASE de IMC Oui 1 Non 2
SNS502h2. Autre (précisez)

_____

_____

_____

SNS502h3. Quand l'avez-vous suivi? Mois Année
[__]__]

[__]__]

SNS502i. Autre (précisez) : Oui 1 Non 2

_____

_____

SNS502i1. Projet CASE de IMC Oui 1 Non 2
SNS502i2. Autre (précisez)

_____

_____

_____

SNS502i3. Quand l'avez-vous suivi? Mois Année
[__]__]

[__]__]

SNS503. Exercez-vous actuellement dans l'un des domaines en priorité?
(Si Non, passez à la question SNS509)
Oui 1 Non 2

_____

SNS504. Quel(s) soutien(s) financier(s) avez-vous reçus pour démarrer vos activités?
SNS504a. IMC Oui 1 Non 2
SNS504b. Conjoint(e) Oui 1 Non 2
SNS504c. Famille Oui 1 Non 2
SNS504d. Aucun Oui 1 Non 2
SNS504e. Autres (précisez) :

_____

_____

_____

SNS505. Combien gagnez-vous en moyenne par mois pour cette activité? [__]__]__]__]__]__]__] Fc

SNS506. Votre activité est-elle lucrative et vous permet-elle de subvenir à vos besoins/dépenses mensuels pour vous et votre ménage?
(Si Oui, passez à la question SNS510)
Oui 1 Non 2

SNS507. Si non, pourquoi?
SNS507a. Connaissances acquises insuffisantes Oui 1 Non 2
SNS507b. Manque de moyens financiers Oui 1 Non 2
SNS507c. À trouvé un travail mieux rémunéré Oui 1 Non 2
SNS507e. Autres (précisez) :

_____

_____

_____

SNS508. Si « Connaissances acquises insuffisantes » ou « Manque de moyens financiers », souhaitez-vous bénéficier d'un appui complémentaire (soutien financier, formation, etc.) en vue d'exercer ce métier?
Oui 1 Non 2

SNS509. Si non, pourquoi?

_____

_____

_____

_____

_____

_____

Alphabétisation

SNS510. Avez-vous bénéficié d'au moins une activité d'alphabétisation (apprendre à lire, parlé et écrire en Kiswahili) ces 3 dernières années?
(Si Non, passez à la question SNS519)
Oui 1 Non 2

SNS511. Si oui, lequel ou lesquels et avec quelle(s) organisation(s)?
SNS511a. Niveau 1 Oui 1 Non 2
SNS511a1. Projet CASE de IMC Oui 1 Non 2
SNS511a2. Autre (précisez)
_____
_____
____
SNS511a3. Quand l'avez-vous suivi? Mois Année
[__]__]
[__]__]

SNS511b. Niveau 2 Oui 1 Non 2
SNS511b1. Projet CASE de IMC Oui 1 Non 2
SNS511b2. Autre (précisez)
_____
_____
____
SNS511b3. Quand l'avez-vous suivi? Mois Année
[__]__]
[__]__]

SNS511c. Niveau 3 Oui 1 Non 2
SNS511c1. Projet CASE de IMC Oui 1 Non 2
SNS511c2. Autre (précisez)
_____
_____
____
SNS511c3. Quand l'avez-vous suivi? Mois Année
[__]__]
[__]__]

SNS512. Après cette formation, comment évaluez-vous votre niveau de compétences en Kiswahili?
SNS512a. Parlé Excellent 1 Très bon 2 Moyen 3 Faible 4
SNS512a. Écrit Excellent 1 Très bon 2 Moyen 3 Faible 4
SNS512a. Lu Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS513. Suivre ces formations était-il indispensable pour vous?
(Si Non, passez à la question SNS518)
Oui 1 Non 2

SNS514. Si oui, quelles en sont les raisons?
SNS514a. M'aide dans mon travail Oui 1 Non 2
SNS514b. M'aide dans la vie courante Oui 1 Non 2
SNS514c. Autres (précisez) :
_____
_____
_____

SNS515. Utilisez-vous le Kiswahili dans votre activité professionnelle actuelle et dans la vie courante?
(Si Oui, passez à la question SNS519)
Oui 1 Non 2

SNS516. Si non, pourquoi?
SNS516a. Connaissances acquises insuffisantes Oui 1 Non 2
SNS516b. J'utilise une autre langue Oui 1 Non 2
SNS516b1. Précisez) _____
SNS516c. Autre raison (précisez) :
_____
_____
_____

SNS517. Si « Connaissances acquises insuffisantes », souhaitez-vous bénéficier d'un appui complémentaire (formation continue, etc.) en vue d'utiliser ces compétences dans votre vie?
Oui 1 Non 2

SNS518. Si non, pourquoi?
_____
_____
_____
_____

Formation

SNS519. Avez-vous bénéficié d'au moins une formation sur les compétences personnelles et interpersonnelles ces 3 dernières années?
(Si Non, passez à la question SNS527)
Oui 1 Non 2

SNS520. Si oui, lequel ou lesquels et avec quelle(s) organisation(s)?
SNS520a. Éveil de compétences et Entreprenariat Oui 1 Non 2
SNS520a1. Projet CASE de IMC Oui 1 Non 2
SNS520a2. Autre (précisez)
_____
_____
____
SNS520a3. Quand l'avez-vous suivi? Mois Année
[__]__]
[__]__]

SNS520a4. Niveau de compétences obtenu?
Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS520b. Vie associative Oui 1 Non 2
SNS520b1. Projet CASE de IMC Oui 1 Non 2

SNS520b2. Autre (précisez)

_____

_____

____

SNS520b3. Quand l'avez-vous suivi? Mois Année

[__]__]

[__]__]

SNS520d4. Niveau de compétences obtenu?

Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS520c. Techniques Agricoles Oui 1 Non 2

SNS520c1. Projet CASE de IMC Oui 1 Non 2

SNS520c2. Autre (précisez)

_____

_____

____

SNS520c3. Quand l'avez-vous suivi? Mois Année

[__]__]

[__]__]

SNS520c4. Niveau de compétences obtenu?

Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS520d. Autre (précisez) : Oui 1 Non 2

_____

_____

SNS520d1. Projet CASE de IMC Oui 1 Non 2

SNS520d2. Autre (précisez)

_____

_____

____

SNS520d3. Quand l'avez-vous suivi? Mois Année

[__]__]

[__]__]

SNS520d4. Niveau de compétences obtenu?

Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS521. Suivre ces formations était-il indispensable pour vous?

(Si Non, passez à la question SNS526)

Oui 1 Non 2

SNS522. Si oui, quelles en sont les raisons?

SNS522a. M'aide dans mon travail Oui 1 Non 2

SNS522b. M'aide dans la vie courante Oui 1 Non 2

SNS522c. Autres (précisez) :

_____

_____

_____

SNS523. Utilisez-vous ces compétences dans votre activité professionnelle actuelle et dans la vie courante?

(Si Oui, passez à la question SNS525)

Oui 1 Non 2

SNS524. Si non, pourquoi?

SNS524a. Connaissances acquises insuffisantes Oui 1 Non 2

SNS524b. J'utilise une autre langue Oui 1 Non 2

SNS524b1. Précisez) _____

SNS524c. Autre raison (précisez) :

_____

_____

_____

SNS525. Si « Connaissances acquises insuffisantes », souhaitez-vous bénéficier d'un appui complémentaire (formation continue, etc.) en vue d'utiliser ces compétences dans votre vie?

Oui 1 Non 2

SNS526. Si non, pourquoi?

_____

_____

_____

_____

_____

_____

Activités Génératrices de Revenus (AGR)

SNS527. Avez-vous bénéficié d'au moins une formation à l'exercice d'une AGR (maraîcher, etc.) ces 3 dernières années?

(Si Non, passez à la question SNS536)

Oui 1 Non 2

SNS528. Si oui, dans quel(s) domaine(s) et avec quelle(s) organisation(s)?

SNS528a. Domaine 1

_____

SNS528a1. Projet CASE de IMC Oui 1 Non 2

SNS528a2. Autre (précisez)

_____

_____

____

SNS528a3. Quand l'avez-vous suivi? Mois Année

[__]__]

[__]__]

SNS528a4. Niveau de compétences obtenu?

Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS528b. Domaine 2

_____

SNS528b1. Projet CASE de IMC Oui 1 Non 2

SNS528b2. Autre (précisez)

_____

_____

____

SNS528b3. Quand l'avez-vous suivi? Mois Année

[__]__]

[__]__]

SNS528b4. Niveau de compétences obtenu?

Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS528c. Domaine 3

SNS528c1. Projet CASE de IMC Oui 1 Non 2
SNS528c2. Autre (précisez)

SNS528c3. Quand l'avez-vous suivi? Mois Année
[__]__]
[__]__]
SNS528c4. Niveau de compétences obtenu?
Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS529. Exercez-vous actuellement dans l'un des domaines en priorité?
(Si Non, passez à la question SNS535)
Oui 1 Non 2

SNS530. Quel(s) soutien(s) financier(s) avez-vous reçus pour démarrer vos activités?
SNS530a. IMC Oui 1 Non 2
SNS530b. Conjoint(e) Oui 1 Non 2
SNS530c. Famille Oui 1 Non 2
SNS530d. Aucun Oui 1 Non 2
SNS530e. Autres (précisez) :

SNS531. Combien gagnez-vous en moyenne par mois pour cette activité? [__]__]__]__]__]__]__] Fc

SNS532. Votre activité est-elle lucrative et vous permet-elle de subvenir à vos besoins/dépenses mensuels pour vous et votre ménage?
(Si Oui, passez à la question SNS536)
Oui 1 Non 2

SNS533. Si non, pourquoi?
SNS533a. Connaissances acquises insuffisantes Oui 1 Non 2
SNS533b. Manque de moyens financiers Oui 1 Non 2
SNS533c. À trouvé un travail mieux rémunéré Oui 1 Non 2
SNS533e. Autres (précisez) :

SNS534. Si « Connaissances acquises insuffisantes » ou « Manque de moyens financiers », souhaitez-vous bénéficier d'un appui complémentaire (soutien financier, formation, etc.) en vue d'exercer ce métier?
Oui 1 Non 2

SNS535. Si non, pourquoi?

Autres services

SNS536. Avez-vous bénéficié d'au moins un service d'appui économique ces 4 dernières années?
(Si Non, passez à la question SNS544)
Oui 1 Non 2

SNS537. Si oui, dans quel(s) domaine(s) et avec quelle(s) organisation(s)?
SNS537a. Domaine 1

SNS537a1. Projet CASE de IMC Oui 1 Non 2
SNS537a2. Autre (précisez)

SNS537a3. Quand l'avez-vous suivi? Mois Année
[__]__]
[__]__]
SNS537a4. Niveau de compétences obtenu?
Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS5378b. Domaine 2

SNS537b1. Projet CASE de IMC Oui 1 Non 2
SNS537b2. Autre (précisez)

SNS537b3. Quand l'avez-vous suivi? Mois Année
[__]__]
[__]__]
SNS537b4. Niveau de compétences obtenu?
Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS537c. Domaine 3

SNS537c1. Projet CASE de IMC Oui 1 Non 2
SNS537c2. Autre (précisez)

SNS537c3. Quand l'avez-vous suivi? Mois Année
[__]__]
[__]__]
SNS537c4. Niveau de compétences obtenu?
Excellent 1 Très bon 2 Moyen 3 Faible 4

SNS538. Suivre ces formations était-il indispensable pour vous?
(Si Non, passez à la question SNS543)
Oui 1 Non 2

SNS539. Si oui, quelles en sont les raisons?
SNS539a. M'aide dans mon travail Oui 1 Non 2
SNS539b. M'aide dans la vie courante Oui 1 Non 2
SNS539c. Autres (précisez) :
_____
_____
_____

SNS540. Utilisez-vous ces compétences dans votre activité professionnelle actuelle et dans la vie courante?
(Si Oui, passez à la question SNS544)
Oui 1 Non 2

SNS541. Si non, pourquoi?
SNS541a. Connaissances acquises insuffisantes Oui 1 Non 2
SNS541b. J'en avais déjà une bonne maîtrise Oui 1 Non 2
SNS541b1. Précisez) _____
SNS541c. Autre raison (précisez) :
_____
_____
_____

SNS542. Si « Connaissances acquises insuffisantes », souhaitez-vous bénéficier d'un appui complémentaire (formation continue, etc.) en vue d'utiliser ces compétences dans votre vie?
Oui 1 Non 2

SNS543. Si non, pourquoi?
_____
_____
_____
_____
_____
_____

Analyse de la vulnérabilité

SNS544. La maison que vous habitez vous appartient-elle ?
(Si Oui, passez à la question SNS546)
Oui 1 Non 2

SNS545. Si non, à combien s'élève le loyer mensuel ?
Loyer [__]__]__]__]__]__] Fc

SNS546. Avez-vous l'électricité à la maison ?
(Si Non, passez à la question SNS548)
Oui 1 Non 2

SNS547. En moyenne, à combien s'élève la facture mensuelle ?
[__]__]__]__]__]__] Fc

SNS548. Avez-vous l'eau courante (eau du robinet) ?
(Si Oui, passez à la question SNS550)
Oui 1 Non 2

SNS549. Si non, quelle est votre principale source d'approvisionnement en eau ?
Pompe publique payante 1
Reçoit de l'eau courante de parents ou amis 2
Puits 3
Eau de pluie 4
Autre *(à préciser)* _____ [__]

SNS550. Avez-vous, à la maison, au moins un(e) ?
SNS550 Radio Oui 1 Non 2
SNS550. Poste Téléviseur Oui 1 Non 2
SNS550. Réfrigérateur Oui 1 Non 2
SNS550. Téléphone portable Oui 1 Non 2

SNS551. Quels sont les biens dont dispose votre ménage ? (indiquez la quantité)
Superficie cultivable (en Mètres carrée) [__]__]__]__]__]__]
Bœuf [__]__]__]__]__]__] Poulet [__]__]__]
Chèvres [__]__]__] Mouton [__]__]__]
Porcs [__]__]__] Moyens de déplacement (vélo, moto) [__]
Outils agricoles [__]__]
Précisez :
_____
_____
____
Ustensiles de cuisines [__]__]
Si,
Autrespréciser_____
_____

SNS552. Combien dépensez-vous par mois pour l'ensemble de votre ménage ?
SNS552a. SANTE [__]__]__]__]__]__] Fc
SNS552b. NOURRITURE [__]__]__]__]__]__] Fc
SNS552c. HABILLEMENT [__]__]__]__]__]__] Fc
SNS552d. EDUCATION [__]__]__]__]__]__] Fc
SNS552e. AUTRES Dép. [__]__]__]__]__]__] Fc

SNS553. Les dépenses de la maison sont effectuées par qui ?
Le chef de ménage seul 1
Toutes les personnes actives 2
Autre *(à préciser)* _____ [__]

SNS554. A part vous et/ou ces personnes, recevez-vous de l'argent/des vivres d'autres personnes pour la consommation mensuelle de votre ménage ?
(Si Non, passez à la question SNS556)
Oui 1 Non 2

SNS555. Si oui, de qui ?
_____ [__]

SNS556. Combien de repas consommez-vous dans votre ménage par jour ? Un|___| deux|___| trois|___|

GUIDE D'ENTRETIEN
Équipe Technique de IMC/ABA-ROLI

Selon les objectifs du projet, chaque staff s'est vu assigner des responsabilités et tâches concernant au moins l'un des quatre volets du projet (assistance médicale, psycho social, juridique et économique) ou sur l'ensemble des quatre volets (par exemple les membres de la direction). Les questions de ce guide visent donc à mieux documenter les activités réalisées et apprécier le niveau de participation de chaque staff et globalement les questions relatives à la performance du management (composante « évaluation organisationnelle », correspondant aux questions relatives au critère « Efficience ») au niveau des quatre volets et l'impact sur l'efficacité des interventions (critère « efficacité »).

Date : _____ Nom de l'interviewer : _____

Code d'identification : _____ Nom du site : _____	Volet(s) du projet dans lequel (lesquels) vous êtes impliqués : ☐ Assistance médicale ☐ Assistance psycho sociale ☐ Assistance juridique ☐ Assistance économique
Fonction ou Poste de la personne interrogée : _____	

Heure début de l'entretien :
Heure de fin de l'entretien :

CRITERE D'EVALUATION	THEME	QUESTION
-	Rôle dans le projet	1. Quel a été votre rôle dans la gestion du projet ? (dans le(s) volet(s) vous concernant) - Attributions et responsabilités - Profil et formations suivies, y compris renforcement des compétences après le recrutement
Pertinence	Stratégie Programme	2. Dans quelle mesure pensez-vous que le projet CASE répond aux besoins des bénéficiaires et de la communauté ? 3. Y-a-t-il eu un changement significatif du contexte du projet au cours de sa mise en œuvre? Si oui, Dans quelle mesure la mise en œuvre du projet s'est-elle adaptée aux nouvelles circonstances ?
	Processus de développement de la stratégie	4. Dans quelle mesure pensez-vous que l'articulation du projet en quatre volet est-elle nécessaire pour répondre aux besoins des bénéficiaires ?
	Participation et partenariat	5. Que pensez-vous des partenariats en cours avec la communauté dans la gestion du projet ?
Couverture	Sélection des groups cibles	6. Comment le processus de sélection des bénéficiaires s'est-il déroulé dans votre zone? Qui a étéimpliqué dans ce processus ?
Efficacité	Atteinte des résultats comptés	7. Quels sont les activités menées pour le volet du projet auquel vous avez participé ? 8. Les activités planifiées sont-elles exécutées comme prévues pour chaque volet ? Si non quels sont selon vous les grandes modifications ?

CRITERE D'EVALUATION	THEME	QUESTION
		9. Pour les volets dans lesquels vous êtes impliqués, quelles activités ont eu le plus d'effets positifs pour les bénéficiaires selon vous? Pourquoi ? Quelles activités semblent avoir moins d'impact ? Pourquoi ? 10. Plus spécifiquement, quels changements des pratiques et des comportements ont pu être observés depuis le début du projet ? Selon vous quels en seront les fruits d'ici la fin du projet ? 11. Quels résultats non-escomptés ont pu être observés?
	Principales raisons pour lesquelles le projet a atteint ou n'a pas atteint ses objectifs	12. Quels sont les facteurs qui ont contribué à rendre les différentes activités efficaces ? (par volet) 13. Quelles ont été les principales difficultés et contraintes ? (par volet)
Efficience	Utilisation des ressources	14. Dans quelle mesure les ressources humaines, matérielles et financières sont adaptées pour la mise en œuvre des activités de chaque volet du projet ?
	Supervision et soutien aux ressources humaines	15. Comment l'encadrement et le soutien au personnel sont-ils assurés ? 16. Quelles améliorations peuvent être faites dans ce domaine ?
	Suivi et Evaluation	17. Quel système de Suivi et Evaluation a été mis en place ? (tous les volets ou par volet si distinction nécessaire) 18. Avez-vous été impliqué dans la définition des indicateurs de performance du projet ? (par volet) Si oui, à quel niveau ?
	Leçons apprises	19. Quelles sont les principales leçons apprises ? (par volet)
Durabilité	Durabilité de l'impact du projet	20. Pensez-vous que le projet dans sa conception et sa mise en œuvre actuelle crée des mécanismes de transition ou développe une stratégie de sortie pour permettre aux communautés et aux partenaires locaux de continuer les activités ? (par volet)

GUIDE DE DISCUSSION DE GROUPE

Volontaires communautaires IMC/CASE project

Le présent guide vise à mieux documenter les activités réalisées par les volontaires communautaires dans le volet psychosocial du projet et apprécier leur niveau de contribution à la performance du projet.

Date : _____ Nom de l'enquêteur : _____

Code d'identification : _____ Nom du site : _____	Volet(s) du projet dans lequel (lesquels) les VC sont impliqués : ☐ Assistance médicale

Fonction ou Poste de la personne interrogée : _____	☐ Assistance psycho sociale ☐ Assistance juridique ☐ Assistance économique

Heure début de l'entretien :
Heure de fin de l'entretien :

CRITERE D'EVALUATION	THEME	QUESTION
-	Rôle dans le projet	1. Quel a été votre rôle dans le cadre du projet ? (dans le(s) volet(s) vous concernant) - Statut -Training
Pertinence	Stratégie Programme	2. Dans quelle mesure pensez-vous que le projet CASE répond aux besoins des bénéficiaires et de la communauté ?
	Processus de développement de la stratégie	3. Selon vous, quels étaient les besoins des bénéficiaires ? 4. Les activités menées sont-elles en phase avec ces besoins ?
	Participation et partenariat	5. Dans la phase de d'analyse des besoins, comment l'avis des bénéficiaires a-t-il été pris en compte selon vous ?
Efficacité	Atteinte des résultats comptés	6. Quels sont les activités menées pour chaque volet du projet auquel vous avez participé ? 7. Les activités planifiées sont-elles exécutées comme prévues pour chaque volet ? Si non quels sont selon vous les grandes modifications ? 12. Pour les volets dans lesquels vous êtes impliqués, quelles activités ont eu le plus d'effets positifs pour les bénéficiaires selon vous? Pourquoi ?
	Principales raisons pour lesquelles le projet a atteint ou n'a pas atteint ses objectifs	8. Quels sont les facteurs qui ont contribué à rendre les différentes activités efficaces ? (par volet) 9. Quelles ont été les principales difficultés et contraintes ? (par volet) 10. Dans quelle mesure pensez-vous que votre action a contribué à l'atteinte des résultats actuels ?
Efficience	Utilisation des ressources	11. Selon vous, les résultats obtenus reflètent-ils les moyens/ressources engagées ? (comparaison résultats par rapport aux coûts – par volet)
	Supervision et soutien aux bénéficiaires	12. Comment l'encadrement et le soutien aux bénéficiaires du projet sont-ils assurés ? 13. Quelles améliorations peuvent être faites dans ce domaine ?
	Suivi et Evaluation	14. Par quels moyens/méthodes faites-vous le reporting de vos activités aux responsables du projet ?

CRITERE D'EVALUATION	THEME	QUESTION
		15. Quelles améliorations IMC devrait-elle apporter en termes de Suivi et Évaluation de la prise en charge des bénéficiaires? (tous volets ou par volet si distinction nécessaire)
	Leçons apprises	16. Quelles sont les principales leçons apprises dans le cadre de vos responsabilités ? (par volet)
Durabilité	Durabilité de l'impact du projet	17. Pensez-vous que le projet dans sa conception et sa mise en œuvre actuelle crée des mécanismes de transition ou développe une stratégie de sortie pour permettre aux communautés et aux partenaires locaux de continuer les activités ? (par volet)

LETTRE DE CONSENTEMENT

Bonjour,

Je travaille pour International Medical Corps au Congo.

IMC est une organisation internationale qui apporte aide et assistance aux populations affectées par les conflits. Nous travaillons dans le Sud et le Nord Kivu principalement à Kalonge, Bunyakiri, Chambucha, Walikale et Itebero.

Nous réalisons une évaluation à mi-parcours du projet CASE visant à améliorer la prise en charge des bénéficiaires du projet CASE dans les provinces du Kivu. Faisant parti des personnes concernées par ce projet, nous aimerions vous poser quelques questions à ce sujet. Vos réponses à ce questionnaire seront tenues strictement confidentielles (Entre Nous). Nous souhaitons donc que vous puissiez parler librement et vous êtes aussi libre de ne pas répondre aux questions avec lesquelles vous ne vous sentez pas à l'aise. Je m'engage aussi à respecter vos opinions.
L'interview durera approximativement de **20 à 25 minutes**.
Aussi, vous pouvez partir quand vous voulez selon l'urgence du moment mais notre souhait est de finir tous ensemble la rencontre.

Acceptez-vous de participer à cette étude ?

J'ACCEPTE |__| **JE REFUSE |__|**

Signature de l'enquêté(e) _____

L'enquêteur certifie que l'enquêté(e) a été informé(e) de la nature et du but de l'étude et qu'il (elle) a donné son accord/désaccord verbal et écrit pour répondre aux questions.

Signature de l'enquêteur (trice) _____

ANNEX V: SOURCES OF INFORMATION

CARE: "*Bringing an End to Gender-Based Violence* .[online].
http://www.care.org/sites/default/files/2013-CARE-GBV-Fact-Sheet.pdf

Centre of Excellence for evaluation (CEE), "*Assessing Program Resource Utilization When Evaluating Federal Programs*", Treasury board of Canada Secretariat.[online].
http://www.tbs-sct.gc.ca/cee/pubs/ci5-qf5/ci5-qf5tb-fra.asp

Delegation of the European Union in DRC: "*The European Union acts for the fight against gender-based violence and sexual violence, through several projects in the DRC*" (10/08/2013). [online].
http://eeas.europa.eu/delegations/congo_kinshasa/press_corner/all_news/news/2013/20131008_fr.htm

Inter-Agency Standing Committee (IASC): "*IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*".[online].
http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

International Criminal Court: "*Elements of crime punished by international justice*".[online].
http://www.icc-cpi.int/fr_menus/icc/legal%20texts%20and%20tools/official%20journal/Pages/elements%20of%20crimes.aspx

Ministry of Gender, Family and Child / RDC: "*Stratégie Nationale de Lutte contre les Violences Basées sur le Genre (SNLVBG) - 2009*".[online].
http://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fmonusco.unmissions.org%2FLinkClick.aspx%3Ffileticket%3DRxbG_S-GaVo%3D&ei=HDp5UpTYH7GayQGi2oHQDQ&usg=AFQjCNHl9pbOP_TFGIkimbjimxM0hu8OFA&bvm=bv.55980276,d.aWc

National Program of Reproductive Health (NRHP) - DRC / UNFPA: « *Rapport sur l'estimation de l'ampleur et des besoins sur les fistules urogénitales en RDC* », September 2005. [online].
http://www.endfistula.org/webdav/site/endfistula/shared/documents/needs%20assessments/DRC%20OF%20Needs%20Assessment.pdf

United Nations: "*Étude du Secrétaire des Nations-Unies, Mettre fin à la violence à l'égard des femmes*". [online].
http://www.un.org/womenwatch/daw/vaw/publications/French%20Study.pdf

Trust Fund for Victims - TFV / ICC: "*Assistance to victims of sexual violence*".[online].
http://www.trustfundforvictims.org/success-stories/assistance-victims-sexual-violence

Trust Fund for Victims - TFV / ICC: "List of funded projects".[online].
http://www.trustfundforvictims.org/projects#Assistance%20to%20victims%20of%20sexual%20violence

UNFPA: "*Reproductive Health in Refugee Situations - CHAPTER FOUR Sexual and Gender-based Violence*".[online].http://www.unfpa.org/emergencies/manual/4.htm#The

UN WOMEN: "*Ending violence against women*". [online].
http://www.unwomen.org/fr/what-we-do/ending-violence-against-women

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