USAID - IMA World Health
Counter Gender-Based Violence Program
Quarter 2: January 1- March 30, 2018
Quarterly Report

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Cooperative Agreement No. 72066018CA00001

IMA World Health

USAID
FROM THE AMERICAN PEOPLE

PROJET USAID-IMA
"TUSHINDE UJEURI"

USAID
KUTOKA KWA WATU WA AMERIKA

The USAID – IMA World Health Counter Gender-Based Violence Program is a comprehensive program to help communities respond to and prevent gender-based violence in the Democratic Republic of Congo.

The USAID-funded program is made possible by the generosity of the American people and implemented by IMA World Health.

Table of Contents

List of Acronyms **4**
I. Executive Summary **6**
II. Summary/Highlights of Activities during this reporting period **9**
III. Status of program indicators **21**
IV. List of Reports, Consultancies (with findings), and other deliverables **29**
V. C-TIP Report **39**
VI. Status of Budget Expenditures and Explanation for any Cost Overruns or High Unit Cost (report submitted separately) **40**
VII. Identification of any problems or delays that could affect performance and steps taken to address that **41**
VIII. Major activities planned for next quarter **41**
IX. Pending USAID waivers or approvals and the status of required audit processes **43**
X. Success Story……**46**

List of Acronyms

ABA-ROLI	American Bar Association Rule of Law Initiative
ADR	Alternative Dispute Resolution
APS	Agent Psycho-social (psycho-social counselor)
AOR	Assistant Officer Representative
BCZS	Health Zone Central Bureau
CBO	Community Based Organization
C-GBV	Counter Gender Based Violence project
CODESA	Community Health Development Agency
CPT	Cognizant Processing Therapy
CSO	civil society organization
DRC	Democratic Republic of Congo
EMMP	Environmental Mitigation Monitoring Plan
FARDC	Armed Forces of Democratic Republic of Congo
FP	Family Planning
FY	fiscal year
GBV	Gender-Based Violence
HIV	human immunodeficiency virus
HZ	Health Zone
IE	Impact Evaluation
IMA	IMA World Health
IR	Intermediate Result
IT	Infirmier Titulaire (lead nurse)
JHU	Johns Hopkins University
MCZ	Médecin Chef de Zone (Zone Lead Doctor)
M&E	monitoring and evaluation
MEL	Monitoring, Evaluation and Learning
MoH	Ministry of Health
OSC	Overseas Strategic Consulting
PEP	Post-Exposure Prophylaxis
PMP	Performance Monitoring Plan
PNSR	National Reproductive Health Program
SBCC	Social and Behavior Change Communication
SFCG	Search for Common Ground
SGBV	Sexual and Gender Based Violence
STI	Sexually Transmitted Infections
TEP	Tribune Expression Populaire
TO	Task Order
UN	United Nations
USAID	U.S. Agency for International Development
USG	US government

UW	University of Washington
VLSA	Village savings and loan association

I. Executive Summary

The USAID Counter Gender-Based Violence (C-GBV) Program is a comprehensive program to help communities respond to and prevent gender-based violence in the Democratic Republic of Congo (DRC). The USAID funded program is made possible by the generosity of the American people and implemented by IMA World Health.

Program Goals and Results

Goal: Strengthen community-based prevention of and response to GBV in Eastern Congo

The overarching project goals of the C-GBV program are to strengthen community-based prevention of and response to gender-based violence (GBV); effectively reducing GBV incidence and improving the quality of and access to holistic care for survivors, particularly among vulnerable groups. The project works in an integrated manner across three intermediate results (IRs) as noted below.

Intermediate Results (IR) areas:

IR 1: Target communities demonstrate greater acceptance of positive gender roles.
IR 2: Availability of community-level GBV-related services improved.
IR 3: Perceptions of stigma surrounding reintegrated survivors reduced.

Community Based Approach

The program approach includes rolling out an evidence-based social and behavior change communication (SBCC) campaign that shifts community norms to adopt positive gender roles, resulting in decreased GBV incidence while reducing stigma and negative attitudes that prevent survivor reintegration. The program is designed to create informed, equipped, and resilient communities that actively speak out to prevent GBV and, in doing so, support survivors to access quality services.

Consistent with USAID Task Order 3 (TO3) Strategy

Consistent with USAID's TO3, "Foundation for Durable Peace Strengthened in Eastern DRC," the program strategy establishes a GBV platform to empower women in peace-building, community resilience, and economic development.

Team Members

The C-GBV program incorporates a coordinated and seasoned team with DRC experience and proven competency in a range of technical areas (community-based GBV prevention, holistic and comprehensive care for survivors, stigma and violence reduction, evidence based SBCC, and research-based monitoring and evaluation. The project is implemented under the direction of IMA World Health and includes two implementing partners (HEAL Africa, Panzi Foundation) and five technical partners (Search for Common Ground, University of Washington, Johns Hopkins University, Overseas Strategic Consulting, and American Bar Association Rule of Law Initiative).

Geographic Scope

The C-GBV program is implemented in five health zones (HZ) in North and South Kivu Provinces of the DRC.

Community-based services in North Kivu Province (2 HZs) are implemented under Heal Africa while Panzi Foundation is implementing in South Kivu Province (3 HZs)

Implementation Map C-GBV Project

Summary of Key Achievements in the Reporting Period

The three-month reporting period of January-March 2018 entailed a combination of start-up and health zone-based activities. IMA submitted three required start-up plans to USAID on January 6th, 2018, nearly a month before the final due dates.

- USAID C-GBV Implementation Plan
- USAID C-GBV MEL Plan
- USAID C-GBV EMMP Plan

Two weeks after submission of the above, the C-GBV Tushinde team traveled to Kinshasa to meet with the USAID technical team and review each plan. All three plans underwent revisions and were ultimately approved during this reporting period (the implementation plan received a provisional approval pending the finalization of the impact evaluation (IE) plan).

Other key start-up events this quarter included significant procurements (vehicles, motorcycles, laptops, and training materials), the official project launch, trainings (both refresher and new) for key health zone personnel, and participation in key events such as the annual Amani Festival and International Women's Day. IMA was able to receive an advance supply of drugs from UNICEF to prepare and package PEP kits and finalize plans with UNFPA for training and supply of family planning (FP) commodities for the Karisimbi Health zones.

Significant time was invested in working with the USAID and NOCR Impact Evaluation Team to finalize both a geographic footprint and strategy to identify key activities in the C-GBV Tushinde project to be part of an intensive 18-month Impact Evaluation involving up to 160 villages and three C-GBV partners (Heal, Panzi, and SFCG). It is expected that the design will be finalized in the coming quarter (Q3) and will be reported on in the next report.

Finally, health zone-based activities were started in early March in the three former health zones (following training, set up of safe houses, mobilization of team, and approval of the IR2 component of the work plan). As this only represented one of the three months in this reporting period (and three of five health zones), the performance indicators did not meet the planned quarterly targets. However, the unit performance of "health zone/month" exceeded the benchmark, and IMA and partners are confident that overall project targets will be readily achieved in the coming 18 months if not sooner.

The summary and content of this quarterly report follows specifically the outline in the project Cooperative Agreement.

II. Summary/Highlights of Activities during this reporting period

This section summarizes the following key activities:

1. Procurement (Vehicle, Motos, Laptops, etc.) (Jan)
2. C-GBV Tushinde All-Partners' Meeting (February)
3. Festival Amani (February)
4. Rapid Assessment (February)
5. C-GBV Tushinde Launch(es) (March)
6. International Women's Day (March)
7. Reproductive Health Training (February)
8. Refresher and New Training (APS and ITs) (March)
    a. SGBV clinical management, STIs treatment
    b. Family planning
    c. GBV -specific trauma to include TIP and LGBTIs counselling and orientation for Health area - based Psychosocial counselors
    d. Training for paralegals on customary laws in DRC, referral protocols for victims, ADR for cases not related to sexual violence
9. PEP Kit Packing-Bukavu (March)
10. Monitoring & Evaluation Training- Goma/Bukavu (March)
11. Refresher and New Training (APS, paralegal and ITs) (March)

1. Procurement and Supplies

As a part of project start-up, IMA procured and distributed essential material and equipment in support of essential services. These materials included six motorcycles (4 new and 2 used) one vehicle (from the previous project), twelve laptops, about 3,000 t-shirts, and printed material (modules, reporting templates, monitoring sheets) for all partners. All purchased material is tracked on the project inventory and subject to quarterly verification and control.

Over 50,000 pages of printed material were collated into modules and pamphlets and sent to C-GBV partners (above), Feb 2018

3,000 plus shirts printed and distributed for Project Launch and Training (Feb 2018)

Four new Yamaha DT-125 Motorcycles delivered to Panzi Foundation for supervision of new Health zones. (Feb 2018)

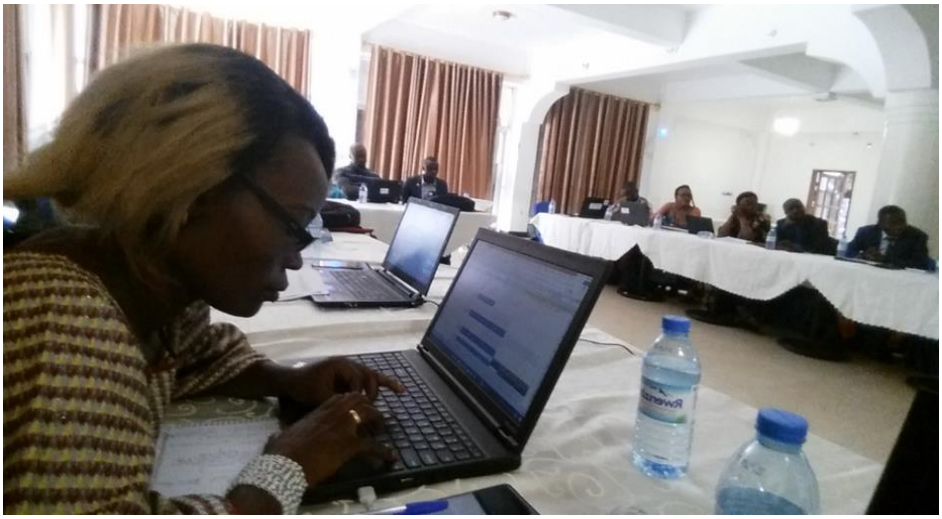
Former USHINDI vehicle refurbished after 7 years of faithful service in Ituri Province (PPSSP); currently used to support services in Karisimbi Health Zone (Jan 2018)

2. C-GBV Tushinde All Partners Meeting (Feb 1-2, 2018)

IMA held the first all-partners C-GBV Tushinde meeting February 1st and 2nd in Goma to present to partners the Implementation and MEL plans.

The two-day meeting included sharing and discussion of the one-year work plan for each of the C-GBV Tushinde partners and detailed performance and monitoring plan for year one.

Program-specific reporting tools including revised ME and activity sheets incorporating gender-specific definitions, and revised financial reporting templates were distributed and discussed during separate workshops on day two.



3. Festival Amani! (February 9-10, 2018)

C-GBV Tushinde was a prominent participant in the annual *Festival Amani* (Peace Festival) in Goma contributing to the 'Gender Café Discussion Forum", and co-sponsoring along with UN Women, a competition (*Genie en Herbe)* among area schools focusing on legal issues pertaining to reproductive health and GBV.

Gender Café Discussion

The following themes were discussed and agreed on as key action points:

1. Enhanced Advocacy for the application of resolution 1325 from the Security Counsel of the UN on Gender Rights.
2. Support training of women and girls in key areas such as advocacy, resolution of conflict, women's leadership, integrating women from all sectors of society
3. Ensure inclusion of women and girls in all stages of the peace process in DRC
4. Reinforce access to land in DRC for women
5. Facilitate the participation of women in all sectors of the political process
6. Enhance communication for change regarding the need to combat SGBV

Genie en Herbes (Trivia Competition)

The gender discussion groups were followed by a widely attended tournament between area schools. After a 2-day process of elimination the winning group was composed of an all-girl team from Lycée ChemChem. The winners received awards and prizes in part supported by C-GBV Tushinde. The competition was shown on RTNC news programs across DRC. USAID was prominently recognized in this annual Peace Festival in Goma.

Photos: The winning school in the "Genie en Herbe" competition was an all-girls team who received gifts from IMA. They are pictured above with the DRC UN Women Representative. C-GBV team members Dr Bill Clemmer and Dr Alice Mudekereza with UN Women Cosponsor

4. Rapid Assessment (Feb 14-20, 2018)

In line with the project proposal and year one work plan, IMA and partners undertook a rapid assessment of community-based resources and needs in all five health zones related to GBV-related needs and services.

The North Kivu assessment team was led by C-GBV Gender Advisor, Drocella Munderere and Patrick Bahati and involved staff from Heal Africa, ABA-ROLI, and SFCG. The South Kivu Assessment team led by C-GBV program coordinator, Joseph Ciza and ME Advisor Jocelyn Tshongo included Panzi Foundation, ABA, and SFCG.

The assessment looked at the status and access of all *aires de santé*, number of functional health facilities and schools, presence of other partners in the zone, number of trained and qualified personnel, birth and marriage registration, and GBV data. Notable concerns were the increased incidence of insecurity in both Karisimbi and Bunyakiri, particularly around the areas of the park, minimal capacity of health facilities to treat STIs, dwindling stock of PEP kits, and marginal legal and social service support.

CS Moria Laboratory

Hospitalization room CS Moria

Patient in a hospitalization room CS Baraka

5. C-GBV Tushinde Launch(es) (Mar 1st and 8th)

IMA organized two launches of the project C-GBV Tushinde in order to include a wide range of stakeholders in both North and South Kivu Provinces. The first launch was held in Bukavu following the quarterly USAID partners' meeting and included the USAID Deputy Director and Kinshasa-based staff, UN Agencies, partner NGOs, as well as representatives from the Ministries of Gender, Plan, Justice, and Health. Guest speaker Christine Deschryver from Panzi Foundation spoke of the significant need for GBV services in South Kivu Province and challenged the project as well as government authorities to *go beyond the arena of treatment and response and seek avenues and strategies of lasting change, starting with accountability of government leaders to acknowledge and condemn the endemic incidence of SGBV.*

Photos above: Christine Deschryver from Panzi Foundation, conference room with over 100 in attendance.

In North Kivu Province, the project launch, symbolically held on International Women's Day, was presided by the Vice Governor and co-sponsored by the Minister of Gender. The Provincial Minister of Gender congratulated USAID on funding a follow on to the Ushindi Project and pledged the support of the government of North Kivu Province in assuring success of the project.

Photos above: Kick-off in Goma of Project Tushinde with Provincial Minster of Justice and colleagues from Heal Africa in attendance.

6. International Women's Day (March 8, 2018)

The theme of International Women's Day was "Invest in the Rural Women, a Priority for the DRC." In addition to the launch of Project C-GBV Tushinde, IMA and partners organized, co-sponsored, and participated in events in both North and South Kivu Province, capitalizing on International Women's Day to promote the newly funded C-GBV Tushinde project and calling for increased awareness and coordinated response to the problems of SGBV.

7. Reproductive Health Training (Feb 15th-March 10th)

Project C-GBV Tushinde promotes the availability of quality and accessible reproductive health services in supported facilities. An essential activity lacking in many health care facilities in North and South Kivu Provinces are family planning and contraceptive services, despite the funding of a comprehensive package of health services by multiple donors.

IMA has reached an agreement with UNFPA to receive, distribute, and monitor family planning commodities in the health zone of Karisimbi in 2018 and extend that to Walikale in 2019. Following an assessment of FP capacity and services in the health zone of Karisimbi (extremely lacking), IMA in cooperation with the MCZ and UNFPA and with support from C-GBV Tushinde, undertook a week-long training of key health providers in all established health facilities in the health zone. Delivery of contraceptives, monitoring, and reporting will begin next quarter with ongoing support from C-GBV Tushinde.

Photos: Training of RH care providers in Karisimbi Health Zone by IMA and PNSR staff.

8. Refresher and New Training (Service Providers)

Training (refresher and new) was carried out in four of the five health zones during the month of March for all clinical providers of SGBV services (IR2).

Training modules were updated to include waste management and inclusion of all marginalized groups. Training sessions were carried out in collaboration with the Ministry of Health and Gender in both Provinces.

The table on page 37 provides details of the 199 persons trained. Training of paralegals (para-jurtiste) as well as community groups will continue into the next quarter.

Training of head nurses and counselors in the HZ of Karisimbi (below)

Training of health providers in Walikale Dr Marie-Grace (PNSR) (above) and showing off new modules and certificates of competency for counselors and nurses in Walikale Health Zone (2 photos below)….March 2018

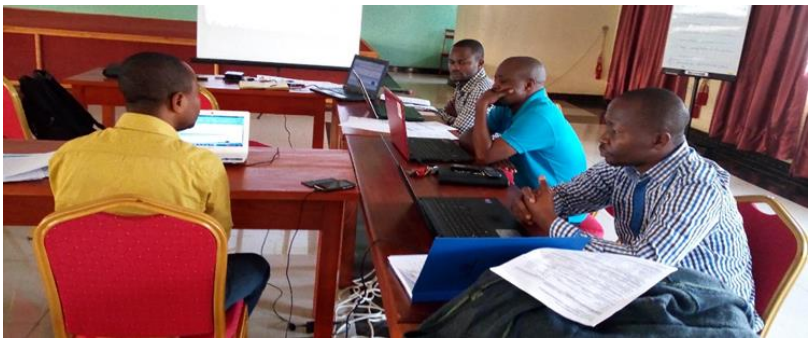
9. PEP Kit Packing

IMA will continue its successful partnership with UNICEF and the Ministries of Health in North and South Kivu Provinces during C-GBV to label and pack individual PEP kits for adult and child survivors of sexual assault. Following the close of Project Ushindi (9/30/18) both provinces were left with a 6-month supply of PEP kits for all health facilities. As in the Ushindi project, the Tushinde project will assist in the provision of PEP kits to all 67 health zones in North and South Kivu Provinces extending the reach and impact of the project.

Following the strategy of 2016, UNICEF donates all the pharmaceutical products to the Ministry of Health for co-management by C-GBV/USAID. IMA in turn provides the rolls of plastic packing (average 3000 kits per assembly session) and labels and compiles kits (C-GBV Tushinde purchased electronic plastic sealers). This past quarter, the first allotment of PEP kits supported by the project were packaged in South Kivu Province and next quarter IMA will initiate the same in North Kivu. In addition to packaging, C-GBV Tushinde takes the lead on quantification, calculation of needs, and oversight of distribution (in tandem with Global Fund distribution of malaria and HIV products in N. Kivu Province)

10. Monitoring & Evaluation Training (March 5th-7th Goma and Bukavu)

To ensure coordinated and correct reporting of activities by all consortium partners at the end of quarter 2, IMA sponsored an additional training session to include ME officers and data collectors from all health zones in 3-day workshops held in Bukavu and Goma. The intent was to train data collectors on the new tools, ensure correct and inclusive reporting (of all gender groups) and to assist partners in the key skills of data use (collection, verification, and analysis). IMA will continue to send supervisors to all five safe houses for periodic monthly data collection meetings and for close of quarter data validation and analysis.



IMA Data Manager, Patrick Bahati meeting with C-GBV ME Officers in Bukavu (Mar 2018)

III. Status of program indicators

1. The PMP/PPR reporting table

Performance Indicator	Year 1 Annual Target FY18 (Oct 1 2017 - Sep 30 2018)	Q1 Achievements Oct - Dec 2017	Quarterly target (Q2) Jan-Mars 2018	Q2 Achievements Jan-March 2018				Cumulative achievements	Cumulative progress to annual target
				Male	Female	Total	Achievement of quarterly target		
G1.1 Prevalence rate of GBV among women, men, and children in target geographic areas	**TBD by Survey**		**TBD**	n/a	n/a	n/a	n/a	**TBD**	n/a
IR 1: Target Communities Demonstrate Greater Acceptance of Positive Gender Roles									
IR1.1.1 Number of USG-assisted organizations and/or service delivery systems strengthened that serve vulnerable populations	**774**	**0**	**774**			**82**	**11%**	**82**	**11%**
Number of VSLA groups	344	0	344			45		45	
Number of youth club groups	86	0	86			12		12	
Number of Noyau/CODESA groups	86	0	86			25		25	
Number of COPA groups	258	0	258			0		0	
IR1.1.1.1 Number of members of USG-assisted organizations and/or service delivery systems strengthened that serve vulnerable populations	**15,480**	**0**	**15,480**	**911**	**1,178**	**2,089**	**13%**	**2,089**	**13%**
Number of VSLA members	**8,600**	0	**8,600**	**404**	**795**	**1,199**		**1,199**	
Number of youth club members	**2,150**	0	**2,150**	**144**	**144**	**288**		**288**	
Number of Noyau/CODESA members	**2,150**	0	**2,150**	**363**	**239**	**602**		**602**	
Number of COPA members	**2,580**	0	**2,580**	**0**	**0**	**0**		**0**	
IR1.1.2 Number of persons trained with USG assistance to advance outcomes consistent with gender equality or female empowerment through their roles in public or private sector institutions or organizations	**2,873**	**0**	**360**	**96**	**103**	**199**	**55%**	**199**	**7%**
Health service providers trained in clinical management of SGBV survivors		0	86	58	14	72		72	
Psychological counselors on GBV -specific trauma counselling and orientation		0	86	0	68	68		68	

Performance Indicator	Year 1 Annual Target FY18 (Oct 1 2017 - Sep 30 2018)	Q1 Achievements Oct - Dec 2017	Quarterly target (Q2) Jan-Mars 2018	Q2 Achievements Jan-March 2018				Cumulative achievements	Cumulative progress to annual target
				Male	Female	Total	Achievement of quarterly target		
Paralegals/Community mediators on ADR for other GBV (Not sexuel violence related matters)		0	172	22	11	33		33	
Health care providers trained in family planning		0	16	16	10	26		26	
IR 1.2 Community tolerance of GBV reduced									
IR 1.2.1 Percentage of target population reporting increased agreement that males and females should have equal access to social, economic and political opportunities	**TBD by Survey**		**TBD**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
IR 1.2.2 Number of parent teacher associations (PTAs) or community governance structures engaged in primary or secondary education supported with USG assistance	**258**		**258**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
IR 1.2.3 Number of community members who gained tailored information on GBV prevention, family planning, and conflict resolution thanks to VSLAs and Youth Clubs (disaggregated by province, Number of males, Number of females, Number of males age 10-14, Number of females age 10-14, Number of males age 15-19, Number of females age 15-19, Number of learners with disabilities).	**158,190**	0	**39,548**	7,567	9,665	17,232	**44%**	**17,232**	**11%**
Number of children aged 10-14				410	296	706		800	
Number of children aged 15-19				2,415	2,867	5,282		5,282	
Number of adults (20+)				4,742	6,502	11,244		11,244	
Number of disabled leaners reached				0	0	0		0	
IR 1.2.4 Percentage of target population that views GBV as less acceptable after participating in or being exposed to USG programming	**TBD by Survey**		**TBD**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
IR 2: Availability of community-level GBV-related services improved									
IR 2.1: Increased provision of health, psychosocial, and legal services									
IR 2.1.1 : Number of people reached by a USG funded intervention providing GBV services (e.g. health, legal, psychosocial counselling, shelters, hotlines, others)	**3,760**	**0**	**940**	**27**	**310**	**337**	**36%**	**337**	**9%**
Number of children (< 18)				8	72	80		80	
Number of adults (>18)				19	238	257		257	
People reporting SGBV Incident				7	187	194		194	

Performance Indicator	Year 1 Annual Target FY18 (Oct 1 2017 - Sep 30 2018)	Q1 Achievements Oct - Dec 2017	Quarterly target (Q2) Jan-Mars 2018	Q2 Achievements Jan-March 2018				Cumulative achievements	Cumulative progress to annual target
				Male	Female	Total	Achievement of quarterly target		
People reporting GBV Incident				20	112	132		132	
People reporting fistula and vaginal prolapse				0	11	11		11	
Total people receiving medical support (60%)	2,256	0	564	14	202	216	38%	216	10%
Number of children (< 18) receiving medical				4	56	60		60	
Number of adults (>18) receiving medical				10	146	156		156	
Total people receiving psychosocial support (98%)	3,685		921	27	299	326	35%	326	9%
Number of children (< 18) receiving psycho-soc				8	71	79		79	
Number of adults (>18) receiving psycho-soc				19	228	247		247	
Total people receiving legal support (40%)	1,504	0	376	0	5	5	1%	5	0%
Number of children (< 18) receiving legal support				0	1	1		1	
Number of adults (>18) receiving legal support				0	4	4		4	
IR 2.1.2 Number of vulnerable people (TIP survivors, LGBTI persons, persons with disabilities and children) benefitting from USG-supported social services	**1,414**	**0**	**354**	**8**	**73**	**81**	**23%**	**81**	**6%**
Number of children (< 18)				4	19	23		23	
Number of adults (>18)				4	54	58		58	
IR 2.1.3 Number of USG-assisted community health workers (CHWs) providing Family Planning (FP) information, referrals and/or services during the year	**86**	**0**	**86**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
IR 2.1.4: Percentage of GBV survivors receiving at least 2 of 3 GBV-related services (medical, psychosocial, and legal assistance)	**0**	**0**	**0**	**1**	**1**	**1**	**210%**	**1**	**210%**
Numerator: Total Number of survivors receiving at least 2 or 3 GBV-related services (medical, psychosocial, and legal assistance)		0		14	198	212		212	
Denominator: Total Number of survivors benefiting from USG supported social services (e.g. health, legal, psychosocial assistance)		0		28	309	337		337	
IR 2.1.5 Percentage of vulnerable persons (TIP survivors, LGBTI persons, persons with disabilities and children) receiving at least 2 of 3 GBV-related services (medical, psychosocial, and legal assistance)	**0**	**0**	**0**	**1**	**1**	**1**	**283%**	**1**	**283%**
Numerator: Total Number of vulnerable (TIP survivors, LGBTI persons, persons with disabilities and		0		8	60	68		68	

Performance Indicator	Year 1 Annual Target FY18 (Oct 1 2017 - Sep 30 2018)	Q1 Achievements Oct - Dec 2017	Quarterly target (Q2) Jan-Mars 2018	Q2 Achievements Jan-March 2018				Cumulative achievements	Cumulative progress to annual target
				Male	Female	Total	Achievement of quarterly target		
children) receiving at least 2 of 3 GBV-related services (medical, psychosocial, and legal assistance)									
Denominator: Total Number of vulnerable (TIP survivors, LGBTI persons, persons with disabilities) benefitting from USG-supported social services)		0		8	72	80		80	
IR 2.1.6 Number of service providers trained to identify GBV and TIP survivors at intake	**172**	**n/a**	**172**	**58**	**82**	**140**	**81%**	**140**	**81%**
IR 2.2: Improved quality of health, psychosocial, and legal services									
IR 2.2.1 Percentage of PEP-eligible rape survivors who were administered a PEP Kit	**1**	**0**	**1**	**1**	**1**	**1**	**96%**	**1**	**96%**
Numerator: Total Number of rape survivors receiving PEP kits		0		4	68	72		72	
Denominator: Total Number of rape survivors receiving care within 72 hours of incident		0		4	71	75		75	
Total people receiving medical support	**2,256**	**0**	**564**	**14**	**202**	**216**	**38%**	**216**	**10%**
IR 2.2.2 Percentage of GBV survivors discharged from psychosocial counselling who report being optimistic about rebuilding life after GBV incident)	**1**	**0**	**1**	**0**	**0**	**0**	**25%**	**0**	**25%**
Numerator: Total Number of GBV survivors discharged from psychosocial counselling who report being optimistic about rebuilding life after GBV incident)		*0*		4	61	65		65	
Denominator: Total Number of survivors receiving psychosocial support		*0*		27	299	326		326	
IR 2.2.3 Percentage of vulnerable persons (TIP survivors, LGBTI, persons with disabilities and children) discharged from psychosocial counselling who report being optimistic about rebuilding life after GBV incident)	**1**	**0**	**1**	**0**	**0**	**0**	**18%**	**0**	**18%**
Numerator: Total Number of vulnerable persons (TIP survivors, LGBTI, persons with disabilities and children) discharged from psychosocial counselling who report being optimistic about rebuilding life after GBV incident)		0		0	1	1		1	

Performance Indicator	Year 1 Annual Target FY18 (Oct 1 2017 - Sep 30 2018)	Q1 Achievements Oct - Dec 2017	Quarterly target (Q2) Jan-Mars 2018	Q2 Achievements Jan-March 2018				Cumulative achievements	Cumulative progress to annual target
				Male	Female	Total	Achievement of quarterly target		
Denominator: Total Number of vulnerable persons (TIP survivors, LGBTI, persons with disabilities) receiving psychosocial support		0		1	6	7		7	
IR 2.2.4. Average stock out rate of contraceptive commodities at Family Planning (FP) service delivery points	**1**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**	**n/a**
Numerator: Number of structures that did not report a stock out in PF inputs		n/a		n/a	n/a	n/a		n/a	
Denominator: Number of health structures supplied with PF inputs		n/a		n/a	n/a	n/a		n/a	
IR 2.2.5 Percentage of court case judgments that resulted in a conviction of the perpetrator	**0**	**0**	**0**	**0**	**0**	**0**	**0%**	**0**	**0%**
Numerator: Number of judgments		0		0	0	0		0	
Denominator: Cases taken to court		0		0	2	2		2	
Total people receiving legal support	**1,504**	**0**	**376**	**0**	**5**	**5**	**1%**	**5**	**0%**
IR 2.3: Reduced barriers of access to health, psychosocial, and legal services									
IR 2.3.1 Percentage of target population reporting increased awareness of how to access GBV-related community services	**TBD by Survey**	n/a	**TBD**	n/a	n/a	n/a	n/a	**n/a**	n/a
IR 2.3.2 Percentage of target population reporting disagreement with identified barriers to accessing GBV-related community services	**TBD by Survey**	n/a	**TBD**	n/a	n/a	n/a	n/a	**n/a**	n/a
IR 2.3.3 Median time elapsed (days) from SGBV incident to care-seeking at health care provider	***2***	n/a	**2**	n/a	n/a	**1**	**200%**	**1**	**200%**
IR 2.3.4 Median time elapsed (days) from SGBV incident to reporting of assault to a police station	***2***	n/a	**2**	n/a	n/a	**0**	**0%**	**0**	**0%**
IR 3: Perceptions of stigma surrounding reintegrated survivors reduced									
IR 3.1: Alternative Conflict Resolution (ADR) mechanisms piloted									
IR 3.1.1 : Number of ADR resolutions that include reparations to the survivor	***35***	*n/a*	***9***	n/a	n/a	***0***	***0%***	***0***	***0%***
IR 3.1.2 Number of GBV-related disputes resolved through ADR	***115***	*n/a*	***29***	n/a	n/a	***1***	***3%***	***1***	***1%***
IR 3.1.3 Number of gender-equitable community-based dispute resolution mechanisms in place	***3***	*n/a*	***1***	n/a	n/a	***0***	***0%***	***0***	***0%***

Performance Indicator	Year 1 Annual Target FY18 (Oct 1 2017 - Sep 30 2018)	Q1 Achievements Oct - Dec 2017	Quarterly target (Q2) Jan-Mars 2018	Q2 Achievements Jan-March 2018				Cumulative achievements	Cumulative progress to annual target
				Male	Female	Total	Achievement of quarterly target		
IR 3.1.4 Number of forums held for consensus building	***172***	*n/a*	***43***	n/a	n/a	***0***	***0%***	***0***	***0%***
IR 3.2: Socio-economic reintegration services provided									
IR 3.2.1 Number of learners in secondary schools or equivalent non-school based settings reached with USG education assistance.	**30,100**	**0**	**7,525**	0	0	**0**	**0%**	**0**	**0%**
Number of children aged 10-14		0		0	0	0			
Number of children aged 15-19		0		0	0	0			
Number of adults (20+)		0		0	0	0			
IR 3.2.3 Number of survivors who received training in literacy and/or vocational skills (definition adapted)	**55**	**0**	**14**	**0**	**0**	**0**	**0%**	**0**	**0%**
IR 3.2.4 Number of educators who complete instructor training for literacy and/or vocational skills programs	**10**	**0**	**2**	**0**	**0**	**0**	**0%**	**0**	**0%**
IR 3.2.5 Number of GBV survivors participating in VSLA	**352**	**0**	**88**	**0**	**0**	**0**	**0%**	**0**	**0%**

2. Explanation of Variances

Reported results cover the period from January to March 2018. In accordance with the approved implementation plan, activities started in February in the zones previously supported by the Ushindi project (Katana, Karisimbi, Walikale), and in March in the new zones (Bunyakiri, Nyangezi). The plan for community mobilization activities will be finalized once the Impact Evaluation plan is finalized, in order to not have any impacts on planned research.

Only training and services to SGBV survivors under IR2 were approved during this reporting period; nevertheless, certain community groups created under the Ushindi project continue to be active.

Overall PMP results for this reporting period (Q2) are lower than quarterly targets, as health zone-based activities did not start until the last month of the quarter (March 2018) following approval of the Implementation Plan.

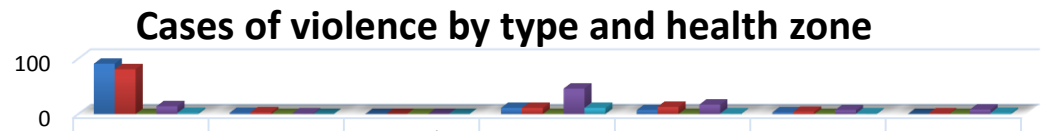
None-the-less, significant work was undertaken in Q2 as part of project start-up, including revision of M&E and data collection tools, approval of revised MEL and Implementation Plans, and training and capacity building of service providers in all five health zones (refresher and new), prior to activity implementation to ensure quality and cohesive care of survivors of SGBV.

IR 1: Target Communities Demonstrate Greater Acceptance of Positive Gender Roles

- The community groups in Katana and Walikale, created under the Ushindi project, continued activities even after the end of project. At the start of C-GBV Tushinde, project partners noticed and encouraged their continuity. The project has reached an 11% achievement of the expected result for active community groups in year one.
  These community groups in Katana and Walikale led awareness and advocacy sessions to inform communities on services available; 17,326 people were reached through these activities (7,621 men and 9,705 women).
- The project organized all planned training activities this quarter (refresher training in previously supported *aires de santé* and new training in new *aires de santé*), with the exception for Katana, which was rescheduled for April

IR 2: Availability of community-level GBV-related services improved

- Of the 1,253 beneficiaries (quarterly target for beneficiaries of social services), 337 were received (due to delayed start-up of services as noted above).
- Of the 337 cases of SGBV received, 227 were from the Karisimbi and Walikale health zones. where 76% of cases (172 survivors) were related to sexual violence. This circumstance is explained by the increased presence of armed militia (Walikale) and the proximity of the national park where armed groups are also active (Karisimbi).



	Rape	Sexual Harassment	Forced/Early Marriage	Emotional /psychological violence	Physical Harassment	Resources /Opportunities Denied	fistula /vaginal prolapse cases
Karisimbi	91	2	0	11	7	3	0
Walikale	81	3	0	11	13	4	1
Bunyakiri	0	0	0	0	0	0	0
Katana	14	1	0	46	17	7	8
Nyangezi	2	0	0	11	1	1	2

- Care and treatment of STIs for survivors remains a challenge due to stock-out of medications. UNFPA is responsible for assisting in the provision of these commodities, but their stock is not yet received this year. The service providers currently prescribe antibiotics to the survivors so they can obtain the medication elsewhere.
- The APS counselors were trained during the month of March (new and refresher). For cases received following the training, the APS counselors were able to initiate psychosocial care for survivors, who typically receive counseling over the course of several weeks. The number of discharged survivors is lower than the target, due to start-up in March and ongoing care of survivors (course of care not yet completed).
- C-GBV Tushinde planned a training on family planning in Karisimbi during year 1 for all 16 of its a*ires de santé*. The Karisimbi Health Zone MCZ wanted to train additional providers from all the health facilities integrating family planning in their minimum package of care. Therefore 26 providers, rather than the planned 16, were trained.
- The orientation for the therapists previously trained under Ushindi took place and consisted of a refresher on administering therapy and collaborating with APS for psychological services. Client identification and establishing CPT groups is ongoing, to enable the implementation of therapy interventions during the next quarter.
- The procurement process for family planning commodities is in its final stages. The commodities will be available next quarter.
- Legal activities also started in March following the recruitment, training, and appointment of lawyers to the safe houses supported by C-GBV Tushinde. The number of people who were provided legal assistance is therefore lower than expected, as the activity began at the end of the quarter.

IR 3: Perceptions of stigma surrounding reintegrated survivors reduced

- The activities to be implemented for IR3 did not receive approval for startup in Q2 due to the continued IE evaluation planning process.

IV. List of Reports, Consultancies (with findings), and other deliverables

1. Revised Implementation Plan

IMA received provisional approval of the C-GBV year one implementation plan (through June 30th, 2018). Final approval of the remainder of the fiscal year (July-Sep) will be obtained once the IE strategy and work plan has been finalized. The IE design team wanted to ensure that approved activities would not interfere with the objectives of the study (to be carried out from July 2018-Jan 2020). As such, IMA has received approval for the following summarized activities through June 2018:

IR 1: Target Communities demonstrate greater acceptance of positive gender roles

Sub-IR 1.1: Community organizational capacity strengthened

- CODESA training
- Support CGs (youth groups, CODESAs, men groups, etc) for routine SBCC activities

Sub-IR 1.2: Community tolerance of GBV reduced

- Conduct research on the impact of SBCC key messages
- Sensitize the community on GBV laws
- Develop and implement radio programming in non IE Zones (Karisimbi and Bunyakiri)

IR 2: Availability of community-level GBV-related services improved

Sub-IR 2.1: Increased provision of health, psychosocial, and legal services

- Needs assessment and situational analysis
- "Tushinde" Houses will be established and maintained in each of the five health zones,
- Training facility in Clinical Management of Sexual Violence (PEP kit and waste management)
- Medical services to survivors of SGBV
- Lay Counselors (APS) identified and trained in all health areas in the two new zones.
- Methodology, messaging, and recording tools for lay counselors (APS) revised
- Psychosocial services will be made available for all survivors of SGBV (ongoing)
- CPT level –therapists from the three former health zones will be retained
- New CPT therapists recruited and trained in the two new health zones with TA from U.Washington
- Expand safe space accommodations for GBV survivors
- Establish legal clinics in all safe houses with legal assistance to all survivors of SGBV

Sub-IR 2.2: Improved "quality" of health, psychosocial, and legal services

Description of activities to be implemented in year one:

- Service providers trained in management of GBV as well as training in proper intake procedures.
- Police/justice and healthcare workers in new health zones will be trained on documentation for evidentiary use
- SGBV cases assessed for criminal prosecutions will be processed for prosecution in DRC court system.
- PEP kits (from UNICEF) will be packed and supplied to all health zones.
- FP commodities from UNFPA for Karisimbi will be provided
- UW/JHU assist in preparation of recording/ monitoring tools and provide support of psychosocial services.
- Supportive supervision for service delivery and reporting
- Heal Africa and Panzi Foundation will establish and sustain referral services

Sub-IR 2.3: Reduced barriers of access to health, psychosocial, and legal services
Description of Activities to be carried out in year one:

- Intake forms will be updated and used to better track vulnerable populations such as TIP
- Program will ensure that C-GBV Tushinde trainings include LGBTI rights and inclusiveness.
- Program to assess and monitor barriers to referral strengthening for LGBTI, TIP, and disability cases.

IR 3: Perceptions of stigma surrounding reintegrated survivors reduced
Sub-IR 3.1: ADR mechanisms piloted.
Description of Activities to be carried out in year one:

- Conflict and gender analysis carried out in 4 of 5 health zones (disrupted in Bunyakiri due to inaccessibility to interior *aires de santé* during the assessment period)
- Search for Common Ground will organize a stakeholder wide 'Do No Harm' workshop in Bukavu and Goma
- Encourage the reintegration of survivors and other marginalized people in various community groups (CGs) supported by C-GBV. (ongoing Heal/Panzi)
- Introduce ADR pilot activity in legal clinics and gain community stakeholder buy-in in non-IE zones of Karisimbi and Bunyakiri)
- Train and coach legal staff (OPJ, or peace officers, paralegals, lawyers, and community-based ADR enablers)

Sub-IR 3.2: Socio-economic reintegration services provided.
Description of Activities to be carried out in year one:

- Start up new VSLAs in new health zones and pilot VSLA + approaches (in select areas.
- Refer young SGBV survivors to school reintegration/vocational training in collaboration with ACCELERE

2. Rapid Assessment of all Health Zones
Summary of basic needs by theme

i. HZ -Physical accessibility

The project will be implementing SGBV related health services in 86 *aires de santé* through support of 86 health clinics (56 facilities in South Kivu and 30 facilities in North Kivu). The situation analysis evaluated the accessibility of these facilities:

- 88% of 86 targeted health clinics are easily accessible by vehicle and motorcycles;
- Limited physical access is observed in 12% (10) of health clinics, which are only accessible by crossing the difficult terrain in Walikale and Bunyakiri
- Walikale is reachable only by UNHAS flight twice a week and no longer accessible by road due to road access and security issues
- Bunyakiri is accessible by route, yet insecurity and the state of the road remain major issues on the axis between Ciranga and Kahuzi National Parc's Station to get to Bunyakiri
- Activity of armed groups is a common issue in the northeast of Walikale, and southern Bunyakiri (increased repetitive ambush and attack against civilians and humanitarian workers; murders, and kidnappings)

ii. Sexual and Gender Based Violence rate

Incidence of SGBV by health zone in 2017 (from national DHIS data):

- *Bunyakiri Health Zone*: Data collected from DHIS2 in 2017 notes 192 cases of rape; other types of GBV incidents were not reported.
- *Nyangezi Health Zone*: Data collected from the BCZ's annual report notes 178 rape cases in 2017
- *Katana Health Zone*: 748 survivors of SGBV were identified and assisted in 2017 by all partners
- *Karisimbi Health Zone*: 562 survivors of SGBV were identified and assisted in 2017, in 12 of the 16 *aires de santé* through the Ushindi Program
- *Walikale Health Zone*: 813 survivors of SGBV were identified and assisted in 2017, in 12 of the 14 *aires de santé* through the Ushindi Program

iii. Root causes of GBV

Previous GBV projects and integrated health programming have been previously implemented in the five health zones targeted by the C-GBV Tushinde project, but root causes of gender-based violence persist:

a. Persistent negative social norms perpetuating gender imbalance

- Underfinancing of local CSOs limit SBCC interventions (these interventions help to increase communities' knowledge of SGBV and gender issues, and availability of social services, as well as advocate for intolerance of GBV).
- Ignorance of basic Congolese law on human rights is common, and lack of knowledge on laws promoting women and children rights in particular is observed among both males and females;
- Citizens tend to trust opinions and decisions of religious and traditional leaders compared to those of political and administrative authorities. This results in restricted fora to report GBV abuses and potential for mediation outside of legitimate channels.
- Male dominance justified by principles of "patriarchy" (all family property belongs to the man; limited access to inheritance among women and girls; women cannot file complaints of her spouse for abuse; polygamy practices).
- Non-gender sensitive traditional customs are favored by civilians to resolve conflict, even on SGBV matters (encourage friendly resolution and payment of a bribe or dowry). Thus, sexual assault cases such as rape are not referred for legal action.

b. Widespread poverty in rural areas that contributes to vulnerability

- Young girls are abused due to their vulnerability, such as working as a household servant or sex worker
- Women bear the primary responsibility of raising children;
- Women do not control family finances, and have limited financial resources to access adequate medical care
- The tendency of male spouses to abandon their families to work away from home in the mining sector
- Polygamy is commonly practiced and tolerated.
- With the limited resources they have, parents favor the education of boys than girls; high rate of school dropout among girls
- Conflict between landowner and families working the land arises frequently with minimal to no rights of female stakeholders.

c. Fragile state and insecurity increase incidents of SGBV and child rights violations

- Alcohol and drug abuse by young and adult males is common
- Armed groups are active in Bunyakiri and Walikale health zones (the FDLR, and more than 10 factions of Mai Mai militia; Congolese security forces— the FARDC, *the Congolese National*

Police, and l'Agence National de Renseignement). They are frequently reported among SGBV perpetrators and other human rights abuse incidents, according to INSO reports.

- Hundreds of youth are enrolled in militia groups as an alternative to earn money;
- Women and girls are targeted for rape or forced marriage by active militia or former child soldiers;
- Weak police force in Bunyakiri, Walikale, Nyangezi and Katana (police officers are alleged to be corrupt, and allow recurrent release of rape perpetrators)
- Sexual violence incidence has increased, but access to legal assistance remains limited in Bunyakiri, Walikale and Nyangezi
- Young boys (aged less than 18 years old) are actively involved in mining sector;
- Many young girls are recruited through human trafficking to serve as a child guard (*"guardienne d'enfants")* or servants in bars where most of them are sexually abused

iv. Access to social services for survivors of GBV

a. Psychosocial support

- Availability of lay counselors, but in limited number and in need of refresher training and data collection tools
- Support for transport fees for lay counselors is needed to expand their involvement in remote villages, in order to provide counseling services to survivors and victims in these areas
- Women-owned CBOs involved in socio economic initiatives (VSLA, MUSO) are operating in Bunyakiri, Walikale and Nyangezi, but need additional capacity building to extend their interventions to meet needs of their peers and especially survivors of GBV
- Fear of stigma and shame inhibits women and girls, including survivors of rape, in seeking psychosocial services in rural areas

b. Medical care and support

- Stockout of PEP kits, STI medicines, and family planning commodities occurs frequently in areas not targeted by a GBV project, limiting access to a minimum package of care
- A comprehensive and integrated health program is a significant need to assist young pregnant girls and sexually active women and adolescents; a PMTCT package is not available in most targeted health clinics
- A forensic report is a requirement in court, but medical physicians charge about $20 per case to handle a survivor's case; a missing forensic report on record results in termination of the judiciary process and release of the perpetrators. Subsequently, the survivors and parents often experience ongoing stigma and retaliation; ongoing conflict between opposed parties persists.
- PEP kits are not managed like other essential medicines; inventories of PEP kits are not updated regularly (some expired medicines inside the individual kits were found in some Nyangezi health clinics)

c. Limited legal assistance to SGBV survivors and other marginalized people

Access to the judiciary system remains a challenge in the health zones of Bunyakiri, Walikale and Nyangezi due to:

- Armed groups or ex combatants are most frequently among the accused perpetrators of SGBV, but few victims agree to denounce and seek social assistance due to fear of reprisal;
- Social norms and customary law are referred to for the resolution of SGBV matters:
- Prisons are inadequate to detain prisoners for a long period
- Size of police force inadequate, and officers trained in GBV matters limited

- No court is installed locally to investigate sexual violence criminal cases; safety of survivors and perpetrators are in danger when cases are transferred to Bukavu or Goma, safety of survivors and perpetrators while traveling is in danger; trials must occur within 48 hours of detention, so perpetrators are released without trial when that rule is not respected; distrust of the judicial system is also observed
- Some conflict mediator committees are well established in Katana, Nyangezi and Bunyakiri health zones, but continued capacity building is needed
- Increased training for more police officers and paralegals, coupled with the organization of mobile court hearings in Walikale, Bunyakiri and Nyangezi, will increase access to legal assistance for survivors of SGBV, and for other victims of human rights abuses

d. Socio- economic initiatives to promote stigma reduction, women's empowerment and survivor's reintegration

- Village savings and loans associations (VSLA), and *Mutuelle de Solidarité* (MUSO) (or cooperative mutual fund in English) are present and appreciated as fruitful community-based initiatives to promote women solidarity and capital revenue; these initiatives are not everywhere however and are limited
- Poverty is mentioned as a limiting factor for empowerment of rural women and girls, and a factor that contributes to increased vulnerability to SGBV
- Women and girls are not involved in decision making about land and distribution of household resources
- Limited investments in women's education (high number of women and girls who are illiterate)
- Additional VSLA and MUSO groups to strengthen women's skills in business management significantly helps to promote women empowerment and social status among women

3. Microfinance Activities for Youth and Women clubs

Former Ushindi staff member, Cherubin Sadiki did an assessment of the tree nurseries that were started by youth clubs during the Ushindi Project in the health zones of Karisimbi, Katana, and Walikale. He discovered that in Karisimbi the nurseries were no longer functional but every seedling that had grown had been distributed by the clubs and those seedlings were now young trees. Unfortunately, none of the clubs had reinvested the revenue to start new nurseries; largely because of the loss of leaders and organized meetings when the project ended.

One of the youth clubs in Karisimbi invested the funds they made from the sale of the seedlings to start a refuse management service; undertaking environmental friendly management of household trash for 20 families (who pay $5 a month to have their trash managed). Mr. Sadiki met with youth club members from other neighborhoods who were very interested in doing the same (see success story).

The assessment also looked at the feasibility of expanding the environmentally sound and income generating tree nursery project into community gardens (vegetable) for women's clubs and VSLAs (comprised largely of women). A feasibility study will take place through piloting such activities in Q4, following final determination of the IE study and approval of Q4 implementation plan by the AOR.

Photo: Income generating project Walikale (2017) photo by Cherubin Sadiki

4. SFCG Conflict and Gender Analysis

IMA's technical partner SFCG conducted a conflict and gender analysis in order to guide gender and conflict resolution strategies and activities, based on conclusions and recommendations from the analysis. The principal objectives were to evaluate the current context and contributing risk factors for gender-based violence in the targeted zones, analyze the attitudes and norms in the communities where sexual violence is frequent, map service availability, understand gender conflict dynamics with respect to gender-based violence, and produce recommendations for GBV programming for the project. The conflict and gender analysis will guide the development of data collection tools that will help to understand conflicts, norms, and other risks for GBV for use throughout the project, as well as evaluate the success of the project.

Data was collected in 4 of the 5 zones targeted by the project; the health zone of Bunyakiri was inaccessible due to security risks en route. The study applied a mix of qualitative and quantitative methodologies. Qualitative approaches included focus groups and interviews with key persons, and a survey was administered to obtain quantitative data.

Results

The government of DRC, with the support of the UN, adopted a National Strategy to reduce Gender Based Violence, led by the Ministry of Gender, Family, and Children. Through this national policy, actions were put in place to respond to the objectives of this strategy.

Despite the existence of these policies and laws, their application remains unsatisfactory. Judicial leaders have a reputation of corruption; on the contrary, communities place higher trust in the practice of traditional law and customs. However, 39% of those surveyed believe that neither the formal justice system nor traditional law treats male and female victims of violence in an equitable manner.

The concept of gender-based violence is still misunderstood among the population. GBV is more associated with rape and sexual violence; while violation of rights or other acts of abuses related to a person's gender are not perceived in the category of GBV.

Awareness of GBV among the population is still low. Many do not understand that human rights crimes are also punishable by law. GBV is considered a dishonor in the community; and to be a victim of GBV is perceived as a shame and a humiliation. For these reasons, victims often do not report incidents, for fear of stigmatization in their community.

The factors that are perceived to hinder the elimination of violence includes political and judicial factors (low awareness of rights (15% of those surveyed), non-application of the law (13% of those surveyed cited this as a factor)), as well as socioeconomic factors (low education level; poverty; insecurity) and cultural factors.

From the cultural standpoint, certain stereotypes of women continue to be perverse and vary depending on the region, such as the objectification of women (she is there to satisfy the sexual needs of a man and produce children). Additionally, the social status of a woman is still inferior to that of a man. According to those surveyed, sexual violence is the kind of GBV that occurs the most frequently (56% of those surveyed). 43% of those surveyed say that sexual violence occurs most frequently in a home; and 41% say that youth in the community are the perpetrators of sexual violence.

The care and treatment of victims is provided through medical care, psychosocial care, and legal and socioeconomic support. 88% of those surveyed say these services are accessible. 56% of those surveyed say that victims seek care and assistance following a GBV incident. Rape victims seek care at health centers, especially for PEP kits; 62% of those surveyed state these care services are available in their communities. Most of the health centers cite certain challenges in accessibility to quality care services, including commodities stock out, trained personnel, and long distances for clients to travel to obtain care and treatment.

Culturally, gender relations are a social construct. This study sought to understand if there are discrepancies between the norms expected of a man, woman, young girl, or young boy, and what happens in reality; and whether such discrepancies could be a cause of GBV. The causes of GBV most frequently cited by those surveyed were: lack of punishment for perpetrators due to corruption in the judicial system; certain traditional customs; widespread perception that a man needs to exert his masculinity and power (observed more among military and police); and lack of knowledge of human rights and of judicial law, due in part to low education levels, specifically among women. Concerning conflicts and gender-based violence, 58% of those surveyed say that GBV is a consequence of conflicts; 24% say that GBV is a cause of conflicts; and 70% say that conflict brings about gender-based violence. Causes of conflict otherwise that were cited: dispute related to finances/resources/assets (31%); domestic disputes (20%); abuse of power (19%).

Economic inequality is also a dividing factor between men and women, and has different effects at the community level. The exclusion of women in decision making and control of financial assets is among the causes of inequality. The abuse of power takes different forms and brings about another facet of discrimination. There are also contextual factors that are conducive to risk of GBV, such as the cultural context (fear of destabilizing cultural norms), and the geographic context (insecurity and movement of populations).

Recommendations
The C-GBV Tushinde project will focus on a behavior change strategy for the targeted communities and will ensure holistic support for victims and survivors of GBV.

In order for the targeted communities to demonstrate a higher acceptance of positive gender roles, the following recommendations are presented:

1) Begin by reinforcing understand of existing laws, to increase mutual understanding and coordination of roles and responsibilities of every actor in the prevention and fight against GBV.
2) Employ approaches that involve various sectors within the community; and men, women, and youth alike. This will help to build trust and responsibility within the community.
3) Organize meetings especially for women, to create a forum for exchange concerning identifying GBV crimes; organize meetings for men to discuss changing perceptions of gender roles.
4) It is necessary to build the capacities of leaders on the approaches and methods for conflict resolution, focusing on inclusive and non-discriminatory resolution for victims of GBV.
5) Continue support for training of care and treatment personnel on the sensitivity of the subject of GBV (listening and counseling strategies). In addition, continue building the capacity of the community relays and local associations on counseling and psychological support for the provision of psychological care to victims.

In addition to these actions, a system-based approach will be needed, beginning with increasing awareness of laws related to gender-based violence, as well as reform of the justice system in order to end corruption.

In order to increase accessibility of services for GBV at the community level, the project will need to continue capacity building of service providers on the types of GBV and the standardized protocols for the care and treatment of victims.

It is recommended to put in place services for legal support and psychological care, and to support the OSC that already offer this type of support. At health centers, it is also recommended to provide information to victims concerning the necessity of medical examinations as a part of the legal evidence that must be collected.

In order to reduce stigmatization of survivors, a gender-sensitive approach to facilitate dialogue in the community on gender issues and GBV will be necessary to discourage stereotypes and build community cohesion on the issue.

5. Training Report

Trainings were a focus this quarter in order to build capacities prior to implementation of service delivery in health zones, to ensure a comprehensive and quality assistance response is available for survivors. The table below summarizes the trainings that took place during Quarter 2.

C-GBV TrainNet Data for Q2 FY18 (January - March 2018)

Activities	Partner	Location/ HZ	Province	Start Date	End Date	Males	Females	Total Participants
Health service providers								
SGBV clinical management, STIs treatment*	PANZI	Nyangezi	South Kivu	3/13/2018	3/17/2018	7	5	12
SGBV clinical management, STIs treatment*	PANZI	Bunyakiri	South Kivu	3/20/2018	3/24/2018	26	0	26
SGBV clinical management, STIs treatment (classic training year 1, refresher training by year 3)*	HEAL AFRICA	Karisimbi	North Kivu	2/23/2018	2/27/2018	14	6	20
SGBV clinical management, STIs treatment (classic training year 1, refresher training by year 3)*	HEAL AFRICA	Walikale	North Kivu	3/21/2018	3/25/2018	11	3	14
Family planning	IMA	Karisimbi	North Kivu	2/19/2018	2/22/2018	16	10	26
Sub TOTAL						**74**	**24**	**98**
Psychosocial counselors and Counselors on CPT (2 clinical psychologists by health zone)								
GBV -specific trauma (to include TIP and LGBTIs) counselling and orientation for Health area - based Psychosocial counselors*	PANZI	Nyangezi	South Kivu	3/13/2018	3/17/2018	0	12	12
GBV -specific trauma (to include TIP and LGBTIs) counselling and orientation for Health area - based Psychosocial counselors*	PANZI	Bunyakiri	South Kivu	3/20/2018	3/24/2018	0	26	26
GBV -specific trauma to include TIP and LGBTIs counselling and orientation for Health area - based Psychosocial counselors (APS)*	HEAL AFRICA	Karisimbi	North Kivu	2/26/2018	2/28/2018	0	16	16
GBV -specific trauma to include TIP and LGBTIs counselling and orientation for Health area - based Psychosocial counselors (APS)	HEAL AFRICA	Walikale	North Kivu	3/22/2018	3/24/2018	0	14	14
Sub TOTAL						**0**	**68**	**68**
OPJ, Paralegals and community mediators								
Training for paralegals on customary laws in DRC, referral protocols for victims, ADR for cases not related to sexual violence	SFCG	Karisimbi	North Kivu	3/26/2018	3/28/2018	22	11	33
Sub TOTAL						**22**	**11**	**33**
TOTAL						**96**	**103**	**199**

Note: During the reporting period, a total of 199 people (service providers and paralegals), among whom 48% were females and 52% were males, gained varied additional skills to assess and provide quality care and supports to survivors of SGBV.

* The modules noted with a * included sessions focused on care for TIP (total of 140 persons received training on TIP).

i. Clinical management of sexual violence survivors

Head nurses from 70 supported health areas were trained to give medical care and support to sexual violence survivors including provision of PEP kits, and to collect evidence to support legal action.

Trainers from the Ministry of Health (the National Reproductive Health Program and MCZ's from the targeted health zones), supported by IMA and implementing partners, conducted these trainings in Karisimbi, Walikale, Bunyakiri and Nyangezi. Seventy-two head nurses were trained: 68 from supported health centers, and 4 from other health centers in the supported zones, the health zones office and implementing partners staff.

The training focused on increasing knowledge, attitudes and practices in the following areas:

- SGBV in general;
- SGBV survivors needs and rights;
- Clinical management of survivors (including paraclinical analysis);
- Medico-legal evidence collection;
- Survivors treatment;
- Health structure management (for SGBV service);
- SGBV Information and data management and reporting.

ii. Psychosocial assistance to SGBV survivors

Lay counselors (called APS in French, or *agent psychosociale*) from 68 supported health areas were trained to identify and give psychosocial care and support to sexual violence survivors (active listening and counselling). They were also trained to screen survivors who may need more intensive therapy and refer them to psychologists for the cognitive processing therapy (CPT).

Trainers from the Ministry of Health (the National Mental Health Program and Head Doctors from the targeted health zones), supported by IMA and implementing partners, conducted these trainings in Karisimbi, Walikale, Bunyakiri and Nyangezi. Sixty-eight lay counsellors were trained (one from each supported community (health area)).

Trainers covered the following modules to improve lay counsellors' knowledge, attitudes and practices:

- SGBV and psychosocial consequences;
- Psychological symptoms, and referral pathways;
- Psychosocial support;
- CPT screening (using the adapted tool from University of Washington trainers);
- Clinical and M&E tools for psychosocial support, monitoring and reporting.

iii. Family planning

Family planning (FP) as a part of sexual and reproductive rights has been integrated in the C-GBV Tushinde project, through supervision and building capacity for family planning service delivery. This quarter, 26 health workers (16 from supported health centers, 2 from the Health Zone office, 2 from the health zone General Hospital, and 6 from other health centers) were trained in the health zone of Karisimbi on FP service delivery and counselling.

Trainers from the National Reproductive Health Program strengthened nurses' capacities on:

- Family planning counseling and service delivery

- Natural methods;
- Artificial methods.

Commodities will be supplied by UNFPA, via IMA. IMA will also ensure supervision and follow-up to avoid commodities stock out.

iv. Community mediators training on alternative conflict resolution methods

In accordance with its partnership to provide technical assistance to the C-GBV Tushinde project, Search for Common Ground facilitated a training in HZ Karisimbi for 33 community mediators (11 women, 22 men).

The training took place over 3 days, and focused on alternative conflict resolution methods (mediation, negotiation) to assist in resolving conflict related to gender-based violence (excluding rape) in their communities. The objective was to enable the mediators to use these techniques in their daily life when assisting in the resolution of gender-based violence, as well as to increase capacity in assisting with related legal processes.

V. C-TIP Report

The Counter Gender-Based Violence (C-GBV) program is a new award and follow-on to the 7-year Ushindi Project. This new C-GBV project places a greater emphasis on prevention and reintegration, and includes a research component to measure the impact of key interventions. Field activities have recently started in two of five health zones (March 2018) with full implementation of services in all 5 health zones planned for April 2018. The project has focused this past quarter on revising data collection and intake tools for victims of sex trafficking, as well as training of community leaders and health providers on TIP. During this startup period, 140 persons (nurses, intake workers, and counselors) received training specifically focused on identifying victims of trafficking, unique issues of stigma and access to assistance, and the need to integrate TIP survivors into the comprehensive medical, legal, and psychosocial services of the project. Of the 80 persons who benefitted from USG-supported services reported under indicator 2.1.5, there were 35 cases of TIP recorded during the quarter; 63% (22 persons) were recorded in the health zone of Karisimbi. With all five health zones coming on line in April 2018, uptake is expected to increase notably in the coming quarter.

VI. Status of Budget Expenditures and Explanation for any Cost Overruns or High Unit Cost (report submitted separately)

Quarter 2 Budget C-GBV

Cost Category	Quarter 2	Q2 Expenses Actuals	Variance	Explanation of Variance
Time Period	**1/1/18-3/30/18**	**1/1/18-3/30/18**		
Personnel	103,188	89,268	13,920	Not all personnel were hired by Jan 1st 2018 and LOE for certain personnel at startup was < 100% (IMA allocates LOE by time-card system)
Fringe Benefits	95,771	67,290	28,482	Corresponds to personnel line above, some benefits (R&R) are later in the year. COP deferred 30% hardship allowance
Travel	16,450	26,315	(9,865)	Extensive travel in Q1 for startup activities (training, rapid assessment, team visit to Kinshasa for approval of ME/IP/EMMP and Project Launch
Equipment	184,000	86,010	97,990	Motorcycles and Vehicles were ordered with 50% down-payment. Vehicles were received in April 2018 (Q3) when 50% balance was made
Supplies	25,250	6,484	18,766	Procurement of office equipment was split between Q2 and Q3
Contractual	496,034	74,914	421,119	C-GBV partners historically have received quarterly advances. As Year one implementation plan was conditionally approved partners received month-to-month agreements (reimbursable) through March 30th and payment is being made in Q3
Construction	-	-	0	
Other Direct Costs	63,906	73,379	(9,473)	Higher than anticipated costs were incurred in Q2 for training, start up and launch activities (printing, tee-shirts, modules, PEP kits)
Total Direct Charges	**984,599**	**423,660**	**560,939**	
Indirect Charges	114,312	49,187	65,125	
TOTALS	**1,098,911**	**472,847**	**626,064**	

VII. Identification of any problems or delays that could affect performance and steps taken to address that

1. Medical care and treatment
Due to the delay in start-up of IHP, health facilities face challenges in ensuring the complete package of care for survivors in South Kivu.

2. Accessibility of the zones
The health zone of Bunyakiri remains inaccessible by vehicle due to the deterioration of the roads during the rainy season. This produces also a conducive environment for insecurity, as it lies within the forest, blocking access to this zone. Project activities in this zone are therefore affected (for example, data collection for the conflict and gender analysis was not conducted in this zone). In order to access this zone, the implementing partner uses a motorcycle to ensure supervision of project activities.

The zone of Walikale is accessible by plane. Due to the UNHAS schedule, project staff were for a brief time stuck there, and service providers were not able to travel for required project trainings. In order to reduce impact on project activities, measures have been taken to mitigate this challenge. For example, the training report was shared with the service providers who could not attend, and a supervisor was able to lead a briefing for these service providers. Discussions have also started with other partners who may be able to assist in traveling to this zone.

3. Delay in full approval of the implementation plan
The project is awaiting approval of activities corresponding to IR 1 and 3, as a function of adjustments that may be needed to accommodate the impact evaluation plan. Especially in the zones that will be targeted by the IE, certain project activities are therefore experiencing significant delays, specifically the community-based activities and the community groups. The finalization of the plan for the impact evaluation will facilitate clarity on the implementation of these activities.

VIII. Major activities planned for next quarter

April 2018

a. Sensitize the community on GBV laws within non-IE targeted health areas (Panzi Fondation, and Heal Africa will support community-based groups for effective implementation of SBCC activities)
b. Disseminate Gender and Conflict Analysis findings to all stakeholders
c. Establish and maintain "Tushinde" Houses in each of the 5 HZ (install solar power system and minor renovation of safe house (painting, replacement of locks); ongoing process until early May 2018);
d. Provide social services (psychosocial, medical, and legal) to SGBV survivors and other marginalized people (continuous activity through 2022);
e. Undertake continued supportive supervision for service delivery and reporting with C-GBV HZ team (continuous ongoing activity through 2022)
f. Establish and sustain referral services (ongoing activity)
g. Support the IE Design with NORC (ongoing activity)
h. Disseminate and explain existing MEL tools, and data forms
i. Conduct monthly routine supervision within health areas— quality care and services, strengthening CGs capacity (ongoing activity)
j. Organize quarterly Routine Data Quality Audit with health zone-based C-GBV team (completed in Walikale, Karisimbi, and Katana)
k. Organize quarterly finance review with C-GBV partner finance officers (Panzi and HEAL)

l. Write and disseminate quarterly performance report and finance report to USAID and C-GBV partners
m. Attend various humanitarian initiative meetings with GBV working groups, and humanitarian clusters at provincial and territory level

May 2018

a. Preparation of Impact Evaluation study in collaboration with NORC
b. Conduct formative research on the impact of SBCC key messages referred to in the Conflict & Gender Analysis Report (SFCG is a lead to support implementing partners)
c. Development of routine SBCC materials and messages through formative research
d. Develop and implement radio programming in HZ not targeted by the IE (interviews, discussions, call-ins)
e. Provide social services (psychosocial, medical, and legal) to SGBV survivors and other marginalized people (continuous activity through 2022);
f. Training of paralegals on ADR
g. Health Zone-based trainings of service providers (lay counselors, nurses) in Katana
h. Training of local activists (paralegals, CODESA members, newly initiated VSLA)
i. Training of health care providers (health, legal, and psychologists) on the revised national medical-legal certificates
j. Introduce ADR pilot activity in legal clinics in two targeted health zones (Karisimbi et Bunyakiri) and gain community stakeholder buy-in
k. Organize a stakeholder wide 'Do No Harm' workshop
l. Start up new VSLAs in new health zones of Nyangezi, and Bunyakiri
m. Start up new VSLAs Plus in 3 health zones previously supported by Ushindi project (Karisimbi, Walikale, and Katana)
n. Packing of individual PEP kits and supply to the MoHs of South and North Kivu for health zones distribution (early May 2022)
o. Establish and sustain referral services (ongoing)
p. Install two new safe houses with solar kits
q. Supply partners with new vehicles (Jeep)

June 2018

a. Provide social services (psychosocial, medical, and legal) to SGBV survivors and other marginalized people (continuous activity through 2022)
b. CPT training for new staff; CPT M&E tools review, and training of psychologists (University of Washington / John Hopkins University)
c. Start up new VSLAs in new health zones of Nyangezi, and Bunyakiri
d. Health Zone-based trainings of local activists (paralegals, CODESA members, newly initiated VSLA) in Bunyakiri and Nyangezi (pending NORC start up)
e. Undertake continued supportive supervision for service delivery and reporting with C-GBV HZ team (continuous activity through 2022)
f. Organize quarterly Routine Data Quality Audit with health zone-based C-GBV team within the 5 targeted health zones (ongoing activity)
g. Hold a quarterly C-GBV partners meeting: semiannual performance review, planning, sharing lessons learned and best practices
h. Attend various humanitarian initiative meetings with GBV working groups, and humanitarian clusters at provincial and territory level

IX. Pending USAID waivers or approvals and the status of required audit processes

IMA received AO approval to renovate five safe houses used to safeguard survivors of SGBV and to coordinate service and referral activities on April 11, 2018. This includes necessary minor repairs such as locks on doors and windows, painting, repair/placement of fences with local materials and installation of two solar systems (Nyangezi and Bunyakiri).

In addition, IMA provided to Jonas Lunanga, USAID's Acquisition and Assistance Specialist, an overview of the grants management/oversight strategy for our sub-recipients, including IMA's updated procedure manual for sub-awardees (Feb 2018/Suivi Financier des Sous-Bénéficiaires), and revised monitoring tools (ECGF: Évaluation des Capacités de Gestion Financière).

X. Annex 1: Success Story (next page)

USAID-IMA World Health Counter Gender-Based Violence Program

SUCCESS STORY

Environmental Initiatives from former Ushindi Youth Clubs

USAID
FROM THE AMERICAN PEOPLE

During the former Ushindi Project a number of youth clubs were involved in environmental-related activities. Such clubs remained active during the 6-months of transition between the end of Ushindi and startup of activities in the new Tushinde Project. The youth were encouraged to continue to meet together and use their collective skills to create new activities and forms of support. One such group started an environmentally-focused refuse collection and management service in an urban neighborhood of Goma.

After creating awareness on the importance of managing trash in an environmentally-friendly manner, interested families were signed up and asked to pay $1 a week for refuse service. Each family was provided with instructions and material to sort trash (into biodegradable and non-biodegradable components) and their household trash is picked up by the youth club weekly. The youth in turn incinerate appropriate waste and use the biodegradable products to create compost to sell/use for household gardens; all funded with their own proceeds. The club is averaging ~ $80 a month of revenue in its first three months of startup…with a growing list of clients. The activity was initiated between USAID-funded projects, without any outside support, and will be carried on independent of the new project; with lessons-learned and best practices to be applied to other youth clubs in surrounding areas!

Pictures top to bottom:

- Storage receptacle for biodegradable waste
- Barrel for managing solid waste
- Household 'environmental-friendly' trash sorter
- Converted waste used as compost for home gardens

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