

**Endline Study for Gender Based Violence Programme in the Democratic Republic of
Congo, Norwegian Church Aid**

FINAL

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ACRONYMS

DRC	Democratic Republic of Congo
FARDC	Armed Forces of the DRC
FGD	Focus Group Discussion
GBV	Gender Based Violence
KII	Key Informant Interview
NCA	Norwegian Church Aid
PELVS	Police de Protection d'Enfants et Lutte Contre la Violence Sexuelle
WASH	Water, Sanitation and Hygiene

EXECUTIVE SUMMARY

Introduction With the support of independent consultants GK Consulting LLC, Norwegian Church Aid (NCA) DRC undertook a baseline survey between October and November 2014, a midline survey between November and December 2016, and an endline survey in February 2019 for their Norwegian Ministry of Foreign Affairs funded Thematic Programme on Reduction of Gender Based Violence in conflict and post conflict settings: DRC. The findings outlined in this endline report are presented so that NCA and other stakeholders can review and measure progress throughout the life cycle of the programme.

Methodology The evaluation is a mixed-methods observational study. The quantitative data presented in this report represents 11 communities receiving the programme. In addition to quantitative data collection, qualitative data collection was undertaken in three communities in order to provide depth to our findings, and also to provide additional information for hard to measure indicators. The quantitative design samples a representative sample of respondents across the program in each community, in order to observe changes over time that *may be* attributed to the program. As the design is not experimental, we are not able to infer causality. Still, the qualitative data helps us to understand some potential causal mechanisms at work, and the quantitative data will tell us, at endline how the situation has changed over time as it relates to key logframe indicators, and how the situation differs between men and women.

Key Findings

High-level summary: The evaluation has shown very promising changes in the areas of reduced acceptance of GBV and reporting of incidences to police. The program has also shown very promising results in the area of decreasing youth propensity to violence and pro-conflict attitudes, and being active members of their community when it comes to mediation of conflict. The programme has shown mixed results in terms of providing access to livelihoods opportunities, particularly through vocational training. The programme has shown negative results in terms of WASH interventions in the six sample communities where a WASH intervention was implemented, where access to clean water and improved toilets is worse than it was at baseline.

Findings by theme:

Overall, people are extremely positive about NCA's work to date, though there is clearly a problem with lack of resources that lessens the impact on beneficiaries. This is not an issue of scale / reach to a larger number of beneficiaries, but rather that those who stand to benefit from the program do not fully benefit given too few resources.

Problems in the community: In general, people feel there are fewer problems in their community at endline. Both men and women, but women in particular, perceive there to be significantly less domestic violence occurring in their community at endline.

Incidence of GBV: Perceived incidence of GBV generally speaking is lower at endline, with two thirds of both men and women saying it 'never happens', which is 18% more compared to baseline. Many attribute this drop to increased police response / knowledge of legislation.

Perceptions about GBV: Acceptance of GBV behaviours are significantly lower at endline. Men had more accepting attitudes at baseline but now have equally non-accepting attitudes as compared to women. Participants report more exposure to GBV-related interventions that have contributed to their improved attitudes, in particular workshops and community-level dialogue sessions.

Reporting / intervening in crimes including GBV: At endline, there is a significant increase in those who would report a case of GBV to the police from baseline among both males and females. Interestingly, only males say that they would report to the Police GBV unit while females said police only. Females were more likely to say that they would report an incident to a traditional chief. When it comes to theft, however, it appears as though community members are more likely to rely on their traditional chiefs than police. There is little attention given to longer-term response to survivors of GBV, for example helping them bring justice to their perpetrators and/or access psychosocial care.

Perceptions about violence / conflict: Conflict propensity among youth is significantly less at endline as compared to baseline, among both young men and young women. Progress was especially pronounced among young women. Much of these improved attitudes are attributed to the dialogue circles and also to the general empowerment of young people, socio-economically for the most part, to focus their attention more productively.

Reporting / intervening in violence / conflict: Young people are, in general, more likely to be involved in conflict resolution behaviour and nearly a third of young men have said they have used conflict resolution behaviour 'this year', 11% more than had at baseline. Young women regressed in terms of their belief that they should be 'very involved' in mediation, where young men improved.

Attitudes toward the future: In general, the outlook among young people about whether they have a 'good chance' of a sustainable livelihood has remained stagnant from baseline. Access to vocational training appears to still be limited, as it was at baseline, though among those who have accessed vocational training, they report making more money, though still not enough, than they did at baseline.

Literacy and Maths: There continue to be major gaps between men and women in terms of literacy and maths knowledge, with 74% of men versus 49% of women saying they can do maths, and 70% of men and 43% of women saying they can read/write at endline. However, there is some progress since baseline, and women less often at endline say they don't know maths and reading/writing 'at all'.

Integration into community / close-knit community: A slight majority of young men and women feel that their community is close-knit and that they 'belong', and the attitude has increased significantly among young women who felt quite negative in this regard at baseline. Now, attitudes are more equitable. Young people feel as though the dialogue circles, and the socio-economic empowerment of at-risk youth is particularly impactful in re-integration.

Women's involvement in community life / politics: Women's rights are clearly becoming more recognized by both men and women at endline as compared to baseline. Certain behaviors that were

viewed as unacceptable for women to do, like keeping money or drinking alcohol are more accepted, and certain behaviors previously viewed as unacceptable for men, like helping with cooking or caring for children, are becoming increasingly accepted. Additionally, women are slowly becoming more involved in community meetings and decision making; 13% of men and 16% of women say that women are 'never' involved, which is 15% and 12% more, respectively, than at baseline.

WASH: WASH is the one area where there is consistent deterioration in progress since baseline. Access to basic water supply is mixed by participant even within the same communities, indicating non-equitable access. Water treatment is generally not practiced and less so at endline, and access to improved toilets is significantly lower at endline. Even so, communities perceive there to be less incidence of water-borne diseases in the last two years. The main issue is that equipment was built, but is not effectively serviced as a result of inadequate funds and/or nobody skilled to maintain it.

Recommendations

Generally

- Consider bringing a resilience lens to the programming as it continues and scales up, given the constantly changing multi-risk situation of Eastern DRC
- Formalize a conflict sensitive approach ("do no harm") to all programming, which would include a regular conflict analysis in the region to take into account new risks.
- As much as possible, increase the number of beneficiaries within communities already being worked in, given the main complaint is that not all who should benefit are able to benefit. If not possible, make it very transparent how and why beneficiaries are selected, and provide lighter touch and less costly interventions for others so as to not feel left out and/or resentful towards those who do benefit

Literacy / Numeracy:

- Provide the option of French language instruction in addition to Swahili
- Provide support (financial or otherwise) for beneficiaries to access accelerated education programmes and/or alternative education programmes in the area.

Conflict Prevention:

- Provide incentives for young men to take part in conflict prevention activities, most especially access to vocational programmes.
- Expand conflict prevention activities to broader community, in particular through radio programmes speaking out against conflict behaviour
- Feature role model stories of young men and women who have spoken out against conflict and take an active role in mediating dialogues along conflict lines.

Livelihoods / Vocational Training

- Where possible, increase resources provided in reintegration kits, or provided add-on bonus for graduates who show promise in setting up / expanding their business.
- Set up and support apprenticeship programmes with existing businesses that help graduates of vocational programmes to practice on-the-job skills and translate into full-time work.
- Include the option of entrepreneurship training for beneficiaries to look into starting their own household enterprise related to their skill; support informal businesses
- Include training on access to finance – steps on how to apply for credit, assets needed, banks that support micro-businesses including those that are unregistered.

GBV:

- Continue working with people, especially young men and women, to make clear the importance of both male and female agency in preventing GBV

- Provide more education on laws and procedures around reporting to police / official channels, and following up on instances of GBV
- Consider working with local leaders who will then work with community members, to prevent potential for discord, especially with men who have shown some resistance
- Expand programme to work more directly on issues around getting justice and follow-up physical and psychosocial care for survivors of GBV.

WASH

- Follow-up on all equipment installed (water taps, latrines) to log necessary repairs / reinstallations. Work with communities to ensure one or more persons are properly trained and can be responsible for maintaining the equipment, and provide funds.
- Consider setting up a repair committee who hold each other accountable to the use of funds and timely completion of repairs.
- Educated communities on proper use of taps and latrines, including basic maintenance skills and knowledge of whom to report issues to, to reduce greater and more costly damage.
- Continue educating communities on basic WASH skills and encourage them to teach their children those skills.

Table 1: Logframe Baseline and Endline Values; and Change, (includes new indicators that can be captured by baseline measures, noted NEW INDICATORS. Red text indicates statistically significant deterioration (negative progress) since baseline. Green text indicates statistically significant improvement (positive progress) since baseline. Black indicates change, in either direction, is not statistically significant

			Baseline		Midline		Endline		Change Baseline to Endline	
Indicator	Question	Answer corresponding to % / value	M	F	M	F	M	F	M	F
Programme Objective 1 / LT 1.1: <i>change in perception of community level acceptance of GBV perpetration</i>	Is XY acceptable to do (6-question GBV acceptance index)[1]	GBV Index (high acceptance 6; no acceptance 2)	4.74	4.29	3.47	4.13	2.72	2.69	-2.02	-1.60
NEW INDICATOR: OUTCOME 3.2: Proportion of young men who agree that VAWG is never acceptable[4] (SEE ALSO TABLE 2)	Frequency of GBV perceived[2]	"Never happens"	5.50%	5.50%	33.60%	19.10%	23.38%	23.40%	17.88%	17.90%
Output 1.2.1: <i>Right holders are empowered and mobilized to claim their rights for protection and participation</i>	Can you read/ write?	"Yes"	76.30%	44.60%	74.90%	57.30%	69.70%	43.40%	-6.60%	-1.20%
	Can you do basic maths?	"Yes"	76.20%	51.80%	79.60%	67.90%	73.59%	48.51%	-2.61%	-3.29%
Outcome ST 1.2 (1): Women have participated in local governance processes	Do women participate in meetings / decision-making?[3]	"No, never"	27.20%	27.90%	11.10%	16.90%	12.55%	15.74%	-14.65%	-12.16%

NEW INDICATOR: OUTCOME 1.2: # of women participating regularly in local governance meetings										
Outcome ST 1.2 (2): Women have participated in local governance processes	Did you vote in the last election?	"Yes" (over 18)	92.20%	94.00%	DROPPED	DROPPED	DROPPED	DROPPED	DROPPED	DROPPED
Outcome MT 2.2: GBV related legislation is implemented	If GBV, to who report?[5]	Report GBV to police	43.50%	38.90%	76.60%	62.70%	56.28%	44.68%	12.78%	5.78%
Outcome LT2.1: Government and service providers are accountable on prevention, protection and response to GBV	Satisfaction with amount of information on GBV [among those who have seen intervention]	"No"	68.00%	41.00%	31.90%	25.30%	40.26%	33.19%	-27.74%	-7.81%
Output 2.2.1: NEW INDICATOR: Duty bearers are influenced to implement national laws and domestication of legal frameworks preventing GBV and promoting the rights of women and girls	Have had GBV training?[6]	"Yes"	28.40%	40.20%	22.70%	32.10%	44.59%	48.51%	16.19%	8.31%
Output 2.1.1: Right holders have access to sound and sustainable water supply	Have basic water access?	"No, none" (6 communities with WASH intervention)	62.70%	22.50%	93.80%	92.40%	33.8%	40.7%	-28.9%	18.2%

Outcome ST 2.1 (1): Basic services for GBV survivors put in place	Time to fetch water	Minutes to fetch (6 communities with WASH intervention)	28.4	24.7	14.5	11.6	14.8	20.7	-13.6	-4.0
Output 2.1.3 (1): rights-holders' organizations have the capacity for management of sustainable community water supply and sanitation services	Water purification	Nothing (6 communities with WASH intervention)	58.20%		65.90%		59.3%%		0.1%	
Output 2.1.2: Rights-holders have access to adequate, appropriate, acceptable and sustainable sanitation services in public institutions and households	Type of toilet used	Pit with slab, ventilated pit, or flush (6 communities with WASH intervention)	69.60%	49.40%	20.50%	29.70%	11.8%	5.9%	-57.8%	-43.5%
Programme Objective 3: Decreased youth propensity to engage in violence, INCLUDING GBV	Propensity to conflict	X / 10 (high conflict 10; no conflict 0) (15-31yo)	4.34	5.23	4.81	3.93	1.20	0.83	-3.14	-4.40
Outcome ST 3.1 / Output 3.1: Vulnerable young women and men are reintegrated into their community of choice / At-risk youth have acquired skills to improve their income generation and employment opportunities NEW INDICATOR: OUTCOME 1.1: # of GBV survivors who consider themselves integrated 12 months after receiving support; NEW INDICATOR: OUTCOME 3.1 # of vulnerable young women and men who consider themselves integrated	Vocational training[8]	None (ages 15-31)	31.60%	68.40%	71.40%	86.60%	50.52%	74.47%	18.92%	6.07%

6 months after receiving support (target 60%)										
<p>Outcome ST 3.1 (1): Vulnerable young women and men are reintegrated into their community of choice</p> <p>NEW INDICATOR: OUTCOME 1.1: # of GBV survivors who consider themselves integrated 12 months after receiving support</p>	Income from vocational skills?	"No" (ages 15-31)	30.00%	25.00%	16.10%	30.00%	25.00%	14.71%	-5.00%	-10.29%
Outcome MT 3.1: Young women and men have a positive outlook on their chances of securing sustainable livelihoods	Livelihood hopes?	"Good chance" (ages 15-31)	65.20%	52.60%	82.70%	64.40%	63.92%	45.39%	-1.28%	-7.21%
<p>Outcome ST 3.3 / ST 3.1 (2) / ST 1.1 (2): Community level social cohesion has increased / Vulnerable young women and men are reintegrated into their community of choice / GBV survivors have been re-integrated into their community of choice</p> <p>NEW INDICATOR: OUTCOME 3.3 % of community residents reporting a feeling of belonging to the community</p>	Belonging to community	"Very much" (ages 15-31)	53.30%	33.30%	77.10%	67.80%	60.82%	58.16%	7.52%	24.86%
	Close-knit community	"Very much" (ages 15-31)	51.10%	27.30%	77.10%	66.40%	52.58%	53.90%	1.48%	26.60%

<p>Outcome ST 3.2 (1): Positive youth role models have influenced their peers to manage conflicts in a non violent manner</p> <p>NEW INDICATOR: OUTCOME 3.2: # of young men and women who can point to at least one example where they have promoted or engaged in non violent conflict management within the last 6 months[3]</p>	Role in mediating conflict?[9]	"Very involved" (ages 15-31)	66.10%	65.30%	84.80%	77.90%	73.6%	59.5%	7.6%	-6.5%
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Table 2: Additional Indicators added Post-Baseline not captured above, change is between midline and endline

			Midline		Endline		Change Midline to Endline	
			Value M	Value F	M	F	M	F
<p>OUTCOME 1.2 : # of communities with regular dialogue sessions between rights holders and duty bearers where women present issues related to their needs and interests</p>	... any programs, events, sensitization campaigns, you know in	"Yes these dialogues happen often"	13.00%	9.00%	15.58%	10.21%	2.58%	1.21%
	... of dialogue sessions							
<p>OUTCOME 1.3: # of male role models who organise events (dialogue sessions, seminars etc.) to influence their peers in the community.</p>	, ..GBV, conflict resolution, and/or WASH...	Has used conflict resolution behaviour many times this year	16.70%	13.00%	30.74%	13.62%	14.04%	0.62%
	...group across 'conflict line							
<p>OUTCOME 2.1: Decrease in prevalence of water borne disease in NCA supported areas</p>	water-borne diseases (e.g. cholera, dysentery) are	"Less frequent"	78.80%	79.70%	77.49%	78.72%	-1.31%	-0.98%

OUTCOME 2.2: # of right holders (GBV survivors and other) with knowledge on how to report and receive support[2]	If problem [not GBV, e.g. Theft], to who report?	Report issue to police	73.20%	60.50%	38.96%	44.68%	-34.24%	-15.82%
	Knows of services / resources for survivors of GBV	“Yes”	27.50%	29.30%	43.29%	61.28%	15.79%	31.98%
OUTCOME 2.2: # of duty bearers who have taken visible action to implement GBV legislation locally[1]	visible action to implement GBV legislation locally?		72%	59%				
	“I know local laws and resources”							
OUTCOME 3.2: Proportion of young men who agree that VAWG is never acceptable[4]	To what degree to you think that VAWG is acceptable?	"Never"	49.80%	40.20%	64.3%	65.7%	14.5%	25.5%
OUTCOME 3.3: # of initiatives involving more than one group across 'conflict lines' as defined through conflict analysis[5]	... to GBV, conflict resolution, and/or WASH...	"Organizing dialogue sessions ... conflict resolution / mediation / peace "	1.90%	1.63%	3.46%	9.36%	1.57%	7.74%
	...know of any initiatives involving one or more group across ‘conflict lines’							

INTRODUCTION

The Context – Eastern DRC

Post conflict environments present new challenges. Pervasive violence since the first Congo War (1996-1997) has led to Eastern DRC coming to be known for its “war economy” and a brutalised environment in which GBV is a major problem – and is used as a strategy of war. The nature of “war” in Eastern DRC is complex though, and many areas can better be considered as post-conflict environments. The economization of conflict is still a present issue, but battles for control of resources between rebel groups and the FARDC have moved. Most *reports* of sexual violence, which is hugely underreported globally and in the DRC, are related to the on-going armed conflict, which is still prone to flare episodically, as armed groups continue to engage in battles for resources and political representation including during the time that this programme and study are being undertaken. The 2017 war for example saw 1.7 million people fleeing their homes as a result of intensified fighting, and in December 2017, the ADF attacked a UN base in North Kivu.

An Ebola outbreak has compounded the precarious situation. The outbreak began in Ituri province in August 2018, where conflict has made controlling the outbreak, offering treatment and preventative solutions, very difficult. By the end of November, the outbreak had become the second biggest EVD outbreak ever, with 1000 confirmed cases by February 2019.

This is a situation in which GBV is normalised. Many women are particularly vulnerable, and extreme levels of trauma are present. Much has been done in this regard though with many interventions in terms of reintegration and training. IDPs have been insecure residents in many areas for long periods. Such areas continue to demonstrate insecurity, but often in terms of rumbling disputes that result in daily violence, but are less characterised by pitched battles, changes in possession of territory, or large-scale displacement of populations. This can lead to neglect of previous priority areas. Urban areas in particular are undergoing significant development currently, with increasing access to water, sanitation and power even at the household level.

Dominant social norms continue to condone GBV and limit political will. They affect rates of GBV and survivors' access to justice and support. Sexual violence is often taboo not simply for discussion, but communities frequently scorn survivors – especially if they speak out. Social norms are also closely related to gender power relations and gender inequalities, which affect women's participation in decision making and their ability to challenge frameworks that contribute to, maintain, or fail to address high levels of GBV. The sheer scale of GBV in Eastern DRC has also contributed to its normalisation. The United Nations Population Fund noted that 15996 new cases of sexual violence were reported in the DRC in 2008 alone. 65% of the victims were children and adolescents younger than 18 years, with 10% of all victims younger than 10 years. The 2013 Demographic and Health Survey (DHS) found that of 18,000 households nationwide, more than 57% of women had experienced physical or sexual violence at some point in their lives.

A holistic response is required, but complex. Some efforts are more easily comprehensible than others. A close and flexible follow up of programmes is needed, and access to technical expertise. The

importance of holding the state responsible for prevention and response to all forms of violence against women and girls is also stressed in good practice guidelines, pointing to the key role of advocacy in this type of programming. Again, given the often fragile nature of the state in conflict and post conflict settings, advocacy both at local and national level needs to be highly conflict sensitive and tends to be time consuming and human resource intensive.

Amidst the crisis, positive societal structures are found. DRC in general is generally characterised by observers as having weak public structures, fragmented civil society, lack of trust, high levels of poverty and corruption, in addition to the constant threat of new waves of violence. Bureaucratic and social organization is remarkably resilient though – but desperately underfunded, resulting in severely limited capacity.

Community leadership is seen as vital. People try to engage in these where they can, as they attempt to improve the livelihoods of fellow citizens peacefully. Strengthening and engaging civil society is vital for two major reasons: providing citizens with a voice in holding duty bearers (the state) accountable and being agents for change, and providing services.

The Programme

The programme has been implemented in Eastern DRC; a sample of the intervention locations, randomly selected but stratified to ensure broad geographic reach was visited at baseline, midline, and endline :

- North Kivu: Goma (Kyeshero), and Masisi (Sake, Centre, Kalinga camp).
- South Kivu: Minova, Kalehe (Centre), Kabare (Miti-Murhesa), Walungu, Bukavu (Panzi, Nguba).

The programme targets the following groups of the most vulnerable people:

- Women – with a focus on GBV survivors, particularly those with multiple vulnerabilities (indigenous, HIV/AIDS, disabled, mentally ill).
- Young women and men – with an emphasis on at-risk youth.
- Men – with a focus on male role models and GBV survivors.
- Leaders and stakeholders – traditional authorities, local authorities, policy makers, and civil society (FBOs and women's rights organisations).

Through risk analysis and consideration of case studies in similar contexts, NCA identified long term, medium term, and short term outcome indicators, which are assessed at each wave of the evaluation in order to measure progress and also to help understand where additional work / adjustments are required. The logical framework analysis table provided in the Project Framework and its indicators (under Objectives 1, 2, and 3) are measured using qualitative and quantitative data collection, to inform larger 'Programmatic Objectives'. In short, in these areas, NCA aims to increase knowledge, alter unfavourable attitudes and increase positive / decrease negative practices regarding:

Objective 1: Dominant Social Norms.

NCA seeks to address social norms that (tacitly or otherwise) condone GBV to condemnation. Activities include: Facilitation of Bible/Quran study circles on GBV and gender relations and positive masculinities. Reflect/dialogue groups for men on positive masculinities; Education focusing on vulnerable women and girls: Literacy, rights education, income generation/livelihood /vocational

training; Provision of mental health services in close collaboration with local and traditional authorities; transit centres/services for GBV survivors.

Objective 2: Government and Service providers.

NCA works with civil society organizations and strengthen them challenging government and holding duty bearers accountable and providing services. NCA seeks accountability, regarding prevention and responses to GBV, is ensured through knowledge of rights, action to take, and recourse in the case of abuse by authorities. Activities include: Facilitation of community conversations on locally defined agendas/Reflect open circles; Capacity building of and networking with local and traditional authorities, and service providers; Mobilization and capacity building of faith and community based actors and local women's rights organisations, advocacy, media work; Establishment/ strengthening of community level coordination structures; Provision of WASH services in close collaboration with local and traditional authorities; Provision of WASH services in close collaboration with local and traditional authorities.

Objective 3: Youth propensity to engage in violence, including GBV.

NCA seeks to reduce this. Activities include: Interfaith advocacy networks; Cultural and social exercises; Community theatre, youth platforms for action, training in non-violent communication and conflict transformation; Education for vulnerable youth (e.g. literacy/Reflect, life skills, vocational training, psychosocial support).

As a critical part of ensuring the above objectives can be achieved and are sustainable, NCA has an overall organization objective:

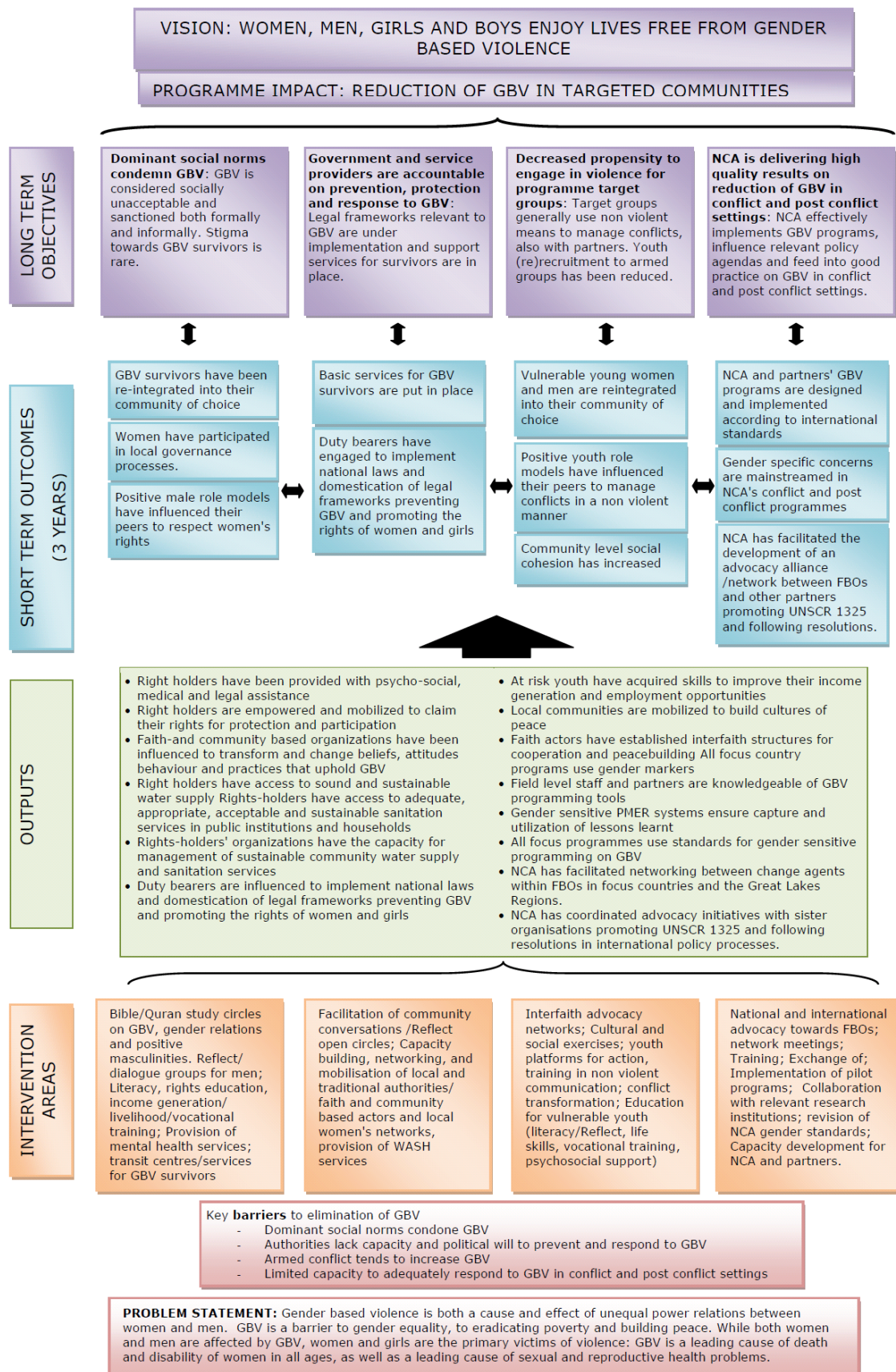
Organizational Objective: Organizational development:

NCA is delivering high quality results on reduction of GBV in conflict and post conflict settings. Activities include: National and international advocacy towards FBOs; Organize and participate in network meetings; Trainings; Exchange of experiences between NCA program countries; Implementation of pilot programs; Collaboration with relevant research institutions; revision of NCA gender standards; Capacity development for NCA and partners.

Theory of Change

NCA developed a comprehensive Theory of Change (TOC) to give a snapshot of the programme logic, with long-term and short-term outcomes, outputs and corresponding interventions. The study provides baseline figures to assess success, as well as considering the extent to which this is proceeding so far – identifying successes and areas for alterations in focus or increased activity. The TOC also provides the key assumptions of the programme logic; baseline research will be able to assess the extent to which these assumptions are true. The graphical logframe is provided on the following page.

Figure 1: NCA Theory of Change



STUDY METHODOLOGY

Overview

For this endline evaluation, the following activities took place:

- Refinement of endline tools and implementation of a training plan for quantitative and qualitative data collection.
- Translation of tools into Swahili, and confirmation of translations with field staff.
- Provision of qualified enumerators to collect quantitative (using electronic data entry devices) and qualitative data.
- Ensured British Sociological Association and WHO ethical guidelines.
- Statistical analysis of the quantitative data collected and qualitative analysis from FGDs and KIIs, both using Excel.

Quantitative

Tools

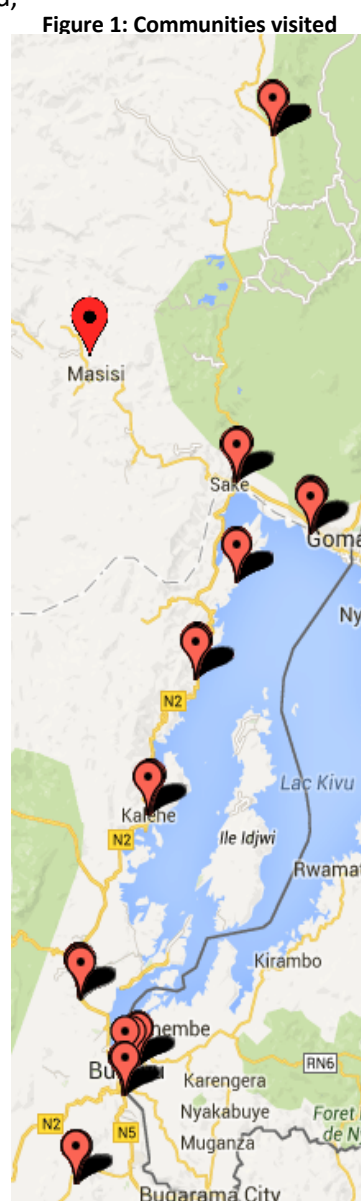
All questionnaires were relatively simple and short and easily understood by those interviewed (i.e. making it available for those having no education at all). Design also gave particular consideration to the sensitive nature of the topics at hand, as well as meticulous attention to confidentiality, data protection, and anonymisation. Because the purpose was to collect data that specifically measures the key indicators that will be tracked over time, the instruments designed gave us information about these particular project outputs and outcomes. Additional data collected is reported here if it is valuable and can contribute to mechanisms being put in place in order to collect this data over time and it is justified in being added to the log frame in relation to additional outcomes. Exclusively measuring only those items that relate specifically to the log frame ensured that the actual procedure of baseline data collection was as succinct as possible, and further ensured the validity of the data collected.

The following components were included in all questionnaires:

- Identifiers (anonymous): geographic area, household ID, date of interview.
- Background characteristics: gender, age, socio-economic status, educational level, educational status, disability status.
- Outcome indicators – (to measure what the program intends to change).
- Output indicators (measures of program's achievements).

Sample size

- Representative sample of the entire targeted group at 95% with +/-5% confidence interval was 384 persons.
- Representative sample of females (young and adult) or males (young and adult) at 95% with +/- 7.1% confidence interval was 192 females and 192 males.
- Representative sample of young (male and female) or adult (male and female) persons, at 95% with +/- 7.1% confidence interval was 192 young and 192 adults.
- Representative sample of single group (young female, adult female, young male, adult female) at 95% with +/- 10% interval was 96 for each group.



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community to account for the possibility of a higher rate of attrition than expected; also we had very few rejected questionnaires which brought our sample size to well above what was needed to reach 95% +/- 5% confidence. The same 11 communities were visited at baseline and midline; at endline it was necessary to replace Muresa with Bukunda, for accessibility reasons. Ten of the communities (all but Kusunyu) have the GBV and peacebuilding intervention; six have the WASH intervention (those with an *).

Table 3: Sample sizes per town, baseline, midline, endline¹

	Baseline	Midline	Endline
Kalehe*	44	45	45
Kyeshero	49	50	50
Masisi Centre *	48	45	46
Masisi Kalinga*	47	45	45
Mukwidja*	49	45	45
Muresa	45	45	-
Nguba	46	44	45
Panzi	45	45	52
Sake	43	48	48
Walungu*	48	45	45
Bukunda	-	-	44
Kasunyu*	45	45	44
Total	509	502	511

Qualitative

The aim of the qualitative research was to explore the lived-experience of individuals and to examine this in relation to women's well-being and safety, and the changes the program intends to bring about. It sought to expand upon the programme's theory of change and begin a process of testing the underlying assumptions of the programme and understanding of how and why change does or does not happen that will continue throughout the programme. By comparing the data to other waves of data collection, it tells us not only if targets are being met but also the specific reasons why change has or has not happened, and from there how interventions may be better planned to ensure reaching targets. Similarly, as part of a mixed methods approach, the qualitative data informs and strengthens quantitative data, especially when unexpected findings occur, where significant regional variations occur, or where trends are apparent and it would be useful to further explain them. Finally, the qualitative data can help NCA identify areas where future programming may be improved. Three qualitative sites were therefore selected in order to capture programme-wide variations, where we expect people may have different perspectives on their lives with regards to violence, well-being, gender, livelihoods and empowerment. We conducted this research in Goma (Kyeshero), Bukavu (Nguba) and Walungu, the same communities that we conducted the qualitative research in at baseline (these three communities all saw the GBV-specific intervention; Walungu saw the WASH-specific intervention).

¹ Those communities with an asterisk * are those that were part of the WASH Intervention, and as such those data will be used for the section specific to WASH

Key Informant Interviews

Interviews were semi-structured (guided by a key informant questionnaire, but conducted by a trained facilitator). Each interview lasted approximately 20 minutes. Targeted key informants for this study were the intended beneficiaries of the project (females and males, young and adult), partner programme staff, community leaders (male and female), law enforcement officials and other government officials. Informal key informant interviews were conducted as convenient in every community visited to get a general sense of the situation in each site but were not documented; three to four structured KIIs were conducted and documented in each of the three qualitative sites where FGDs also took place.

Focus Group Discussion

Research with beneficiaries of the program was conducted via six focus group discussions, two per community, of 6-8 persons each, separated by gender. Research involved a combination of close-ended questions (responses collected by eyes closed/hands up method and tallied on a flip chart for participants to see) followed by discussions surrounding the results, and also through a series of open-ended questions. Each focus group lasted 1.5 hours, 2 occurring at a time, in separate venues). A trained facilitator conducted each and a trained note taker took exhaustive notes for the duration.

Qualitative analysis

A qualitative database was compiled from coding the FGD response options and KIIs. We coded responses and tabulated numbers of specific question responses, looking at distributions of responses, and also to gauge the relative attitude around certain themes (positive, neutral or mixed, negative) and filtering by response option. Responses to open-ended questions were analysed and categorized by theme. All data was translated into English and then analysed. Where appropriate, textual responses were quantified and tabulated, using simple frequencies. In addition to regrouping textual responses by theme, the texts were also repeatedly reviewed, and illustrative quotes were selected to show provider perspectives on key issues. In coding focus groups, we looked for common themes that emerged in responses to specific topics, how they compared across groups (gender, community) and looked for deviations from these patterns.

Research ethics

As with any research that deals with vulnerable or marginalized populations, it was imperative to pay close attention to the potential risk of doing harm through asking questions or eliciting conversation. The research team followed ethical guidelines as prescribed by the British Sociological Association, the WHO, and also NCA's own guidelines. The team was made acutely aware of the need to obtain vocal informed consent from EVERY participant in the study; each participant was told that his/her name (if provided for the purposes of follow-up data collection) would not be used in any project documents without their explicit permission; pseudonyms would be used in any narratives, and that we would give a unique ID to each participant for reporting purposes, which would be to their names but those names will be kept separately in a password protected document. The importance of keeping track of their individual progress was explained to them such that they understood its import and can give informed consent. If, at any point in a conversation, it appeared that the participant no longer wanted to speak, then it was imperative that the researcher a) could identify this easily and b) stop the research immediately. Participants were never coerced to take part in the first place or to 'keep answering' while taking part. Certain questions dealt with sensitive topics; therefore researchers, while obtaining informed consent, explained the types of questions that would be asked

on the survey, and assured the participant that a) his/her answers would remain totally anonymous and b) that he/she could choose to not answer a question if he/she wants; c) he/she could stop the interview at any point without question. To conduct research with a minor (under the age of 18), permission was obtained a parent / guardian.

Data collection

A field team of six local data collectors and one local field coordinator (Mr. Emmanuel Kandate) conducted the endline evaluation. One international non-resident researcher (Dr. Gwendolyn Heaner) led in tool development, methodology, provided daily virtual QA of the field team, and conducted all analysis and reporting.

The team used six Archos Android tablets equipped with Magpi software for data collection/entry. Qualitative data collection was paper-based; enumerators used previously prepared field forms (one page, front and back for each question), which they completed by hand (see annex for full toolkits and enumerator training manuals), and sent photographs to the Team Leader who provided spot checks as the data came in, and then sent them for translation.

Limitations of the Study and Ways Forward

Design-related: Causality

While the original intention was to look at changes between intervention and comparison groups between baseline and endline (difference-in-difference design), this was impossible at midline when one of the comparison communities, Rutshuru, became too unsafe for the field team to visit (as suggested by NCA staff, see below). As such, this left a comparison group that was too small to possibly demonstrate statistically significant differences except where changes were more drastic than was expected (e.g. differences around 50%). As such, all the data presented in this report will be for the intervention group only. Without the comparison groups, though, the design is still sufficient such that we can show changes over time, and supplementing with the qualitative data, can suggest areas where the NCA interventions may have had an impact (though we will never be able to prove causality). In other words, the changes observed may be the result of the programme, but they may also be the result of something else, either partially or fully.

Design-related: Generalizability outside of programme communities

While this is a normal feature of any programme evaluation that is intended to measure impact over targeted populations over time, it is important to note that the findings from this study are not necessarily generalizable to any population *beyond the beneficiary population*, since the communities where the intervention will occur were purposefully chosen by NCA. A random selection of communities to work in from around North and South Kivu region would have been statistically more representative of the region as a whole, but of course this is not realistic in an intervention designed to reach those who need it the most. A randomly sampled group is representative only of the population from which they were sampled; since our sample was random from within targeted communities, we can indeed generalize whether this intervention has an impact in *communities just like these*. In other words, the people we interviewed at baseline, midline, and endline are a good representation of the programme as a whole and therefore we can confidently rely on these individuals to infer the impact of the programme.

Design-related: Sample bias

We are also aware of a degree of sample bias in our design as a result of the sampling frame that we were working from: clustering by communities and then randomly selecting only the physical structures/households. Ideally, we would begin with a reliable and complete list of all possible beneficiaries across the entire population, and then from that randomly select names; those people would be interviewed. Of course, such lists are not available for our targeted communities, nor is it feasible to visit every individual in whatever location they live. Therefore, our sampling strategy was to cluster eleven communities and then within each, to randomly select households as they were encountered in the field. If someone was not home for the entire day, then that household was skipped and another was selected. If only one person was in the household selected, then that person was interviewed. This of course meant that there is some bias to our sampling since on a certain day, we only sampled those people who were there on that day, at that time. Those who were not there may very well have been working elsewhere, visiting relatives, sick in a hospital, etc. We are aware of this bias, though, and it factors into our analysis, particularly as we explore background characteristics of our samples at baseline and endline and what implications that may have on our logframe indicators.

Field Challenges

Security-related: There were two major logistical challenges to data collection: security and local administration. Armed groups continue to operate after dark in many areas of North and South Kivu. However, many civilians also make their way to work – especially in agriculture, but in a range of other economic activities too – before dawn, and home again at dusk or after sunset. Restrictions on team movement at these times, as well as income generating activities often taking place at large distances from households, meant that surveying this section of the population was limited. Beginning work at dawn was also generally not possible, even where travel in the dark was not required, due to the necessity of official meetings with a chief or chiefs in each location. Not doing so would have risked not only offence being caused, but possible arrest as well as affecting security in other ways. Meeting with chiefs was generally not possible until at least 8:30am.

FINDINGS

Introduction

Below we present the major findings from the endline data collection and compare them to the findings from the baseline data collection. In doing this we intend to a) provide context about the areas in which NCA has been working to date, including recommendations on possible programme adaptations given these findings; b) explore the changes that have occurred in the quantitative baseline measurements for logframe indicators to suggest the overall impact of the programme and explore any correlation (not causation) between programming and positive impact.

Throughout we will be presenting qualitative and quantitative data together; the qualitative findings will serve to provide nuance and verification of quantitative data; we also provide qualitative data for issues that were not captured in the quantitative surveys. All data tables are disaggregated by gender and sometimes by age group or community. All tables are clearly described in each table title. The

annex provides additional data tables including *n* values for each item (number) along with percentage of total or mean value; these have been omitted from most of the main text to maintain readability.

We organize our findings according to the logframe, which is also organised thematically. First, we present the person and household characteristics of our sample population; here we will focus on the differences between baseline and endline to see the extent to which the communities and people are similar in the samples. Then, we present the key findings according to Programmatic Objectives 1, 2, and 3, and within that the findings are organized by Outcomes and Outputs. For ease in reading, and to ensure this report is actionable and user-friendly, we present at the outset the data meant to inform the logframe. Any additional findings of interest will be presented where it makes thematic sense.

Unless otherwise specified, all data is for the ten GBV-intervention communities. Any data related to the WASH intervention (six communities) is specified in the table itself.

Person and Community Characteristics

In total, just under two thirds of the sample (63.2%) has lived in the community their whole lifetime; the remaining 36.8% had moved to that community at some point (40% of men and 34% of women), and most often said that they had moved because they were fleeing violence (16% of sample). We are therefore looking at a significant minority of individuals who have been mobile during their lifetimes, but most large-scale population displacements occurred well before even the baseline study and continue to represent increasingly long-term conditions. Moving for ‘other’ reasons – 11% of the sample – is frequently for study or economic migration and is often more recent than displacement during major waves of local and international armed, violent conflict. Ages of participants are the same at baseline, midline, endline (not statistically different).

Table 4: Persons sampled in quantitative survey, by age group and gender

	Male		Female		Total	
Age	n	%	n	%	n	%
15 - 20	27	10.63%	44	17.12%	71	13.89%
21 - 25	43	16.93%	51	19.84%	94	18.40%
26 - 31	35	13.78%	59	22.96%	94	18.40%
32 - 37	49	19.29%	40	15.56%	89	17.42%
38 - 45	32	12.60%	35	13.62%	67	13.11%
46 - 55	39	15.35%	17	6.61%	56	10.96%
56+	29	11.42%	11	4.28%	40	7.83%
Total	254	100%	257	100%	511	100%
15 – 31 (young) people	105	41.3%	154	59.9%	259	50.7%
32+ (adults)	149	58.7%	103	40.1%	252	49.3%

Our endline sample of females (not males) is similarly educated to those in the baseline sample (statistically insignificant difference), with females having a median education of ‘completed primary’ and males median education at ‘some secondary’. In general, our entire sample remains generally poorly educated with women less educated than men; this is an accurate reflection of a) the populations in these areas who have had a significant interruption in their schooling as a result of

conflict; b) we had less chance of surveying those who had more educated, as they tended to be working while we were in the communities.

Table 5: Education level by gender

	Baseline		Endline	
	Male	Female	Male	Female
None	8.11%	36.33%	9.8%	25.3%
Some primary	22.16%	16.91%	17.7%	21.8%
Completed Primary	5.95%	7.55%	10.6%	11.7%
Some secondary	29.19%	26.26%	26.0%	26.8%
Completed secondary	21.62%	8.99%	18.5%	10.1%
Some post-secondary	8.65%	2.52%	11.4%	1.6%
Completed post-secondary	4.32%	1.44%	5.9%	2.3%

The main differences between baseline and endline in terms of livelihood strategies is that there are significantly fewer male students in the sample, who are more often involved in farming. More females in the endline sample are also involved in farming and petty trading instead of ‘nothing’ which was more frequent at baseline.

Table 6: Employment by gender

	Baseline		Endline	
	Male	Female	Male	Female
Farming	15.1%	25.9%	29.5%	37.0%
Cattle - Livestock	0.5%	0.0%	0.0%	3.5%
Wage employment	9.1%	1.8%	0.8%	3.5%
Petty trading	13.4%	19.4%	16.5%	27.6%
Contract work	3.8%	2.2%	6.7%	1.9%
Mining	0.5%	0.0%	0.8%	0.0%
Support from kinship network	3.8%	5.4%	0.0%	1.9%
Other	17.2%	6.5%	29.9%	6.2%
Student not working	23.1%	8.6%	6.3%	3.9%
Nothing	13.4%	30.2%	9.4%	14.4%

GBV and other safety concerns in the community

To understand what distinguished each community from the others in terms of needs, we asked respondents to select from a list what they considered to be the biggest problems in their community. At baseline, communities agreed that theft, armed robbery, and domestic violence were among the biggest problems; females more often named ‘domestic violence’ to be a problem; males more often named ‘armed robbery’; not a single person said there were ‘no problems’. At endline, there is a significant drop in people saying that they see domestic violence, military violence, armed robbery and, for females theft, at endline, to be problems.

Table 7: Problems in the community (multiple selections allowed), by gender

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
Young people in armed groups	11.3%	8.3%	11.0%	1.2%	-0.3%	-7.1%
Domestic violence	56.5%	74.8%	40.6%	24.6%	-15.9%	-50.2%
Military violence	17.7%	22.7%	10.2%	6.6%	-7.5%	-16.1%
Armed Robbery	50.0%	33.8%	33.9%	22.3%	-16.1%	-11.5%
Theft	61.8%	64.0%	59.8%	56.3%	-2.0%	-7.7%
No problems	0.0%	0.0%	1.2%	3.5%	1.2%	3.5%

Perceptions of NCA generally

Across all 18 qualitative interviews, the majority indicated generally positive opinions of NCA's programming. Respondents attributed this positivity to a number of different components of the program: working with vulnerable youth especially ex-fighters, sensitizing people about and thereby helping to reduce GBV, encouraging community dialogues. One female local implementer in Nguba said:

“There were two programs: the socio-economic rehabilitation program and the GBV Program. NCA were of great value for the populations. In fact, the first one consisted in favouring the social rehabilitation of many young people who withdrew from the Armed forces, by teaching them how to take care of themselves and be helpful to their own communities. As far as the VBG program is concerned, a true shift of trends is noticed in favour of women. For example, people start changing mentality by choosing what is good in their customs, but at the same time rejecting negative practices or beliefs which stereotyped women”.

A beneficiary in Kyeshero said:

The community is very receptive to NCA's actions which touch on vulnerable youth, which it is appreciative of. We are very appreciative of NCA's actions and would like to see NCA do more. We remain in awe of the deep motivation shown by NCA in its quest to transform the community. What we appreciate the most about these projects is the mentoring vulnerable young people and especially child soldiers receive as this in turn affects the safety of community members.

There was one common complaint (10 of 18 interviews) that made the overall perception mixed: lack of funding. This limited the extent to which implementers and beneficiaries felt there could be a sufficiently broad and good impact. Another complaint was that the program did not interest boys and men in some cases, which meant they didn't not always participate (elaborated upon in the vocational training section).

Below we present more specific findings that feed into the work of NCA as guided by logframe, and which also relate to the activities that make up this programme.

Programmatic Objective 1: Dominant Social Norms Condemn GBV

Outcome LT 1.1 and Outcome MT 1.2: Dominant Social norms / community attitudes condemn GBV

A GBV index was created in order to measure the degree to which respondents condemned vs. accepted GBV by virtue of their explicit and implicit views on the issue. Respondents were asked to state whether the following scenarios were 'always ok', 'sometimes ok', or 'never ok': A husband leaves his wife and children and doesn't support them anymore because he has a new girlfriend; A man threatens to hurt a woman if she doesn't do what he wants; A woman is beaten by her husband or boyfriend because she did not cook his meal; A man offers to help a girl with food, job or money if she has sex with him; A woman went to a bar/ spot wearing a short skirt and was raped; A man tries to rape a woman but she manages to escape from him.

Overall, respondents are significantly *less accepting of GBV*. The change is most prominent in 15-20 year olds, who had relatively higher acceptance levels at baseline, though all age groups showed improvement from baseline.

Table 8: Programme Objective 1 / LT 1.1: GBV Acceptance by gender and age, (0= No GBV Acceptance; 10= High GBV Acceptance) Intervention only.

	Baseline			Endline			Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
15-20	4.92	5.24	5.12	3.07	2.76	2.88	-1.85	-2.48	-2.24
21-25	5.15	4.17	4.48	2.63	2.85	2.75	-2.52	-1.32	-1.73
26-31	4.89	4.11	4.46	2.72	2.64	2.67	-2.17	-1.47	-1.79
32-37	4.28	4.50	4.41	2.70	2.72	2.71	-1.58	-1.78	-1.7
38 - 45	4.74	3.40	3.90	2.57	2.60	2.59	-2.17	-0.8	-1.31
46-55	4.67	3.75	4.29	2.64	2.52	2.60	-2.03	-1.23	-1.69
56+	4.33	3.67	4.02	2.77	2.26	2.64	-1.56	-1.41	-1.38
Overall	4.74	4.29	4.48	2.72	2.69	2.70	-2.02	-1.6	-1.78

Most respondents think GBV is never acceptable, equally between men and women, though still a substantial minority of men (24%) and women (19%) think it is acceptable in some cases. Still this shows improvement from midline, when this question was first asked and only 49.8% of men and 40.2% of women said it was 'never' acceptable.

Table 9: Outcome 3.2 New at Midline: Generally speaking, to what degree do you think that violence against women and girls (e.g. hitting, beating, pushing, touching, forcing sex) is acceptable, endline only.

	Always	In many cases	In some rare cases	Never
Male	6.5%	4.8%	24.3%	64.3%
Female	4.7%	11.2%	18.5%	65.7%
Grand Total	5.6%	8.0%	21.4%	65.0%

Also promising, significantly more (18%) respondents, both men and women, say that GBV 'never happens' in their community today as compared to baseline.

Table 10: Programme Object 1 / LT 1.1: Frequency of GBV Perceived - % saying it 'never happens'²

Baseline		Endline		Change	
Male	Female	Male	Female	Male	Female
5.5%	5.5%	23.4%	23.4%	17.90%	17.90%

The qualitative data agree with the quantitative, with a majority of interviews indicating that GBV has reduced and that NCA has had an overall positive impact in reducing GBV. Of the nine interviews where a perception of NCA's impact on GBV over the life of the programme was shared, five were completely positive and four had mixed opinions. Females in particular were more positive about the good impact. Communities were similar in their perceptions.

Table 11: Qualitative response distribution, overall impact NCA has had on reducing GBV, as coded by being mentioned in an interview (n=18 interviews)

	Males (n=9)	Females (n=9)
Positive	1	4
Neutral	3	1
Negative	0	0
No response	5	4

Young men and women were articulate in describing the changes, as one female FGD in Nguba said:

"GBV has reduced here because of awareness/sensitization which has been done in this area. It has reduced because men don't bother women's lives anymore because we ourselves are aware of our rights and we have begun to call out acts of GBV so they don't continue happening. It has reduced because even within the community we ourselves have taught others how women can protect ourselves and defend our rights and we are beginning to be listened to and heard within our communities".

Despite the generally positive progress, there still remain clearly detrimental attitudes, including among one FGD with girls in Walungu, who said that the main ways to prevent sexual violence were: "knowing how to defend oneself, to wear appropriate clothing, and avoid going to farm by oneself". There also seems to be some degree of resistance to the program in Nguba in particular. One implementer in Nguba said that the GBV programme was not always welcomed by men. The young male FGD said,

"The GBV program has created a discord in the community. One part of the society thought that the program could cause some conflicts within the households. To get around these difficulties, instead of sending our agents to sensitize and train directly the community, we thought that it would be better to train the local leaders who in their turn train the other members of the community".

² Possible responses to this question (See Annex Tools, Question #72) were 'often', 'sometimes', 'never', and 'refusal [to answer]'. Those refusing to answer were omitted from the percent calculations.

That same female implementer also indicated that some women were resistant to the program: “Moreover, some women were against the teaching about gender, thinking that could destroy their marital home.”

Outcome ST 1.2: Women have participated in local governance processes

Women are said to participate in local governance processes significantly more at endline than at baseline. This attitude is most significant among men, though both men and women had similar attitudes at baseline.

Table 12: Outcome ST 1.2 (1): Women's involvement in community meetings / decision-making

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
Yes, usually	34.8%	37.3%	58.87%	36.17%	24.07%	-1.13%
Yes, sometimes	38.0%	34.8%	28.14%	42.98%	-9.86%	8.18%
No, never	27.2%	27.9%	12.55%	15.74%	-14.65%	-12.16%

Of the fourteen participants who commented on the role of NCA's programming on increasing women's empowerment and voice in community affairs, particularly through interventions that will help them achieve self-sufficiency, eight said the impact was completely positive; six - almost all in Nguba - had mixed opinions.

Table 13: Qualitative: NCA's impact on women's power / involvement in public life

	Males (n=9)	Females (n=9)	Kyeshero (n=6)	Nguba (n=6)	Walungu (n=6)	Total (n=18)
Positive	5	3	4	1	3	8
Mixed / neutral	4	2	1	4	1	6
Negative	0	0	0	0	0	0
No response	0	3	1	1	2	4

A young female beneficiary in Nguba said: “even within the community we ourselves have taught others how women can protect ourselves and defend our rights and we are beginning to be listened to and heard within our communities”. The positive impact of the programme seems to be spreading organically, as a male implementer in Walungu said, “Most of girls who have attended NCA programs have changed positively. This has motivated other girls to apply. Since NCA has started working in the community, there has been a visible change of behavior in the population and people are happy about it.”

The main complaints with the programme were, as with other areas, lack of funding to reach all the women who needed it, and also to provide sufficient resources to those who were part of the program. One female implementer in Kyeshero said: “With the REFLECT program, we teach women how to take care of themselves (self-sufficiency). But there are still many challenges. We register many applicants (500) which go beyond the total number of REFLECT Circles (135).

Output 1.2.1: Rights holders are empowered and mobilized to claim their rights for protection and participation

One aspect of empowerment is the degree to which basic skills in maths, reading, and writing are acquired. The main change in this regard is that significantly fewer women at endline say they don't know maths and reading/writing 'at all', and now know 'a little'. Women are still significantly less knowledgeable of maths, reading and writing as compared to men, though the gap is lessened at endline.

Table 14: Output 1.2.1: Can you do basic maths?

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
Yes	76.2%	51.8%	73.59%	48.51%	-2.61%	-3.29%
A little	17.8%	26.6%	19.05%	43.83%	1.25%	17.23%
Not at all	5.9%	21.6%	7.36%	7.23%	1.46%	-14.37%

Table 15: Output 1.2.1: Can you read/write?

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
Yes	76.3%	44.6%	69.70%	43.40%	-6.60%	-1.20%
A little	14.5%	18.0%	17.75%	32.77%	3.25%	14.77%
Not at all	9.1%	37.4%	12.55%	23.83%	3.45%	-13.57%

The sample above is not from those participating in the programme only, so it masks the progress that may be occurring with beneficiaries participating in the literacy programmes. The qualitative data indicate that these programmes are both popular and effective, especially for young women, as one young male in Kyeshero said, "The girls welcome very much these NCA programs, because so many of them thought they had run out of life chances and opportunities. NCA gives them even more hope by teaching them skills which encompass a literacy program and an entrepreneurship program."

Participants did suggest that the literacy programme include instruction in French, not just Swahili.

Outcome ST 1.3: Positive male role models have influenced their peers to respect women's rights

Overall, there is significant improvement in positive attitudes toward gender rights among both men and women. The only area in which there was significant deterioration was among women who believed it was not ok to go to the market solo. Men showed improvement in every measure.

Table 16: Is it okay for a man/woman to: by gender

	Baseline			Endline			Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
OK Woman: Go to a bar	8.6%	8.6%	8.6%	20.1%	13.3%	17.0%	11.5%	4.7%	8.4%
OK Woman: Drink alcohol	21.0%	8.6%	13.6%	29.8%	16.7%	23.2%	8.8%	8.1%	9.6%
OK Woman: Wear trousers	14.5%	21.2%	18.5%	23.4%	36.6%	30.0%	8.9%	15.4%	11.5%

OK Woman: Keep money	26.3%	42.1%	35.8%	49.6%	46.4%	48.0%	23.3%	4.3%	12.2%
OK Woman: Question husband	9.7%	11.2%	10.6%	23.4%	5.1%	14.2%	13.7%	-6.1%	3.6%
OK Woman: Go to market solo	90.9%	92.4%	91.8%	92.6%	68.9%	80.7%	1.7%	-23.5%	-11.1%
OK Man: Help cook	30.1%	39.9%	36.0%	82.3%	48.1%	65.0%	52.2%	8.2%	29.0%
OK Man: Care children	43.0%	57.2%	51.5%	83.5%	61.3%	72.3%	40.5%	4.1%	20.8%
OK Man: Washing	18.8%	33.5%	27.6%	65.5%	39.1%	52.2%	46.7%	5.6%	24.6%

Output 1.3.1: Faith and community based organizations have been influenced to transform and change beliefs, attitudes, behaviour and practices that uphold GBV

The qualitative data tells us that there are faith-related activities around GBV occurring within the programme, though they are not detailed. One male beneficiary in Nguba referred to: “JANENE VAUVEE”, which helps women to become active participants and give their opinions for the improvement of local development” which could extend to GBV-related interventions. An implementer in Kyeshero explained the particularly important role of the church given their work with displaced or otherwise vulnerable populations:

One should bear in mind that our job is more centered on the displaced, and our priority is also more visible towards women rather than men. From this light, we work with churches at Goma (8e CEPAC Kyeshero, CEBECA, the Catholic Church), in Nzala camp, in four camps in Masisi.

Programmatic Objective 2: Government and service providers are accountable

Outcome LT 2.1: Government and service providers are accountable on prevention, protection and response to GBV

Output 2.2.1: Duty bearers are influenced to implement national laws and domestication of legal frameworks preventing GBV and promoting the rights of women and girls

Significantly more males have said they have been exposed to some sort of GBV training since baseline; slightly more, but still significantly more, women have been exposed since baseline. The qualitative agrees with these findings, already discussed under Outcome LT 1.1.

Table 17: Output 2.2.1: % who have had GBV training

Baseline		Endline		Change	
Male	Female	Male	Female	Male	Female
28.4%	40.2%	44.59%	48.51%	16.19%	8.31%

Respondents were most often exposed to workshops related to GBV and over a quarter said they had organized dialogue sessions in the community about GBV. Men in particular were more active in these areas, while women were especially active in counselling and reintegration for survivors of GBV.

Table 18: Exposure to GBV- or WASH-specific Interventions, Endline only, by gender

	Male	Female	Total
Nothing at all	8.7%	11.5%	10.1%
Workshops related to GBV	42.9%	30.2%	36.5%

Organizing dialogue sessions in the community about GBV	31.2%	20.9%	26.0%
Pamphlets, signboards or radio jingles related to GBV or gender equality	18.6%	17.0%	17.8%
Counselling / safe houses / reintegration assistance for survivors of GBV	8.2%	25.1%	16.7%
Help with reporting and following up on cases of GBV	6.9%	16.2%	11.6%
Informational workshops related to conflict resolution / mediation / peace	3.5%	15.7%	9.7%
Organizing dialogue sessions in the community around conflict resolution / mediation / peace	3.5%	9.4%	6.4%

In general, satisfaction for information received during any sort of GBV intervention is much improved among men, but slightly deteriorated among women who feel only somewhat satisfied.

Table 19: Outcome LT 2.1: Of those who have seen a GBV Intervention, are satisfied with information received, by Gender

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
Very	8.0%	21.6%	34.6%	12.3%	26.6%	-9.3%
Somewhat	24.0%	37.3%	23.4%	51.9%	-0.6%	14.6%
No	68.0%	41.0%	40.3%	33.2%	-27.7%	-7.8%

Outcome MT 2.2: GBV-related legislation is implemented and Outcome ST 2.2: Duty bearers have engaged to implement national laws and domestication of legal frameworks preventing GBV and promoting the rights of women and girls

In order to understand the extent to which community members may rely on police to help them in the event that a crime has been committed, it is useful to consider when they would or would not report, and to whom, a variety of crimes including GBV. Since midline, when this indicator was introduced, there is clearly less reliance on police and instead on traditional chiefs where people would report a theft.

Table 20: Outcome 2.2 (New Midline Indicator): “If you are aware of a case involving theft [specify anything that does not involve GBV] who would you go to for help”

	Police	Gov. Chief	Trad. Chief	Relig. Leader	NGO - CBO	Family	Friends	Police GBV Unit	Refusal
Midline									
Male	73.2%	2.2%	9.5%	2.6%	1.7%	0.4%	6.5%	3.5%	0.4%
Female	60.5%	2.6%	24.7%	1.8%	1.8%	1.5%	4.8%	2.2%	0.0%
Total	66.3%	2.4%	17.7%	2.2%	1.8%	1.0%	5.6%	2.8%	0.2%
Endline									
Male	39.0%	12.6%	20.8%	0%	0.4%	4.3%	10.0%	1.7%	0.4%
Female	44.7%	3.4%	40.9%	0%	0.0%	1.7%	6.0%	0.0%	0.9%
Total	41.8%	7.9%	30.9%	0%	0.2%	3.0%	3.0%	0.9%	0.6%

At endline, there is a **significant increase in those who would report a case of GBV to the police from baseline among both males and females**. Interestingly, only males say that they would report to the Police GBV unit while females said police only. Females were more likely to say that they would report an incident to a traditional chief.

Table 21: Outcome MT 2.2: where to report GBV if they hear about it / experience it, endline only

	Police	Gov. Chief	Trad. Chief	Religious Leader	NGO - CBO	Family Member	Health Clinic	Friends	Police GBV Unit	Refusal
Male	34.2%	13.0%	13.9%	0.4%	1.3%	4.8%	2.6%	2.2%	22.1%	0.0%
Female	44.7%	3.8%	31.9%	0.9%	5.5%	4.7%	5.1%	1.3%	0.0%	0.4%
Total	39.5%	8.4%	23.0%	0.6%	3.4%	4.7%	3.9%	1.7%	10.9%	0.4%

Overall, males slightly more often would report to police (whether normal police or GBV unit) as compared to females.

Table 22: Outcome MT 2.2: % who would report GBV to police if they hear about it / experience it

Baseline		Endline		Change	
Male	Female	Male	Female	Male	Female
43.5%	38.9%	56.28%	44.68%	12.78%	5.78%

The qualitative data agree with the above findings, showing that participants are generally knowledgeable of the correct process when hearing of an incidence of GBV. They also seem to trust that police can help, as one female beneficiary in an FGD in Nguba said: “it [GBV] has reduced in our community because men are now starting to be afraid to beat women because a woman can now take legal action”. The generic process repeated in a number of interviews, reportedly learnt in NCA workshops, was that a survivor of GBV should:

- Seek medical attention at a hospital
- File a report with the police or state*
- Tell one’s parents
- Seek advice from community members
- Community members should reassure the individual that the issue will be resolved.

A female beneficiary in Kyeshero explained the helpful role that police have played:

“NCA has been pivotal in the resolution of violence between the two genders, more so between individuals who were in relationships and had children. The police have been instrumental in diffusing violence. The chief overseeing the community has also played a role in resolving conflicts. ”

What was missing from the qualitative discussion, though, was a good indication of how they felt in terms of the efficacy of the process in terms of accessing justice and accessing follow-up physical and psychosocial care for survivors. **The general thrust of people’s responses to questions regarding GBV was around prevention and immediate follow-up; ideas on the longer-term needs for survivors were absent.** A female FGD even mentioned that perpetrators of GBV should be forgiven as part of the process, without any mention of also punishing that perpetrator first.

Outcome MT 2.1: Local authorities and communities have implemented joint local development agendas and Outcome ST 2.1: Basic services for GBV Survivors are put in place

Output 2.1.1: Rights holders have access to sound and sustainable water supply

WASH-related interventions occurred in six of the eleven communities visited for the evaluation; as such, only those six communities (Kalehe, Kasunyu, Mukwidia, Walungu, Masisi Kalinga and Masisi Center), are utilized in the quantitative data presented below. Additional supplementary qualitative information is provided to give us nuance around local perceptions of / experiences with WASH, though it is necessary to note that the qualitative sites were not those that had WASH interventions.

There are significant differences in perceptions between men and women on access to a basic water supply, both at baseline and endline. **In general women are the ones who access water, so the indicators related to this will be measured from female perceptions only.** There are mixed attitudes about whether access has improved or not, with 8% more females at endline thinking access is easy as compared to baseline, but also 18% more females at endline saying that there is no supply as compared to baseline.

Table 23: Output 2.1.1 Access to basic water supply, women only, six WASH-intervention communities only, baseline and endline

	Baseline	Endline	Change
Yes, easy	34.8%	43.0%	8.20%
Yes, not easy	42.7%	16.3%	-26.40%
No, none	22.5%	40.7%	18.20%

It appears as though there is basic water supply in all the WASH intervention communities, but not everybody has access to it. The situation varies across communities, as shown in the table below, where access to water was said to be much more prevalent among women in Kasunyu, Masisi Kalinga, Masisi Center, and Mudwidga, and much less prevalent in Kalehe and Walungu. Across all communities, though, there are clearly some people with good access to water and others without good access to water, pointing toward a lack of equity in water access within individual communities.

Table 24: Output 2.1.1 Access to basic water supply, six WASH-intervention communities only, Endline only, by community, women only

	Kalehe	Kasunyu	Masisi Centre	Masisi Kalinga	Mukwidja	Walungu	Grand Total
Yes	8.7%	68.2%	45.8%	59.1%	63.6%	13.6%	43.0%
Somewhat	26.1%	0.0%	37.5%	4.5%	4.5%	22.7%	16.3%
None	65.2%	31.8%	16.7%	36.4%	31.8%	63.6%	40.7%

Among the sites for qualitative research, the WASH intervention only occurred in Walungu, and of the six interviews conducted there, four had completely positive remarks about the work and two were mixed. The main complaint was that the water taps in particular were said to be not sufficiently repaired since installation, and many had broken as a result of nobody taking care of them and/or lack of funds to repair them. Still, many specified the extremely positive impact that access to clean water, and sensitization about sanitation, had had on the community.

The same proportion (59%) of women do nothing to treat their water at endline as compared to baseline. Slightly more bleach their water as compared to baseline and fewer are letting it stand.

Table 25: Output 2.1.3 (1): Water treatment, women only, six WASH-intervention communities only, baseline and midline

	Baseline	Endline	Change
Boil	5.0%	8.9%	3.9%
Add bleach	25.0%	31.9%	6.9%
Strain	0%	0%	0.0%
Use filter	0%	0%	0.0%
Solar	0.4%	0%	-0.4%
Let stand	5.7%	0%	-5.7%
Other	5.7%	1.1%	-4.6%
Nothing	58.2%	59.3%	0.1%

Walungu has slightly better progress in treating water as compared to the other communities, but still 45.5% of women overall do nothing to treat their water

Table 26: Output 2.1.3 (1): Water treatment, gender, six WASH-intervention communities only, women only, by community, endline only

	Kalehe	Kasunyu	Masisi Centre	Masisi Kalinga	Mukwidja	Walungu	Grand Total
Boil	4.3%	0.0%	8.3%	9.1%	9.1%	22.7%	8.9%
Add bleach	34.8%	36.4%	33.3%	18.2%	36.4%	31.8%	31.9%
Other	0.0%	6.7%	0.0%	0.0%	0.0%	0.0%	1.1%
Nothing	60.9%	63.6%	58.3%	72.7%	54.5%	45.5%	59.3%

Time to fetch water has improved slightly since baseline, with an average of 8 minutes less to fetch water at endline. The most time was saved in Mukwidja and Kalehe; time had slightly increased in Masisi Kalinga.

Table 27: Outcome ST 2.1 (1): Time to fetch water (minutes), by gender, WASH-intervention only

	Baseline			Endline			Change		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Kalehe	55.3	52.6	53.8	31.9	43.7	37.9	-23.4	-8.9	-15.9
Kasunyu	7.3	17.7	12.8	8.1	8.3	8.2	0.8	-9.4	-4.6
Mukwidja	30.5	31.0	30.8	14.7	14.5	14.6	-15.8	-16.5	-16.2
Walungu	34.6	20.2	24.7	10.5	21.7	16.0	-24.1	1.5	-8.7
Masisi Centre	28.4	25.1	26.0	13.6	19.8	16.9	-14.8	-5.3	-9.1
Masisi Kalinga	8.8	9.1	9.1	10.5	14.9	12.6	1.7	5.8	3.5
Total	28.4	24.7	26.1	14.8	20.7	17.7	-13.6	-4	-8.4

Output 2.1.2 Rights holders have access to adequate, appropriate, acceptable and sustainable sanitation services in public institutions, households; Output 2.1.3: Rights holders' organisations have the capacity for management of sustainable community water supply and sanitation services

Overall, the quality of toilet that people have access to seems to have deteriorated significantly since baseline, with one third of people who had access to a pit with a slab at baseline now having a pit without a slab.

Table 28: SO 2.1.2: Type of toilet, by gender, six WASH-intervention communities only, baseline and endline

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
Flush	3.92%	7.30%	0.7%	0.0%	-3.22%	-7.30%
Ventilated pit	11.76%	4.49%	0%	0%	-11.76%	-4.49%
Pit with slab	53.92%	37.64%	11.0%	5.9%	-42.92%	-31.74%
Pit without slab	11.76%	29.78%	87.5%	87.4%	75.74%	57.62%
Bucket	0.00%	0.56%	0%	0%	0.00%	-0.56%
Other	18.63%	19.10%	0.7%	6.7%	-17.93%	-12.40%
Refusal	3.92%	7.30%	0%	0%	-3.92%	-7.30%

Qualitative interviews and observations by the field team members confirm that while there were improved toilets at some point, they have not been properly maintained and are now unusable.

Men and women generally perceive that water-borne diseases have become less frequent in the last two years, around midline. At midline they had also perceived such diseases to have been decreasing from the previous time period.

Table 29: NEW MIDLINE INDICATOR: "Thinking about today versus two years ago, do you think that water-borne diseases (e.g. cholera, dysentery) are more frequent, less frequent, or about the same in this community?", six WASH-intervention communities only, by gender

	Endline	
	Male	Female
More frequent	12.5%	12.6%
Less frequent	84.6%	84.4%
Same	2.9%	2.2%
Refusal	0.0%	0.7%

Communities were similar in this perception, though there was slightly higher perceived prevalence in Masisi Centre; lower in Mukwidja, Masisi Kalinga, and Kasunyu.

Table 30: NEW MIDLINE INDICATOR: "Thinking about today versus two years ago, do you think that water-borne diseases (e.g. cholera, dysentery) are more frequent, less frequent, or about the same in this community?", six WASH-intervention communities only, by community, women only

	Kalehe	Kasunyu	Masisi Centre	Masisi Kalinga	Mukwidja	Walungu	Total
More frequent	13.0%	0.0%	20.8%	9.1%	9.1%	22.7%	12.6%
Less frequent	87.0%	95.5%	79.2%	86.4%	86.4%	72.7%	84.4%
Same	0.0%	0.0%	0.0%	4.5%	4.5%	4.5%	2.2%

Refusal	0.0%	4.5%	0.0%	0.0%	0.0%	0.0%	0.7%
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Programmatic Objective 3: Decreased youth propensity to engage in violence, including GBV

Outcome LT 3.1: Decreased propensity to engage in violence for programme target groups and Outcome ST 3.2: Positive youth role models have influenced their peers to manage conflicts in a non-violent manner; Outcome 1.3: influencing others

A conflict scale was developed to measure the extent to which young people (age 15-31 only) were prone to using violence as a solution to problems.³ Conflict propensity is significantly less at baseline as compared to endline, an extremely promising outcome. Women showed the most substantial progress, having higher conflict propensity scores at baseline but now having lower scores at endline.

Table 31: Conflict propensity (0 low propensity to conflict; 10 very high propensity to conflict), by gender, young people aged 15-31 only

	Baseline	Endline	Change
Male	4.34	1.20	-3.14
Female	5.23	0.83	-4.40
Total	4.91	0.98	-3.94

Among youth age 15-31 only, there is a slight decrease in the proportion of females who think they should be 'very involved' in mediating conflict, but an increase in the proportion of males.

Table 32: ST 3.2 (1): Role in mediating conflict, "very involved" , by gender, young people age 15-31

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
"very involved"	66.0%	66.0%	73.6%	59.5%	7.6%	-6.5%

A slightly larger proportion of males and females participated in conflict resolution behaviour 'this year'.

Table 33: NEW MIDLINE INDICATOR Outcome 1.3: Number of times has used conflict resolution behaviour 'this year', by gender, youth and adults

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
Many	19.7%	13.2%	30.7%	13.6%	11.00%	0.40%
Some	31.6%	45.8%	38.5%	42.1%	6.90%	-3.70%
Rarely	43.6%	36.2%	25.5%	33.6%	-18.10%	-2.60%
Saw no conflict	5.1%	4.8%	5.2%	10.6%	0.10%	5.80%

³ They were asked whether it was 'always', 'sometimes' or 'never' acceptable to use violence in the following situations: to stop themselves from being physically hurt; because someone has insulted them; because someone has insulted their religion; to protect their country or region; to provide for themselves or their family.

The qualitative data agree that this aspect of the programme has been very successful. Of the nine participants who commented on NCA's impact in reducing youth conflict propensity, six were totally positive and three, one in each community, had mixed opinions. A young male FGD in Kyeshero told their stories:

“We were brutal; Violence determined our existence, but now we are reluctant to commit any violent action as our credibility depends on it. I used to interfere in other people’s troubles without even knowing what was going on. However, I have changed now. I have become a peacemaker. Whenever I come across a fight or dispute, I do my best to restore peace. I have even advised my parents who were often in bad terms to be reconciled. I have become a good reference of peace in our family”.

Table 34: Qualitative: NCA's impact on conflict propensity

	Males (n=9)	Females (n=8)	Kyeshero (n=6)	Nguba (n=6)	Walungu (n=6)	Total (n=18)
The issue is improved – young people are less prone to conflict	3	3	3	2	1	6
Mixed / neutral	3	0	1	1	1	3
The issue is worse – young people are more prone to conflict	0	0				0
No response	4	5	2	3	4	9

The main aspect of reducing this conflict propensity was said to be the socio-economic interventions, including the rehabilitation kits, which helped focus young people’s attention. The male director of an implementing organization in Kyeshero explained:

“NCA actions are very important because they help lots of young people gain a respectful status in the community. Youth who were hopeless in the community are supported to stay away from anti-values actions and social scorn. At the end of their socio-economic training, these young people become autonomous and self supported. “

However, this was not without its issues. One implementer in Nguba mentioned that, ‘for the program of rehabilitation, some young people whose families were poor sold their rehabilitation kit, which resulted in a climate of insecurity’.

Another dimension that was said to be helpful was the dialogue / mediation sessions that were held in the communities. A young male in Despite this extremely positive progress toward reducing conflict propensity, and a general positive attitude around NCA’s role in reducing conflict, there are a number of ways that the programme has been lacking. For example, one female implementer in Nguba said that “The program of rehabilitation caused a problem, because women were at the same places as men who have committed atrocities from which they were victims”.

Outcome MT 3.1: Young women and men have a positive outlook on their chances of securing sustainable livelihoods

Young men are less optimistic at endline about their futures; young men have the same optimism as they did at baseline. Overall, men are much more optimistic than women.

Table 35: MT 3.1: % of young people age 15-31 who have a ‘good chance’ of a sustainable livelihood

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female

"Good chance"	65.2%	52.6%	63.9%	45.4%	-1.3%	-7.2%
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Outcome ST 3.1: Vulnerable young women and men are reintegrated into their community of choice

Output 3.1 At-risk youth have acquired skills to improve their income generation and employment opportunities

Based on the quantitative survey, more youth have not had vocational training at endline as compared to baseline. Young women have significantly less vocational training than young men at both baseline and endline.

Table 36: ST 3.1 / Output 3.1: Vocational training, by gender, among 15-31 year olds only

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
None	31.6%	68.4%	50.5%	74.5%	18.9%	6.1%

Among the few who have had access to vocational training, whether some or completed, most do not have enough income from it. However, there is modest progress from baseline where more often youth said they had no income at all from it.

Table 37: ST 3.1 (1) : Among those with vocational training, sufficient income from vocational training, young people age 15-31

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
Yes, plenty	55.0%	56.3%	22.9%	44.1%	-32.1%	-12.2%
Yes, not enough	15.0%	18.8%	52.1%	41.2%	37.1%	22.4%
No	30.0%	25.0%	25.0%	14.7%	-5.0%	-10.3%

The findings related to this outcome are more helpfully seen in the qualitative data, which shows quite positive change and that the programme is quite popular. In Walungu in particular, an implementer noted that they received far more applications than they could process given their limited financial resources. Other issues were mainly around the degree to which there was adequate resources and/or follow-up for graduates of the programmes. Of the twelve interviews with comments on NCA's vocational training / literacy work, four were completely positive - three of those in Kyeshero and one in Walungu, and eight were neutral, nearly all in Nguba and Walungu.

Table 38: Qualitative: NCA's impact from vocational programming

	Males (n=9)	Females (n=9)	Kyeshero (n=6)	Nguba (n=6)	Walungu (n=6)	Total (n=18)
Positive	2	2	3	0	1	4
Mixed / neutral	5	3	1	4	3	8
Negative	0	0	0	0	0	0
No response	2	4	2	2	2	6

One young woman beneficiary of the programme in Walungu explained,

"Compared to last year, we now feel that we are productive members of the society owing to the fact that we received training regarding different employment opportunities. This has

resulted in us being able to earn money from salaried work, which has in turn cemented our role in the community. In addition, we weren't useful members of the society until we learned how to read and write as well as financially fend for ourselves thanks to the training we received that enabled us to seek employment.

The main issue was around finding longer term livelihood strategies that matched the new skills learnt. A female implementer in Kyeshero confirmed that vocational training helped, but it didn't necessarily help them in the long-term: *"Though they have received money that would help them to start a new life, these women always need assistance in the long term, because they are burdened with too many family expenses. Besides, their activities are not exempted from taxes".*

Relatedly, the amount of resources provided in the 'reintegration kits' were not considered to be adequate, to turn the skills into a viable business, as young male beneficiaries in Kyeshero said:

"The funds we have been receiving to help us apply what we've learned are not enough. These funds help us to start our own business and gain access to work material. Currently, these funds don't allow us to have access to quality materials to enable us to provide quality services in order to be competitive in the market. We would like to see the reintegration kits readjusted by providing them us more materials and funds to enable us to fully exploit all the knowledge we have learned during training and so we can become competitive in the marketplace."*

There are also some indications that young women are resistant to livelihood strategies previously in the domain of men, but are slowly coming to take on these new roles, as the director of one of NCA's partners in Kyeshero explained:

"Young boys, adults, and other age groups in the community like the NCA programs because there are programs designed for each age group, young as well as adults. Even though we avoid categorizing or labelling some fields with gender, we notice that young boys and more attracted by the mechanic or mechanical adjustment hoping to become drivers or repair cars. The positive point is that some girls understand now that gender has nothing to do with these fields of work both boys and girls can do them. As a result, in 2016 we started to see some girls enrol in mechanic, welding, and mechanical adjustment and they successfully finished their training."

Outcome ST 3.3: Community-level social cohesion has increased

Output 3.2: Local communities are mobilized to build cultures of peace

Significantly more young women and men say that they feel they belong to their community at endline as compared to baseline. Females in particular have shown much progress, where they felt less included as compared to men at baseline.

Table 39: ST 3.3 / ST 3.1 (2) / ST 1.1 (2)'I feel that I belong to my community', gender, young people aged 15-31

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
"very much"	53.3%	33.3%	60.8%	58.2%	7.5%	24.9%

Similarly, young women have shown great improvement from baseline in terms of their agreement that the community is very close-knit. Young men have remained the same.

Table 40: ST 3.3 / ST 3.1 (2) / ST 1.1 (2): "This community is close knit" by gender, young people aged 15-31

	Baseline		Endline		Change	
	Male	Female	Male	Female	Male	Female
Very much	51.1%	27.3%	52.6%	53.9%	1.5%	26.6%

Output 3.3 Faith actors have established interfaith structures for cooperation and peacebuilding

A female implementer in Walungu confirmed that "The authorities, institutions, and communities are beneficiaries of the NCA programs are a collaboration between the government and people being governed, religious authorities, civil society, etc... is very important"

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Summary of findings by theme

The findings presented below focus on the change that has occurred from baseline to endline. In reviewing these findings, it is critical to recall that there is no way to prove causality given the study design was observational, not experimental. In other words, while we may see positive or negative changes from baseline to endline, we cannot say with confidence that the changes are the result of the programme alone or even at all. However, the qualitative data can help us to see where perhaps the programme did contribute in some way, and how it may be refined in future to have a bigger impact.

Overall, people are extremely positive about NCA's work to date, though there is clearly a problem with lack of resources that lessens the impact on beneficiaries. This is not an issue of scale / reach to a larger number of beneficiaries, but rather that those who stand to benefit from the program do not fully benefit given too few resources.

Problems in the community: In general, people feel there are fewer problems in their community at endline. Both men and women, but women in particular, perceive there to be significantly less domestic violence occurring in their community at endline.

Incidence of GBV: Perceived incidence of GBV generally speaking is lower at endline, with two thirds of both men and women saying it 'never happens', which is 18% more compared to baseline. Many attribute this drop to increased police response / knowledge of legislation.

Perceptions about GBV: Acceptance of GBV behaviours are significantly lower at endline. Men had more accepting attitudes at baseline but now have equally non-accepting attitudes as compared to women. Participants report more exposure to GBV-related interventions that have contributed to their improved attitudes, in particular workshops and community-level dialogue sessions.

Reporting / intervening in crimes including GBV: At endline, there is a significant increase in those who would report a case of GBV to the police from baseline among both males and females. Interestingly, only males say that they would report to the Police GBV unit while females said police only. Females were more likely to say that they would report an incident to a traditional chief. When

it comes to theft, however, it appears as though community members are more likely to rely on their traditional chiefs than police. There is little attention given to longer-term response to survivors of GBV, for example helping them bring justice to their perpetrators and/or access psychosocial care.

Perceptions about violence / conflict: Conflict propensity among youth is significantly less at endline as compared to baseline, among both young men and young women. Progress was especially pronounced among young women. Much of these improved attitudes are attributed to the dialogue circles and also to the general empowerment of young people, socio-economically for the most part, to focus their attention more productively.

Reporting / intervening in violence / conflict: Young people are, in general, more likely to be involved in conflict resolution behaviour and nearly a third of young men have said they have used conflict resolution behaviour 'this year', 11% more than had at baseline. Young women regressed in terms of their belief that they should be 'very involved' in mediation, where young men improved.

Attitudes toward the future: In general, the outlook among young people about whether they have a 'good chance' of a sustainable livelihood has remained stagnant from baseline. Access to vocational training appears to still be limited, as it was at baseline, though among those who have accessed vocational training, they report making more money, though still not enough, than they did at baseline.

Literacy and Maths: There continue to be major gaps between men and women in terms of literacy and maths knowledge, with 74% of men versus 49% of women saying they can do maths, and 70% of men and 43% of women saying they can read/write at endline. However, there is some progress since baseline, and women less often at endline say they don't know maths and reading/writing 'at all'.

Integration into community / close-knit community: A slight majority of young men and women feel that their community is close-knit and that they 'belong', and the attitude has increased significantly among young women who felt quite negative in this regard at baseline. Now, attitudes are more equitable. Young people feel as though the dialogue circles, and the socio-economic empowerment of at-risk youth is particularly impactful in re-integration.

Women's involvement in community life / politics: Women's rights are clearly becoming more recognized by both men and women at endline as compared to baseline. Certain behaviors that were viewed as unacceptable for women to do, like keeping money or drinking alcohol are more accepted, and certain behaviors previously viewed as unacceptable for men, like helping with cooking or caring for children, are becoming increasingly accepted. Additionally, women are slowly becoming more involved in community meetings and decision making; 13% of men and 16% of women say that women are 'never' involved, which is 15% and 12% more, respectively, than at baseline.

WASH: WASH is the one area where there is consistent deterioration in progress since baseline. Access to basic water supply is mixed by participant even within the same communities, indicating non-equitable access. Water treatment is generally not practiced and less so at endline, and access to improved toilets is significantly lower at endline. Even so, communities perceive there to be less

incidence of water-borne diseases in the last two years. The main issue is that equipment was built, but is not effectively serviced as a result of inadequate funds and/or nobody skilled to maintain it.

High-level Summary

The programme has shown very promising results in the areas of reducing acceptance of GBV and encouraging people to report incidences to police. The program has also shown very promising results in the area of increasing youth propensity to peacebuilding attitudes and being active members of their community when it comes to mediation of conflict.

The programme has shown mixed results in terms of providing access to livelihoods opportunities, particularly through vocational training.

The programme has shown negative results in terms of WASH interventions, where access to clean water and improved toilets is worse than it was at baseline.

Recommendations

Generally

- Consider bringing a resilience lens to the programming as it continues and scales up, given the constantly changing multi-risk situation of Eastern DRC where progress made by the programme may be precarious. This would involve focusing on all dimensions of resilience – anticipatory, absorptive, adaptive, transformative – that would help people and communities, and if well-implemented, could ensure both men and women are able to respond to and recover from stressors and shocks.
- Formalize a conflict sensitive approach (“do no harm”) to all programming, which would include a regular conflict analysis in the region to take into account new and changing risks.
- As much as possible, increase the number of beneficiaries within communities already being worked in, given the main complaint is that not all who should benefit are able to benefit. If not possible, make it very transparent how and why beneficiaries are selected, and provide lighter touch and less costly interventions for others so as to not feel left out and/or resentful towards those who do benefit

Literacy / Numeracy:

- Provide the option of French language instruction in addition to Swahili
- In addition to providing instruction directly, provide support (financial or otherwise) for beneficiaries to access accelerated education programmes and/or alternative education programmes in the area.

Conflict Prevention:

- Provide incentives for young men to take part in conflict prevention activities, most especially access to vocational programmes.

- Expand conflict prevention activities to broader community, in particular through radio programmes speaking out against conflict behaviour
- Feature role model stories of young men and women who have spoken out against conflict and take an active role in mediating dialogues along conflict lines.

Livelihoods / Vocational Training

- Where possible, increase resources provided in reintegration kits, or provided add-on bonus for graduates who show promise in setting up / expanding their business.
- Set up and support apprenticeship programmes with existing businesses that help graduates of vocational programmes to practice on-the-job skills, that will eventually translate into full-time work.
- Include the option of entrepreneurship training for beneficiaries to look into starting their own household enterprise related to their skill; support informal businesses
- Include training on access to finance – steps on how to apply for credit, assets needed, banks that support micro-businesses including those that are unregistered.

GBV:

- Continue working with people, especially young men and women, to make clear the importance of both male and female agency in preventing GBV – it should not be completely up to a woman to behave in ways that make her less likely to be assaulted, but rather up to the man to not act in ways that are detrimental to women.
- Provide more education on laws and procedures around reporting to police / official channels, and following up on instances of GBV, as not everyone is aware of legislation and/or specific procedures. In particular, make clear that GBV laws apply within marriages, and that reporting.
- Consider working with local leaders who will then work with community members, to prevent potential for discord, especially with men who have shown some resistance to the programme
- Expand programme to work more directly on issues around getting justice and follow-up physical and psychosocial care for survivors of GBV.

WASH

- Follow-up on all equipment installed (water taps, latrines) to log necessary repairs / reinstallations. Work with communities to ensure one or more persons are properly trained and can be responsible for maintaining the equipment, and provide whatever amount of money required to do so effectively, given what has been learnt over the years of the programme. Consider setting up a repair committee who hold each other accountable to the use of funds and timely completion of repairs.

- Educated communities on proper use of taps and latrines, including basic maintenance skills and knowledge of whom to report issues to, to reduce greater and more costly damage.
- Continue educating communities on basic WASH skills and encourage them to teach their children those skills.