

# EXTERNAL EVALUATION OF PROGRAM ACTIVITIES: CHILD-FRIENDLY SPACES AND CHILD PROTECTION IN THE DEMOCRATIC REPUBLIC OF CONGO

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COVER IMAGE CREDITS: Child-Friendly Space in Sange (Geir Gunnlaugsson)



DECENTRALIZED PROVINCES OF THE DEMOCRATIC REPUBLIC OF THE CONGO



Carte 2. Territoires, collectivités et principales villes du Sud-Kivu

Approximate locations of the six CFS marked in red. From: Munyuli T et al., *Open Agriculture* (2017).



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## List of acronyms

CFS	Child-Friendly Space
CPMS	Minimum Standards for Child Protection in Humanitarian Action
CPN	Child Protection Network
DDR	Disarmament, Demobilization and Reintegration
DIP	Detail Implementation Plan
DIVAS	Social Affairs Division, Ministry of Social Affairs, South Kivu
DRC	Democratic Republic of Congo
ESFGA	Children from forces and armed groups
FARDC	Armed Forces of the DRC
GBV/GBSV	Gender-Based Violence/Gender-Based Sexual Violence
HEART	Healing and Education through the Arts
HNO	Humanitarian Need Overview
IDP	Internally Displaced Persons
IGA	Income Generating Activity
KuA	Kujitegemea Actions
MEAL	Monitoring, Evaluation, Accountability and Learning
MFA	Ministry of Foreign Affairs and International Cooperation (Iceland)
MHPS	Mental Health and Psychosocial Support
MONUSCO	UN Military Peacekeeping Force
NGO	Non-Governmental Organisation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PM	Project Monitoring Tracking Report
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psycho-Social Support
PSW	Para-social workers
RECOPE	Community volunteers
SC	Save the Children
TOR	Terms of Reference
UEPNDDR	National Programme for Disarmament, Demobilization and Reintegration
UNCRC	United Nations Convention on the Rights of the Child
WASH	Water, Sanitation and Hygiene



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## Executive Summary

From 1 November 2020 to 31 March 2022, Save the Children (SC) Iceland contributed to child protection work in the eastern part of the Democratic Republic of Congo (DRC). The engagement was in response to an international call by SC International for humanitarian assistance in the area here in the province of South Kivu. To that end, SC Iceland applied successfully for humanitarian funds from the Icelandic Ministry of Foreign Affairs and International Cooperation (MFA) for six months, i.e., 1 November 2020 to 30 April 2021 (Phase 1). This collaboration was renewed for another six months, i.e., from 1 July to 31 December 2021 (Phase 2); as all funds had not been used at the end of the year as planned, the project period was extended to 31 March 2022, and to be concluded with an external evaluation.

The field visit that built the foundation for this report was conducted from 28 February to 11 March 2022. It rests on an agreed Terms of Reference (TOR) for the evaluation to answer several evaluation questions, grouped into five main project implementation domains. It included a visit to SC's offices in Goma and Uvira, and three project sites in the Uvira territory in the South Kivu province; the project sites in Fizi/Itombwe (Mwenga) territories could not be visited by the evaluation team because of difficult geographical access and security issues. During the field visit, the evaluator met and discussed project activities with 74 people, including SC staff, implementing partners, volunteers, community members and groups of children with 40-50 participants in total; the voices of those interviewed are given prominence in *Chapter 5* of this report. SC Uvira recruited a local consultant who helped with all interviews in the Uvira territory (translation to English) and documented the information provided together with the author of the report. In addition, the evaluator was given access to key project documents by SC Iceland and Uvira.

The project setting is one of the most conflict-affected areas in eastern DRC. Almost half a million children were affected by ongoing conflicts in the area and needed psychosocial support when SC Iceland and SC Uvira initiated their collaboration. The vulnerability of the populations in the setting is further compounded by four out of six grave violations of children's rights in conflict, i.e., gender-based sexual violence (GBSV), recruitment and use by armed groups, targeting or use of schools, and unlawful detention. The area is also characterised by challenging physical access to reach populations needing services.

SC International has longstanding experience in working in diverse humanitarian settings. Child-Friendly Spaces (CFS) are one of the tools the organisation has developed and implemented to attend to the needs of children in times of crisis. The project proposal's overall goal was to ensure children's physical and mental well-being in the project area in South Kivu province through the running of CFS in six villages. Here, the CFS were to provide services for children in a vulnerable situation and affected by the ongoing humanitarian emergency in the area, i.e., displaced children, returned children, child-head of households, or children with disabilities. The project document gave particular attention to victims of violence, including GBSV, with psychosocial, medical, and inclusive care.

SC International has been working in DRC for more than two decades and has established robust administration and approaches to further children's interest in fragile settings. The SC Uvira office was responsible for implementing the project activities with its partner, the NGO Kujitegemea Action (KUA), and the Division of Social Affairs (DIVAS) of the Ministry of Social Affairs in the province. These partners collaborated with the six communities through volunteers (RECOPE) and community members.

In line with the project proposal, SC Uvira staff and partners implemented context-specific CFS in the six target communities. These allowed children to regularly participate in recreational and leisure activities to

recover from psychosocial distress. In total, 6,954 children took part in the CFS activities, thereof 253 children who had suffered physical and emotional abuse, economic exploitation, sexual abuse or GBV. Implementing the BellaNet approach included two capacity building sessions on the methodology with 11 CFS staff and a technical discussion with SC Kinshasa and SC Uvira team in Kinshasa. Furthermore, 840 parents in the six communities participated in sessions on positive parenting.

Efforts to improve the management of children in need of services reached 431 individuals, e.g., members of the child protection network, case workers, and clubs for children and youth. This activity also included training for 12 para-social workers in the communities and their supervisors. One hundred ninety-three children in need benefited from age- and gender appropriate referrals during 15 months of project implementation. Further, 63 unaccompanied and separated children benefited from family tracing and reunification. They were cared for in Transitional Foster Families (FAT) that were supported with Non-Food Item (NFI) kit before reunification with their biological families. In total, 24 children benefited from complete individual case management.

Community-based child protection work was strengthened with meetings that aimed to improve the capacity of the partners to identify child protection cases, their referral and subsequent monitoring. In total, 192 community-based child protection members took part in these meetings. Finally, the staff and partners reached 17,495 adults and 12,938 children with awareness-raising activities in the six target communities. These campaigns focused on child protection themes such as violence against children (e.g., physical abuse) and GBSV. They have also included information on the negative impact of alcohol, smoking cigarettes and drugs on people's health, particularly children.

During the field visit, the children and parents expressed great satisfaction with the activities at their respective CFS; they wanted more of the same and had suggestions for improvement.

Below is a summary of responses to the five evaluation questions, as outlined in the TOR.

*Relevance:* The project activities addressed the needs of children and families in the three visited CFS, and it is likely to be the case in the three CFS the evaluation team was not able to see. Without the support of SC Uvira through the funds provided by SC Iceland, the needs of children for child protection would not have been addressed to the same extent as evidenced in this report. The given support was in harmony with the policies of the collaborating partners, with expected results considering the short lifetime of the project. One lesson learned is that activities promoting child protection need long-term commitment, irrespective of setting. In this project, SC Uvira provides such commitment, not SC Iceland. In that context, including a new methodology (BellaNet) in the project proposal, even as a pilot – later excluded as part of project activities – was not well conceptualised for the setting; nonetheless, those involved in the approach talked favourably about their experience.

*Coherence:* Internal and external coherence of project activities is sound and guaranteed by the long-term engagement of SC Uvira in the setting and well-established administrative routines.

*Effectiveness:* The three visited CFS were context-specific. They were operational with a mix of activities for both vulnerable children and children seeking activities for play and enjoyment. The promotion of positive parenting sessions was implemented and well-received by all interviewed staff and volunteers, and community members. Also, case management was effective and contextualised to benefit vulnerable children. Children received specialised child protection activities, and the CFS staff strengthened the community-based child protection work. They also implemented awareness-raising activities while SC Uvira

should respond better to expressed needs of the volunteers and children to conduct such activities. The funds provided by SC Iceland have been crucial to maintaining and strengthening child protection activities in the involved communities. The community valued the activities, and those interviewed deemed them good quality. Fidelity to project implementation was also satisfactory considering the context, yet with the exemption of the BellaNet approach, later excluded as part of the project activities. Irrespective of the sufficient overall good effectiveness of project activities, attention to the maintenance of the CFS could have been better, considering the considerable project funds provided. During the field visit, no plans were presented for such work or intentions to offer similar services and equipment across all the six CFS in focus. Further, SC staff submitted no plans to expand CFS activities to other sites, as hinted in the project proposal, and those interviewed in the communities vividly requested.

*Efficiency:* The overall efficiency of the project activities is less than optimal. What is evident is that the staff and the volunteers have implemented many activities, but at a high cost. During the project period, there have been no expensive infra-structure or other investment costs. Based on available information, most funds have been used for recurrent expenses, e.g., for staff and administration, evidently costly items in this conflict-prone context.

*Sustainability:* There is ample evidence to claim that the project activities have a potential for at least short- and medium-term benefits for the beneficiaries and their immediate family and community members. Yet, without outside funding, the community has no resources to take over project costs and continue with child protection activities to the same extent as implemented in this project. The staff and community members suggested introducing income-generating activities (IGA) to strengthen the sustainability of the CFS.

To sum up, the project on child protection in focus in this report is difficult to implement in any setting, not the least in the complex background of eastern DRC. Thus, the evaluation's overall conclusion is that the partners have been mostly successful in implementing such activities within the environment of CFS and as laid out in project documents.



# 1 Introduction

## 1.1 Background to the context

The Democratic Republic of Congo (DRC) is the second-largest country in Africa (after Algeria), covering 2,345,410 km<sup>2</sup> with an estimated population of about 95m inhabitants (1); just over two out of five are aged 14 years or younger. It is located around the equator, bounded to the north by the Central African Republic and South Sudan; to the east by Uganda, Rwanda, Burundi, and Tanzania; to the south-east by Zambia; south-west by Angola; and to the west by Angolan exclave Cabinda and the Republic of Congo (Brazzaville) (2). It is almost landlocked except for a 40 km long coastline on the Atlantic Ocean. Most of the country is composed of the Congo basin, at an average elevation of about 520 m above sea level. The Congo River crosses the country from the Katanga plateaus in the southeast to cross the equator twice on its way to the Atlantic Ocean. The north-south, Western-Rift valley forms the eastern border, including the lakes Kivu and Tanganyika. A map of the DRC is found in Front Matter.

The country comprises 26 administrative provinces, including the city province of Kinshasa, the capital. It is situated in the west with an estimated population of 17m, bordering the capital city of Congo-Brazzaville. Following a decentralisation process, the provinces have a certain autonomy, e.g., public service function and local resources and their use.

There are more than 200 ethnic groups in DRC, with the Bantu constituting much of the population, with Luba (18%), Kongo (16%), Mongo (14%) and Rwanda (10%) as the largest ethnic groups (2). Similar diversity is found in spoken languages. French is the official language. Nonetheless, there are four national languages of importance for communication in regional commerce and on the radio, i.e., Swahili, Kiluba, Kongo and Lingala, which is rapidly expanding, e.g., in the capital city of Kinshasa and within popular music. Roman Catholics are the largest religious group (50%), followed by Protestants (20%). Others are indigenous Christian (10%), Muslims (10%) or adhere to traditional belief systems (10%).

DRC is ranked 176 out of 186 countries on the Human Development Index 2020 compared to 4th-5th place for Iceland on the same index (3). The GNI per capita (PPP) was 1,063 USD in 2020 while fluctuating substantially in recent years; similar data for Iceland was 54,682 USD. The health situation of the population is precarious and characterised by high mortality rates; the average life expectancy is gradually improving but still only 60,8 years (2019). In the *Countdown 2030* (4), the maternal mortality rate (MMR) was 473 per 100.000 live births (2017), and the under-5 mortality rate was estimated at 59 per 1.000 live births (‰) (2019). The nutritional state of children is precarious, with 6% suffering from acute malnutrition (wasting) and 42% from stunting (low height-for-age).

The current situation of DRC is marked by its colonial history. Initially, it was considered the property of a group of private investors led by the Belgian King Leopold II, Congo Free State (2). The regime became notorious for its brutality against the local population and was forced to give up its authority to the Belgian state in 1908 to become a colony (Belgian Congo). In 1960, the country became independent as the Republic of Congo, later Republic of Zaire ('great river') and now the DRC. After a tumultuous immediate post-independence era, Mobutu Sese Seko governed the country until being overthrown in 1997. Subsequently, civil conflict ensued that officially ended in 2003. Still, fighting continued and lingered on in the eastern part of the country, the setting for the humanitarian assistance that is in focus in this report.

The situation in DRC remains one of the most complex and protracted humanitarian crises in the world, affected by five humanitarian impacts: population movements, acute food insecurity, acute malnutrition, epidemics and protection issues (5). By 2022 it is estimated that 27m people need humanitarian assistance, an increase of 7.4m compared to the year before, principally because of the situation in certain areas in eastern DRC, including South Kivu. The most vulnerable population groups identified as in need of humanitarian assistance are 1) people affected by population movements, i.e., internally displaced people (IDP), refugees, returnees and host communities; 2) children; 3) gender-based violence (GBV) survivors and people at risk of such violence; 4) pregnant women and lactating mothers; and 5) people with disabilities (5). The crisis is volatile, principally a result of continuing conflicts between communities, non-state armed groups and Congolese security forces. This situation is compounded by socio-economic challenges the population faces in their everyday lives. Further, the refugee situation in the country is complex, with about 5.5m IDP and about 500k refugees who come from neighbouring countries. These population movements are most pronounced in the eastern area, i.e., in the provinces Kasai, Tanganyika, Ituri and Kivu, including South Kivu, the setting for the project in focus here.

Irrespective of the nature of the conflict, it is estimated that more than 3m children in DRC have been affected by a continuous risk of displacement, family separation and violence. They live in a country where children experience all six violations of children's rights, as defined by the UN General Assembly (6): 1) Killing and maiming; 2) Recruitment or use of children in armed forces and armed groups; 3) Attacks on schools or hospitals; 4) Rape or other grave sexual violence; 5) Abduction of children; and 6) Denial of humanitarian access for children.

## **1.2 Save the Children**

### **1.2.1 Save the Children DRC**

Save the Children (SC) DRC has vast experience managing projects. In the five years before implementing the project supported by SC Iceland, it had worked on over 150 grants from a wide range of donors, including USAID/OFDA, DFID, ECHO, GSK, UNICEF, SIDA, DANIDA and the Humanitarian Pooled Fund. The SC team has about 400 national and international staff working on more than 30 projects across the country, supporting boys and girls to survive, learn and be protected. SC DRC has been actively engaged in promoting children's rights and improving their well-being. Over the years, SC DRC has built critical relationships with relevant government entities in the country. Currently, it is implementing a multi-year response to the ongoing conflict related to the needs of displaced, returnee, and host populations in the provinces of Ituri, North Kivu, and South Kivu.

### **1.2.2 Save the Children Iceland**

SC Iceland is an organisation under the umbrella of SC International. It was established in 1989 with an initial focus on activities within Iceland (7). Guided by the United Nations Convention on the Rights of the Child (CRC) (8), the SC Iceland contributed to work that in 2013 resulted in the CRC becoming legally binding in national legislation in Iceland. The focus has been on children's rights to health, education, and well-being. In collaboration with other like-minded organisations, its thematic areas of interest in Iceland include work against children's usage of tobacco, alcohol and drugs and promotional activities to foster socio-emotional development and well-being of children. Preventive work against sexual abuse of children

has also been prominent, resulting in a merger with the Icelandic NGO *Blátt áfram* in 2019, including the adoption and implementation of the BellaNet methodology for preventive actions.

On the international scene, SC Iceland contributed to the work of SC International in Uganda from 2007 to 2013 (9). The overall objective was to support governmental efforts in two northern districts following military conflict by reconstructing and developing the social sector, including education, health, child protection and food security. In 2018, the Board decided to expand its international engagement and had two successful proposals to the Ministry of Foreign Affairs and International Collaboration (MFA) in Iceland for humanitarian assistance to Syria and Yemen. To further strengthen this work, a new post of Director for International Projects was established in August 2019.

Following an international call in 2020 from SC International, its branch in Iceland applied for humanitarian funds from the MFA for six months, i.e., 1 November 2020 to 30 April 2021 (Phase 1) (10). The focus was on child protection through Child-Friendly Spaces (CFS), established and run by SC International for many years in different humanitarian settings. The proposal requested support for six CFS that the SIDA Major Hum project had funded in South Kivu in the DRC (April 2017 to March 2020); as the DRC was not a Swedish priority country, SIDA terminated its assistance. Subsequently, the DANIDA Flex project shortly funded the work in the six CFS (March 2020 to August 2020); it is flexible and not a long-term partnership. The contract between SC Iceland and SC DRC was renewed from 1 July to 31 December 2021 (Phase 2) (11). As the collaborating partners had not used all funds at the end of the project period, the project was prolonged for three months and was to terminate by 31 March 2022, followed by an external evaluation.

In March 2022, SC Iceland signed a framework agreement with the MFA for its international activities. The SC Iceland is now actively involved in Uganda, Sierra Leone, and DRC projects. It also supports humanitarian activities through its international arm in Syria and, most recently, refugees from Ukraine.

## **2 Methodology of the evaluation**

### **2.1 Terms of Reference**

The contract with the MFA for SC Iceland supported activities in DRC stipulated that an external evaluation should be conducted at the termination of Phase 1 of project activities. In April 2021, Dr Geir Gunnlaugsson, a paediatrician and Emeritus Professor of Global Health, on behalf of T16 ehf., and SC Iceland agreed on Terms of Reference (TOR) for the evaluation (Annex 3). The assessment could not be implemented as planned because of a volcanic eruption in Goma in May 2021 and later, in August 2021, because of the project area's temporary deteriorating security situation and an expanding COVID pandemic. Yet, the collaborating partners had completed all preparatory work. Several online Team meetings were held with project staff in DRC and Iceland, discussing project activities, sharing documents, and planning the evaluation, including purchasing flight tickets. The consultant was also required to take and pass a Personal Safety and Security Test, a compulsory course for all SC International staff, including external evaluators.

Following encountered difficulties in conducting the evaluation, as agreed, and subsequent agreement of an additional 6-month period of project activities (Phase 2), the partners decided to conduct the external review before its conclusion. In preparation for the field visit, there were several online Team meetings with staff in DRC and Iceland, including staff at the MFA. After COVID-related delays, the field visit for

the evaluation began with arrival to Goma, DRC, on 28 February and was finalised on 11 March 2022, with departure from Bujumbura, Burundi.

## 2.2 Field visit

While in Goma (28 February to 2 March; pop. ~700,000), the consultant was received by SC staff and oriented on the security situation, generally in DRC, but particularly in North and South Kivu. There were also several meetings with the international and local team on the implementation of CFS in the area, including the sites in South Kivu, the elaboration of the contract with SC Iceland, and orientation on the MEAL (Monitoring, Evaluation, Accountability and Learning) approach (12). Finally, there was also a meeting with the Field Manager of SC in North and South Kivu. The evaluator sensed the volatile security situation in Goma through, e.g., strict rules on where to go and a requirement to stay indoors after 18H. All movements after that hour should only be conducted with certified SC drivers in case of need.

When the evaluator arrived at Goma, weekly flights from Goma to Uvira City under the administration of the UN had been cancelled. They were not expected to resume until June 2022 or later. Thus, to reach Uvira City, it was first necessary to take a boat on Lake Kivu with the National MEAL coordinator to come to Bukavu, the capital city of South Kivu (3 March; pop. ~1.2m), on the border with Rwanda. During the stay in Bukavu, the team visited the local SC office, localised within the complex of World Vision. The next day, the group crossed the border of Rwanda on its way to Uvira City (pop. ~650,000), with arrival just in time to meet the key staff at the SC headquarters shortly.

A local consultant, Mr Patrick Bahati Lusambya, was recruited to assist the consultant during the fieldwork (4-10 March). He is a researcher on the rights of the oppressed and an analyst in managing conflicts in the DRC. He effectively assisted the consultant with translation and general support during the field visit.

## 2.3 Security recommendations

At arrival to Uvira, the evaluator had a contact meeting with the SC Project Coordinator in Uvira, together with the national MEAL coordinator. Furthermore, before embarking on field visits, the Security and Humanitarian Access Officer at SC Uvira had a security briefing with the evaluation team. He explained the different levels of security that SC DRC applies. Out of the five security levels, the Uvira territory is at level 3, which means that security is volatile. Everything can change at any time at the activity site on behalf of SC Uvira, whether it is regular staff, a day labourer, a consultant or a visitor. Consequently, he explained that all those acting within SC Uvira had to respect the standards and security measures of this specialised service of the organisation. He emphasised that no incident had been recorded with SC staff involved in the last six years. Irrespective, the evaluation team was encouraged to be careful regardless of the presence of checkpoints of the FARDC (Armed Forces of the DRC) along the road. We were also informed that its existence could not guarantee 100% security, especially since certain ill-intentioned elements could constitute a threat to humanitarian actors on the move.

The security officer advised the evaluation team the following: 1) Respect the security standards with security hours defined from 8H00 to 15H30; 2) Never miss a cell phone and credit; 3) Stay in constant contact with the Security Officer who monitors security in the area through his address book; 4) Report any movement out and back, and even arrival in popular and hot places; and 5) Do not take the risk of

leaving a place beyond safe hours; else, spend the night and wait to return next morning in case of need. The signing of a consent document sanctioned this security briefing.

## 2.4 Visits to CFS

The evaluation team visited three out of six CFS supported by SC Iceland in the province of South Kivu, i.e., those in the Uvira territory in the villages Kiliba (7 March, pop. 24,000), Luvungi (8 March, pop. ~57,000) and Sange (9 March, pop. ~60,000). The staff of SC in Uvira and involved in project activities was also interviewed (4-10 March), including responsible persons for the NGO Kujitegemea Action (KUA), an implementing partner of CFS for SC, and DIVAS, the social affairs division of the Ministry for Social Affairs in South Kivu. The field visits were marked by the unstable security situation, requiring to return to the SC Uvira before 16H. The roads were also in bad condition, with considerable time needed for travel to reach each of the three sites. Further, for the same reasons, it was impossible to visit three CFS in the Fizi/Itombwe (Mwenga), i.e., in Ake, Lusenda and Malinde, located in the southern part territory along the shore of Lake Tanganyika. A map of the area is found in Front Matter.

## 2.5 Collection of data

The evaluator conducted all interviews in Goma in English, and notes were written down on paper and transcribed to electronic format the same day. In Uvira, most of the interviews were in French or Swahili, i.e., in the chosen language of the interviewees, or English if that was an option. Both consultants, local and external, wrote down notes from the interviews and discussions and transcribed them to electronic format the same day.

SC staff organised all the evaluation visits beforehand and contacted responsible persons at each site to receive us. All three meetings had the same components: 1) volunteers (RECOPE) and social workers from DIVAS; 2) community members (parents); and 3) discussion with children who participated in the CFS activities. Discussion with children was either in a large or in a smaller group. In all the interview settings, there was a balance of gender. The evaluators took care to allow all participants to raise their voices to give their opinion. They emphasised that the participants could speak freely and anonymously. It was a limitation that the consultants came in a SC marked car with project staff during the discussion; when the evaluators raised the issue of relations with SC Uvira, the team was once kindly requested to leave the room to encourage their free expression of opinion. The guiding themes for discussion included the following: 1) daily routine and activities at the CFS; 2) case management; 3) sensitisation and awareness campaigns; 4) what was good about CFS and ideas on how to improve it; and 5) why being a volunteer. Other themes developed along with the discussion and depended on the group, e.g., the general opinion of the children and why they attended. The evaluators observed the CFS's infrastructure and ongoing activities of children playing or sewing on the veranda or around the structure.

After returning to Iceland, the consultant had follow-up discussions with responsible persons within SC Iceland. Before delivering the final report, the evaluator distributed a draft for comments to SC Iceland that requested feedback from collaborators in DRC.

To sum up, the external and local consultants discussed with 74 staff members and 40-50 children during the field visit (Annex 1).

## 3 Project goals and objectives

### 3.1 Project setting

The SC Iceland project has been implemented in the eastern province of South Kivu (Map). It has a population of ~5.8m, divided into eight territories; the administrative centre for the SC activities in the province is in Uvira City.

The Fizi/Itombwe (Mwenga) and Uvira Highlands region in South Kivu have been plagued by severe tensions involving local tribes, militias, the FARDC, and forces of or allegedly reporting to Rwanda and Burundi. It is one of the most conflict-affected areas in eastern DRC, with more than 800,000 people in acute humanitarian need targeted under the Humanitarian Needs Overview (HNO) in 2020. Almost half a million children are estimated to be affected by the ongoing conflicts in the area and in need of psychosocial support, e.g., following family separation and recruitment by local militias. Challenging physical access and the low presence of humanitarian actors increase the population's vulnerability and limit survivors' access to timely medical services and other pillars of holistic care; widespread GBV/GBSV further compounds the vulnerability of people.

The three CFS in the Uvira territory visited are in the Ruzizi Plain in the northern part of South Kivu (Map). The Ruzizi Plain has been a theatre of ongoing conflicts and violence for over two decades (13). The area encompasses the Ruzizi Plain Chiefdom and parts of the adjacent Bafuliiru Chiefdom. Conflict dynamics have been centred on disputed customary authority while framed in terms of intercommunity conflict. Armed groups have mobilised to defend their community and act under the influence of political and military entrepreneurs with more self-interested motives. Currently, the violence is related chiefly to armed groups' revenue-generation strategies, which involve armed burglary, robbery, assassinations, kidnappings for ransom and cattle looting. The violence is further compounded by interpersonal conflicts involving debt, family matters and rivalries. Despite the presence of the UN peacekeepers (MONUSCO) and FARDC, the conflict has resulted in massacres, e.g., in Mutarule in 2014, in which at least 30 people were killed; eight years later, none has so far been prosecuted for the killings. The latest reported violent outbreak occurred on 16-17 April 2022 with clashes between the FARDC and one of the armed groups (Mai mai KIJANGALA), with one civilian killed. This recent incident has resulted in a population movement of about 8,000 people from 1,350 households to the nearby but more secure towns of Sange, one of the project sites, and Kigoma Centre (14).

### 3.2 Project proposal

The project proposal was established in response to a call for humanitarian assistance to DRC as expressed in the Humanitarian Need Overview (HNO) in 2020 by OCHA (United Nations Office for the Coordination of Humanitarian Affairs). It identified South Kivu as one of the worst-affected provinces. Only 14% of identified funding humanitarian needs had been secured, and the situation was defined as catastrophic. The proposal by SC Uvira and SC Iceland aligned with the strategic response outlined in the HNO 2020, focusing on child protection. The project proposal aimed to provide psychosocial support to children in the Uvira and Fizi/Itombwe (Mwenga) territories, e.g., by access to CFS for children in a vulnerable situation and affected by humanitarian emergencies, i.e., displaced children, returned children, child-head of household, or children with disabilities.

The project objective was to ensure children's physical and mental well-being. Particular attention was given to victims of violence, including GBV/GBSV, with psychosocial, medical, and inclusive care. The project also aimed to raise awareness among adults and children about child protection and the risks of family separation. Particular attention was given to GBV by piloting the BellaNet methodology within the context of CFS. The procedure applies interactive methods to help girls develop their decision-making ability and provide them with practice identifying and rejecting violations. As an introduction to the methodology and preventive work for violence against children, three SC Iceland staff members visited SC DRC in Kinshasa in October 2021. The visit included a 3-day training session with two responsible SC staff members in Uvira for project activities supported by SC Iceland. The training focused on children's and adults' roles in preventing violence against children and support and reporting mechanisms on such experiences.

### **3.3 Beneficiaries**

The first project proposal directly targeted 12,930 children (56% girls), 4,763 adults (52% females) in six communities in the Uvira (three villages) and Fizi/Itombwe (Mwenga) territories (three villages) through child protection activities in CFS and case management for six months. The partners made efforts to include vulnerable children. These include those formerly associated with armed groups (as identified by UEPNDDR – National Programme for Disarmament, Demobilization and Reintegration), unaccompanied and separated children, and child survivors of GBV/GBSV and physical abuse, and child victims of neglect and exploitation. The project was also to directly target 4,763 adults, including 600 adults (200 men; 400 women), who were to participate in positive parenting programmes. The partners expected that the project would reach a total of 17,693 direct beneficiaries and that 50,000 people would benefit indirectly from the awareness-raising activities

### **3.4 Monitoring, Evaluation, Accountability and Learning (MEAL)**

SC's MEAL (Monitoring, Evaluation, Accountability and Learning) department collects and uses data to support decision-making and continuous improvement in the project area. In line with SC standards, anticipated MEAL mechanisms for this intervention included a project-level plan to guide data collection and information sharing with beneficiaries and accountability. Staff would collect data through interviews and discussions with different target groups, including boys, girls, women and men, community leaders, women's groups, and local authorities. SC would ensure gender balance and diversity when recruiting MEAL assistants.

SC has found that telephone hotlines are the most accessible accountability mechanism for adults but that girls and boys prefer face-to-face interaction, mainly through focus group discussions. It has also commonly used suggestion boxes, indicating acceptance and accessibility of project activities. SC has also budgeted a lump sum for gender-sensitive and age-appropriate accountability mechanisms. The MEAL team was to process and analyse feedback and complaints from the project setting according to procedures and take appropriate actions.

In the project proposal, the SC was to establish reporting mechanisms for suspected victims of PSEA (Prevention of Sexual Exploitation and Abuse) and child safeguarding violations. The Child Protection Team, the Child Safeguarding Coordinator and PSEA focal points ensured that all reports of abuse were

processed and analysed according to standard procedures. When beneficiaries raised complaints about other agencies, they would be referred through the PSEA focal point.

### 3.5 Coordination

For this project, SC Iceland was the contracting agency, SC DRC was the implementing agency through its country office in DRC, particularly its office in South Kivu, and in collaboration with DIVAS. In Phase 1, project implementation was supported by staff from KUA. In Phase 2, the activities were carried out directly through community structures with technical support from SC Uvira. Therefore, the CFS activities were organized by the members of the RECOPE (Community Child Protection Networks), voluntarily committed to holding such activities within their respective communities”

### 3.6 Budget

In Phase 1, the budget was 249,815 USD and 249,366 USD for Phase 2. The funds came from the MFA (95%) and SC Iceland (5%). Table 1 gives an overall picture of the project costs based on information provided by SC Uvira. The evaluator summarised the information on project funds from MFA and SC Iceland based on the two project proposals and available information from SC Uvira.

Table 1. *Summary of budget and actual costs per budget item and project funding, by Phase 1 and 2.\**

Item	Phase 1		Phase 2		Phase 1 & 2			% Spent
	Budget USD	Cumulative Expenditure USD	Budget USD	Cumulative Expenditure USD	Budget USD	Cumulative Expenditure USD	The proportion of cost per item (%)	
<i>Programmatic Costs</i>	101,700	105,394	81,862	82,041	183,562	187,256	44	102
<i>Travel Accommodation</i>	7,429	6,398	5,611	10,436	13,040	12,009	3	92
<i>MEAL costs</i>	9,500	4,884	5,150	7,041	14,650	10,034	2	68
<i>International Staff costs</i>	7,560	7,427	12,745	25,034	20,305	20,172	5	99
<i>Local Staff costs</i>	53,745	58,743	83,841	91,882	137,586	142,584	34	104
<i>Running costs Uvira</i>			11,200	16,257	11,200	11,200	3	100
<i>Local administration (CAM)</i>	16,373	7,514	13,540	27,605	29,913	21,054	5	70
<i>Partner costs</i>	14,000	5,827	13,078	12,236	27,078	18,905	4	70
<b>Sub-total SC Uvira</b>	<b>210,307</b>	<b>196,186</b>	<b>227,027</b>	<b>272,532</b>	<b>437,334</b>	<b>468,718</b>	<b>100</b>	<b>97</b>
<i>SC Iceland contribution</i>	12,490	12,490	12,470	12,470	24,960	24,960	100	100
<i>MFA contribution</i>	237,324		236,896			474,220		100
<b>Total project funds</b>	<b>249,814</b>		<b>249,366</b>			<b>499,180</b>		
<i>Difference vis-à-vis budget</i>		+41,138		-35,636		+5,502		99

\*Fluctuating exchange rates may explain minor differences compared to the outcome.

### 3.7 Cross-cutting issues

The project proposals emphasised the importance of gender-sensitive approaches, based on lessons learned from previous SC interventions and work, in DRC in general but particularly in South Kivu. The partners agreed to give attention to gender norms, gender discrimination, child vulnerabilities and age-appropriate



needs. The proposals recognized the overlapping and compounding impact of, for example, race, socio-economic class, sexual orientation, gender identity, disability, religion, and the experience of violence.

Given the experience of the SC in the project area, the proposals highlighted the potential for unintended impact of project activities on the peace and conflict environment in the project sites. As a preventive measure, the partners explicitly stated that there would not be any involvement with members of armed groups and militias in the project sites. Further, the partners mitigated potential tensions linked with the attribution of contracts and workers' recruitment through information on SC's relating principles and rules.

The proposals underlined another principle for the work of SC, i.e., Do No Harm. It was to keep financial incentives at a minimum, and positive interrelations were encouraged amongst members of displaced communities and those from host communities. Further, the project would target beneficiaries from all ethnic groups.

The partners were to implement several accountability mechanisms to mitigate the potentially adverse effects of instigating the program. For example, a child-friendly reporting system was to be established by them to give the beneficiaries opportunities to report incidents safely and securely.

## 4 Program theory and program logic

### 4.1 Considerations

In its humanitarian work in DRC, SC is engaged in, e.g., emergency response to population displacements (e.g., IDPs, returnees, and refugees), addressing the high level of nutritional deficiencies affecting children (malnutrition), and responding to natural catastrophes (e.g., floods, and volcanic eruption (Goma)), and epidemics (e.g., Ebola, cholera, malaria, and measles). Activities in focus include, e.g., education, water and sanitation and hygiene (WASH), health and nutrition, and child protection.

One of the critical components of SCs interventions through CFS is to provide children with protected environments where they can participate in organized activities to play, socialize, learn, and express themselves as they rebuild their lives (15). CFS are program interventions to protect children from physical harm and psychosocial distress, guided by the CRC and shaped by other internationally adopted frameworks on humanitarian emergency response and development assistance. Such spaces aim to help them continue learning and developing, both during and immediately after an emergency, to reduce a range of distressing effects of a crisis on children.

The community-based approach of CFS builds on and strengthens community structures and capacities. Mobile CFS activities are designed to reach-out large numbers of children. At the same time, vulnerable children or marginal groups are identified to encourage them to participate (young mothers, children who head households, children who take care of other children, disabled children, poor children, adolescents, etc.). Yet, it is a recognised challenge that CFS are attended mainly by the most well-off in the community where they are placed (15).

## 4.2 Participatory approach

In South Kivu, the SC DRC setting for implemented project activities has been operational for 25 years. Over the years, it has fostered a collaborative relationship with the local communities, DIVAS, the Ministry of Education, civil society organizations, and local authorities and partners. Based in Uvira City, the SC office manages child protection and education programmes with financial support from the EU and the Norwegian Ministry of Foreign Affairs. The SC Uvira projects are implemented in Fizi and Ruzizi Health Zones, focusing on activities in six CFS but with established referral pathways between SC programmes and other vital services to ensure that communities receive the necessary support.

The SC Iceland funded project builds on the above experience of child protection in the province. The collaborating partners based the two project proposals on lessons learned and best practices from 25 years of project implementation in eastern DRC.

## 4.3 Program Theory

The two most common objectives of CFS are: 1) Offer children opportunities to develop, learn, play, and build/strengthen resiliency after an emergency or crisis or during a protracted emergency; and 2) Identify and find ways to respond to particular threats to all children and specific groups of children, such as those with particular vulnerabilities, after the emergency/crisis, or during a protracted emergency (15). By establishing CFS, vulnerable children can access secure space that offers context-specific support services for their expressed needs. Vulnerable children gain the skills and knowledge needed to protect themselves and their peers, including how to access support services. These include but are not limited to interim care through host families or transit centres and specialized psychosocial, medical, and legal support services tailored to individual needs by a case management approach. At the same time, community members and leaders receive support to establish or strengthen community-based child protection initiatives and link with existing services at the local or regional level. The partners aim to help children develop a sense of security and self-esteem through CFS activities, potentially positively impacting their future sustainable livelihoods.

## 4.4 Program logic

The program logic builds on implementing eight key activities, in short operational, context-specific CFS in six villages, BellaNet pilot activities, strengthened child protection management and specialized support, community-based mobile child protection activities, and awareness campaigns on child protection. The partners expect improved access to CFS to increase children's and community members' knowledge of child protection issues. Further, the participants will increase their awareness and attention to gender-specific issues, in particular diverse forms of violence against children (including sexual abuse), and the importance of positive parenting. Consequently, in the medium term, children in need are expected to be taken care of through effective interventions and supported by appropriate referrals for their specific needs. The impact will be better-trained staff, parents, and community members at large to address context-specific issues that endanger children's health and wellbeing.

For both the program theory and program logic, the partners assumed that the community would accept interventions for child protection and was willing to participate. They also expected that the proposed activities would result in a positive change in the behaviour of individual children and parents and increase children's self-esteem and resilience in the participating communities.

External factors out of the scope of project administration included, e.g., volatile security situation, continuity of partnership arrangements and access to required resources.

## 4.5 Project activities

In the project proposal, the partners outlined the following eight activities aimed at achieving project objectives:

### 1. *Design context-specific CFS*

In the project proposal, community members were to be consulted (incl. girls, boys, and vulnerable groups) about the planning/development of CFS activities and planning & kit list.

In Phase 1, children in the six target communities were allowed to regularly participate in recreational and leisure activities to recover from psychosocial distress. SC Uvira and DIVAS staff adapted psychosocial support (PSS) to the local culture and context with organised age-appropriate socio-educational and psychosocial activities. At the same time, partners ensured children's access to and continuity of formal education for school-age children.

In Phase 2, in September 2021, there was a workshop with 30 participants from Fizi (22 males and eight women) and 29 from Uvira (19 males and ten females). The workshop was also attended by local leaders, parents, representatives of health facilities, the Congolese National Police, civil society actors and other community members. This workshop was followed up by work with 24 children (12 boys and 12 girls) and 24 CFS supervisors (12 males and 12 females) to improve the quality of the activities within the CFS. The participants identified the need to rehabilitate existing CFS and children's recreational materials in those structures. Another identified need was the capacity building of 24 CFS supervisors; in response, monthly meetings were held with them to discuss technical issues on child protection.

### 2. *Operate CFS*

The project proposal entailed the operation of six CFS to carry out gender/age-appropriate psychosocial and life skills activities, including psychosocial first aid to vulnerable children or parents. Trained/qualified CFS facilitators (social workers from DIVAS) and volunteers were responsible for the actions of the CFS. Age groups in focus were children aged 3-6 years (40%), 7-11 years (35%) and 12-17 years (25%). The partners expected the project would improve work in cases of family separation and access to education for boys and girls displaced or affected by the crisis. It should address four out of six grave violations of child rights in conflict, i.e., GBV/GBSV, recruitment and use by armed groups, targeting or use of schools, and unlawful detention. Further, the intention was to expand activities to new geographic areas affected by the ongoing conflict.

In Phase 1, supported by KUA, the activity included revitalisation of the six CFS aimed to include renewals and purchasing new materials such as swings, booklets, learning materials for professional

trades such as knitting, drawing, sewing machines, and tools for positive parenting sessions, such as modules/booklets and printed sheets.

In Phase 2, activities were conducted directly through the community structures, with SC Uvira providing technical support, this time without the involvement of KUA. In total, 6,954 children (3,744 boys and 3,210 girls) took part in the CFS activities, thereof 253 children (107 girls and 146 boys) who had suffered physical and emotional abuse, economic exploitation, or sexual abuse or GBV. The perpetrators were the parents or other adults in the community. Following this insight, positive parenting sensitisation work focused on the causes and consequences of such child abuse.

Activities 1 and 2 were linked to established child protection mechanisms and a case management system in the area. At the same time, due to the volatile and dynamic security situation in the area, compounded by the COVID pandemic, these activities were either mobile or fixed.

### *3. Pilot BellaNet methodology in CFS*

In the project proposal, all six CFS were to become involved in a participatory approach with BellaNet with feedback from children, local community members, staff, and child protection experts, focusing on those aged 12-17 years. The partners included this activity in the proposal as a pilot trial of the method in the project setting.

In Phase 1, there were two capacity building sessions on the BellaNet approach, adapted to the local context and with the participation of child protection practitioners. In total, 11 CFS staff participated, i.e., nine males and two females. Also, six community meetings were held to discuss basic concepts of the approach with a particular focus on girls and boys aged 12-17 years.

In Phase 2, a two-day technical discussion took place in October 2021 at SC Kinshasa, with three female SC Iceland staff members and six from SC Kinshasa and SC Uvira, five females and one male. First, the discussion focussed on adults' role in preventing violence against children and the importance of involving all community members to end violence against children. Participants reviewed definitions and facts about violence against children in Icelandic and Congolese contexts and discussed when certain behaviours and interactions become violent. Further, the main challenges and some threats to children's well-being were in the foreground. Secondly, the focus was on children's role in preventing violence against children. That included the importance of practising communication, consent, and boundaries to reduce risks of violence and increase the likelihood that children will be able to stand up for themselves and others in similar situations. In the seminar, there was a strong emphasis on children's cultural context and circumstances, as discussion on these matters is complex and requires prudence. The staff also discussed games and methods used in the DRC and Iceland to work with children. Third and last part of the technical conversation was about reporting violence and supporting victims of violence.

### *4. Conduct positive parenting sessions*

In the project proposal, this activity entailed training volunteers and staff in the six CFS to conduct positive parenting sessions to support children who have suffered violence or abuse and strengthen child abuse prevention. To successfully implement this activity, SC Uvira and its partner, KUA, were to work with parents on life skills activities, i.e., in schools, CFS or other community facilities.

In Phase 1, positive parenting sessions were held in the six target communities to prompt parents to question cultural or traditional attitudes and behaviours against children's rights. In total, 600 parents (200 males, 400 females) attended these sessions.

In Phase 2, 30 sessions were organised for parents, guided by a module developed earlier by the SC International child protection and SGBV technical advisor. Two hundred forty parents (120 males and 120 females) participated, followed up with refresher sessions from January to March 2022. SC Uvira published one case report on Clariceya in February 2022.

5. *Strengthen child protection case management*

The project proposal entailed selecting and training case management service providers in the targeted communities to identify children needing child protection and effective referral. The partners' collaborators, i.e., DIVAS and NGOs in the targeted communities, were to establish criteria for case management and identify and train volunteer para-social caseworkers.

In Phase 1, the staff of SC Uvira and partners identified significant gaps in the case management system and the need for capacity enhancement. Findings contributed to local adaptation of the global case management approach, followed by capacity building for improved individual support to children at risk and victims of abuse. Training sessions included 431 individuals: 120 members (60 males, 60 females) of the child protection network, 24 case workers (12 males, 12 females), 240 representatives for children's clubs (60 boys, 60 girls) and youth clubs (60 boys and 60 girls), 12 CFS facilitators (six males and six females) and 35 members of the Child Protection Working Group (24 males, 11 females).

In Phase 2, SC Uvira staff organised a training session for para-social workers (PSW) and their supervisors on managing child protection cases; 12 PSW (six males, six females) took part in the training. They aimed to improve their capacity to respond individually to children partners had identified needing protection.

6. *Maintain the provision of specialised child protection support*

In the project proposal, SC Uvira, its partners, DIVAS and the UEPNDDR would collaborate to strengthen and expand the system of foster families. Case management activities also emphasise family tracing and unification and child disarmament, demobilisation, and reintegration. To successfully implement this activity, the partners would collaborate with the government and UEPNDDR.<sup>1</sup>

In Phase 1, partners, including staff from SC Uvira, KUA and DIVAS, worked to strengthen the Child Protection Network and conduct training sessions with facilitators of children's clubs and youth groups in the six target communities with CFS. The sessions focused on child protection, organisation of creative and recreational activities, psychosocial support and basic notions on GBSV. In total, 193 children benefited from age- and gender appropriate referrals (63 boys and 130 girls). Furthermore, 18 unaccompanied and separated children (eight boys, eight girls) benefited from family tracing and reunification.

In Phase 2, 28 unaccompanied children (13 boys and 15 girls) and 17 separated children (seven boys and ten girls) were identified, referred, and cared for in Transitional Foster Families (FAT). These

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<sup>1</sup>The project did not directly enter into an agreement with UENPDDR, because social and economic demobilization and reintegration activities were not conducted as part of the project; its focus was on the CFS.

children received a NFI placement kit<sup>2</sup> before reunification with their biological families. Alongside this NFI kit for children, 50 FATs each received, and for the benefit of the unaccompanied and separated children, they support one NFI kit and one food kit.<sup>3</sup>

Furthermore, 24 children (15 boys and nine girls) benefited from a complete case management package. Six were unaccompanied or separated children from their families (two boys, four girls). Five boys were victims of physical and emotional abuse, and eight children (five boys, three girls) were victims of neglect/abandonment. Three boys were victims of economic exploitation, and two children (one boy and one girl) were victims of forced labour. Each of these children received individual support from their family.<sup>4</sup>

7. *Strengthen community-based child protection*

The project proposal stipulated that the partners would link the CFS structures to existing systems through meetings, monitoring, and information sharing.

In Phase 1, SC Uvira supported revitalising and strengthening community-based child protection structures in all six target communities. It meant improved capacity for identification, referral and monitoring child protection cases with appropriate tools.

In Phase 2, there were two meetings to strengthen the community mechanism for responding to child abuse and consolidating the coordination between the intervention sites. In total, 192 community-based child protection members took part in these meetings (80 men and 26 boys; 66 women, 20 girls).

8. *Reinforce awareness-raising activities*

SC would continue to work through community structures to conduct awareness-raising or community support activities according to an action plan established with children and community members. The project partners were to apply a highly participatory approach. Notably, children and the local community were expected to engage actively across every project stage, including design, planning, implementation, and evaluation.

In Phase 1, in the six target communities, 17,313 people (2,943 boys and 5,511 men; 3,051 girls and 5,808 women) were sensitised to the risk of family separation on violations of children's rights and child protection issues. SC Uvira supported the awareness-raising activities with material distributed to the six CFS structures.

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<sup>2</sup> NFI includes the following items: 2 pants for boys (skirts for girls); 2 shirts/blouses; 1-piece wax; 1 pair of shoes; 1 pair of slippers; 4 laundry soaps; 4 toilet soaps; 2 underwear; 2 singlets; 1 hand towel; 1 pack of sanitary tampons for girls; 1 roll of toilet paper; 1 pair of socks; 1 toothbrush; 1 bottle of toothpaste; 1 box of beauty milk; all packed in a plastic bag commonly called *Osofia*.

<sup>3</sup> NFI kit for transitional foster families includes 1 mattress, 1 pair of sheets, 1 box of soap; while the food kit consisted of 25 kg of corn flour, 5 kg of white rice, 5 kg of beans, 2 bottles of palm oil and 1 kg of salt.

<sup>4</sup> The support consisted of the following items: school kits; food kits and NFI to the FAT and the biological families of the children; medical care; family tracing and reunification; support for IGA to biological families; and referral for psychosocial support at the CFS level.

In Phase 2, SC Uvira organised 12 awareness-raising sessions in the communities, implemented by the volunteers, focusing on several themes.<sup>5</sup> In total, 13,130 people participated in the awareness sessions, adults (3,412 men, 2,764 women) and children (3,744 boys and 3,210 girls).

## 5. Findings

In this chapter, the evaluation team summarises the information provided during the field visit. It builds on individual interviews and group discussions with over 100 individuals, i.e., staff from SC, DIVAS, KUA, volunteers, parents, and children (Annex 1). The aim is to allow their voices to be heard to the extent possible on their experiences of implemented project activities and the project context.

### 5.1 Humanitarian situation in South Kivu

Humanitarian needs in South Kivu are many and reflect the situation in the DRC in general. About 60,000 IDPs reside in the province and 13,000 in Uvira City alone; refugees from neighbouring Burundi have also moved into the area. People on the move stay with foster families and other sites and need education, protection, shelter, medicine, etc. There are also sporadic cholera, measles, and malaria (5). Natural disasters compound the already complex humanitarian situation, e.g., floods that come every year; the last one was in January 2022. The volcano eruption in Goma in May 2021 was also disruptive for the SC Goma office, impacting their supervisory role in their offices in the province. On top of such events, there are clashes with armed groups.

It is demanding for SC Goma to monitor security in its project areas; for South Kivu by weekly calls on Mondays to SC Uvira. At the same time, the staff uses the conversation to plan activities and identify populations in need of assistance. The geographical context adds to these difficulties with accessibility to certain zones constrained by the volatile security situation.

Generally, the DRC faces too many emergencies with a limited national capacity to respond and difficulties mobilizing sufficient funds; about 60% of all SC International funds to DRC is humanitarian assistance. Consequently, SC staff moves around to react to the different crises, one recent example being the resurgence of Ebola outbreaks. In the DRC, the emerging phase of a humanitarian crisis is often shorter than the usual definition, i.e., 3-4 months compared to six, compounded by problems such as access and delays when the implementation of the assistance needs to be prompt, fluid and with focus on the beneficiaries who come and go.

The staff outlined four critical strengths of the humanitarian work of SC DRC: 1) Political support and respect; 2) Being part of a strong network of UN offices, NGOs, local partners, and key informants in the field; 3) Flexibility informed by a deep understanding of the socio-cultural situation in the country; and 4) Good in anticipating problems to protect staff.

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<sup>5</sup> The themes included child rights and protection; positive parenting; causes and consequences of GBV; information on the types of abuse and their consequences for children; the consequences of family separation on child development; preventive measures against the COVID-19 pandemic; the importance of CFS activities for children; and community referral mechanisms for child protection cases.

The SC Goma calls for humanitarian funds based on needs assessment, focusing on those most in need at each point in time. The SC Iceland/MFA humanitarian support was appreciated and said to have been timely. It came when other donors were leaving, thus providing crucial support at the right moment for the project activities in South Kivu. Relations with SC Iceland have been good, and no issues relating to the collaboration, while there are examples of problems with other donors.

A common theme raised during the field visit was that the humanitarian situation in South Kivu needs more long-term commitment of donors, e.g., for 3-5 years. There are examples of such projects, e.g., Canada (education) and USAid (literacy). Yet the staff emphasises that 6-months project, like the one of SC Iceland, is welcome as it supports the lives of children where they live, highlights their rights, and identifies their needs.

The provided support was appreciated. The partners earmarked the funds for child protection work implemented by the Uvira office by staff with local knowledge and who were involved in elaborating the budget together with SC Goma. A more extended project period, even if only for 9-12 months, would undoubtedly be helpful in a project like the one SC Iceland has been supporting. It takes time to train staff, but because of volatile donor funds, staff on short-term contracts comes and goes, which risks continuity. Further, it is also challenging to keep the working spirit of the team intact under such an insecure employment condition, contributing to high staff turnover. Finally, it is difficult for both local and international staff to work under volatile security situations and strict implementation of curfew hours.

## **5.2 Child protection and case management**

The child protection activities, supported by SC Iceland, align with the national strategy of the DRC as well as SC International. It falls under the national policy of Mental Health and Psychosocial Support (MHPS), including CFS. There is a Child Protection Working Group for all DRC, including national and international NGOs and other stakeholders. The Task Force for Case Management is led by SC DRC and includes international and national NGOs, of which seven compose a core group. Case management in child protection work entails that all basic needs of individual children are met and their social integration. The work is integrated, e.g., with the national education and health staff, and the children are supported based on their identified needs.

SC DRC has a Child Protection Network of NGOs supported to reach children in their respective communities. Specifically, for the child protection work in Uvira and Fizi territories, KUA is the local NGO partner in close collaboration with each community through volunteers. KUA has been vetted, accessed, and judged as eligible to work on the subject matter. Their respective communities have chosen the volunteers to work on child protection activities, including identifying cases/children that need attention, e.g., because of malnutrition or abuse. The volunteers get symbolic reimbursement, about 10-20 US\$ per mobile/month; however, there are difficulties in monitoring how they use it, and low performing volunteers may only use it for personal matters. Interviewees suggested that just a simple recognition, such as a diploma, might boost a feeling of being part of a more comprehensive network of volunteers.



### 5.3 MEAL

SC DRC has a centrally organised MEAL program to have one data format coming from implemented activities during the whole project cycle. Monthly reports build on collecting data on what the staff had done in each site, transferred digitally to the MEAL officers in Goma. To facilitate this data collection, SC Goma sends a website link to field officers who fill in their respective reports that are after that sent to the Kobo server in use by SC. DIP (Detail Implementation Plan) is an Excel tool template used to collect all the relevant (and required) information data from so-called Mission Reports prepared by the project's respective officers. Based on these data, the staff produces a DIP Summary Report to monitor the progress of the project activities to judge if it is on track or not. The Project Monitoring Tracking Report (PMTR) is another tool used to monitor the activities based only on indicators. Based on this structure, SC DRC has a standard report to all the different donors. This monitoring structure does not include tracking of funds which is the responsibility of the Financial Department; it tracks all project funds and delivers monthly reports that summarize resources used.

Lua de Pareto 20/80 is a tool used for quality benchmarking for all SC DRC projects. In short, 20% of the activities are sampled and used to provide information on the rest, 80% of the activities. The Country Program Quality Database uses 10-20 different criteria for the evaluation; a particular project might also want to add some additional questions. After that, each activity gets a score that makes up a final score: <50%: poor; 50-80%= average; and >80-100%: excellent. The staff then follows up on identified failures in implementation with actions with defined deadlines for improvement. Currently, the office is working on developing a dashboard, now in its trial version, aimed to support the national SCI team in monitoring project activities.

For accountability, project staff allows the project beneficiaries to send complaints/messages. The ways to come up with complaints include a green telephone line (27%) and an information box (70%). The project has also established a Committee of Complaints for claimed misconduct. Complaints are categorised, and each category is attended to and analysed to improve the quality of project implementation.

To secure the quality of the data, the officers use triangulation of data to compare with to judge its reliability. For example, the office has access to Ministry of Health data on population in different sites. Thus, excessive numbers are spotted and corrected. Also, there is random checking on the given information.

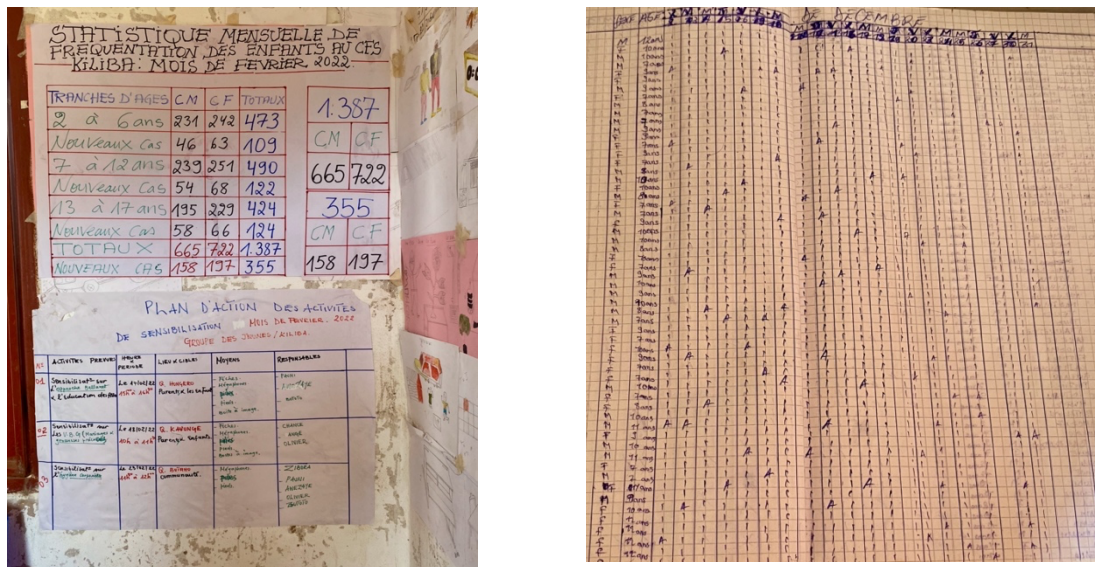
The claimed strength of MEAL is that it is a national, well-organised system that tracks the progress of project activities resulting in tailored reports to individual funders. Access to data is accessible and timely and helps SC officers to prioritise. On the other hand, this is also a weakness, i.e., many donors have a particular interest in the activities, and it becomes blurred who is paying what and with what funds that have diverse donors. Myriad donors may contribute to felt difficulties for the MEAL officers to properly follow up on some of the activities on-site because there are no central funds for quality control of the data collection lower down in the system. Another difficulty is that the digital system is national while not all areas have functional internet communication. The staff at the local level may also lack proper skills in collecting and transmitting the information, e.g., using padlets and phones. High turnover of local staff with short-term contracts and low salaries complicates the situation, and many leave in the middle of ongoing activities.

As spelt out in the Project Proposal, SC Uvira monitored all eight project activities in South Kivu through the MEAL platform. Annex 2 lists the MEAL indicators, by project activity, used to monitor the project activities during Phases 1 and 2.

### 5.4 Child-Friendly Spaces

The infrastructure of all the three visited CFS in Kiliba, Luvungi, and Sange are similar, i.e., two rooms, one used for listening to children in need of services and case management, and a large veranda. The structures are robust and functional. The walls of the rooms had many posters, including the weekly work schedule of the CFS and program for sensitisation and the Children’s Club (Figure 1). Some also had posters for March to fill in attendance. There was also a significant number of drawings by children. The evaluation team saw a large poster from the SC Iceland and MFA visible inside or outside the CFS. Further, a few volunteers wore T-shirts marked with the logo of SC Iceland and MFA. All the CFS had registration books to monitor attendance to their activities that were well filled in, including registration books for visitors.

Figure 1. Left: Statistics for February 2022 in CFS Kiliba. Right: Attendance Registry in CFS Luvungi.



Outside, on the veranda, many children were usually playing (Figure 2); in Sange, there were fewer children than usual at our visit as children attended school. The staff had moved the sewing machines to the veranda in Kiliba and Luvungi, obviously popular by both boys and girls. Some children were sitting on the floor and playing cards or other games. Others used simple toys to play with, e.g., a plastic guitar, a drum, or children’s toys. Boys played football; girls did rope jumping. For the meetings with the children on the veranda, there were plastic chairs and wooden sitting places for participants. The CFS in Kiliba had the only functional swing. Conveniently, it was nearby the primary school in the village and, during the school interval, evidently popular among the school children.

All the CFS had toilettes, two for girls and two for boys. They were clean but lacked maintenance of doors. In Sange, the old toilet had broken down. A new one had been built by the community members themselves but supported with material from SC Uvira. All three had installed a rain-water collection system for use in the rain period; the one in Luvungi needed repair.

Figure 2. Children's activities on the veranda of CFS Luvungi.



## 5.5 Volunteers and social workers

Many volunteers (RECOPE) work in the three visited CFS sites in Kiliba, Luvungi and Sange (Map). They work closely with social workers in their respective CFS. The following account builds on information gathered across all sites and are not site-specific, yet with a few exceptions. The evaluation team did not attempt to separate the opinion of social workers and volunteers.

Each site has a President for the volunteers, and they work together with staff from KUA and social workers from DIVAS. Volunteers say they come to the CFS every day. They highlight they are volunteers, yet some organisations have paid them as experienced animators of KUA and DIVAS. They called attention to the fact that the project was about to end, and their contracts and payments stopped in November 2021. Nonetheless, they continued to provide social welfare for the children in the communities. The volunteers also mentioned that they needed to be motivated to do their work as volunteers. One said: “It is a difficult job to take care of children”. Motivation could entail, e.g., an ID card or taking part in an income-generating activity (IGA). When asked, they say they are volunteers as they want to help their community and the children and fight abuse.

The volunteers and social workers emphasised that CFS was an excellent place to solve problems and work with children to help them develop. They had the CFS activities grouped into five main themes. *Physical* activities include, e.g., football, volleyball, rope jumping, swing, toad walk, race, and fact game. *Creative* activities involve manufacturing tools and objects using mud, pan, cow, goat, planes, houses, and tables. *Imaginary* activities at the CFS include the third theme. These are drawings of the child's choice or the manufacture of a ball using linens, fabrics, and rubbers. Children at the CFS also improvise dance, song, poem, drama, role play and music, including imaginary activities. The *manipulative* activities include sewing, weaving, the game of checkers, the game of six (LUDO) and SOMBI (SORE). Finally, the fifth theme of the work in the CFS is *communication*. It was about the tales of stories and dialogue in groups. During activities, when relevant, the child is allowed to explain what they were thinking about, e.g., in drawings, and express their feelings. The volunteers call attention to the many children who attend, and at times it is overcrowded. They say at least 200 children attend and sometimes 500 attendees simultaneously, depending on the activity, e.g., in case new tools arrive.

The CFS are open 5-days-a-week in two periods each day, i.e., from 08-12H and 13-16H. The volunteers organised the program into sessions targeting specific age groups: 2-6 years, 7-12 years, and 13-17 years. Overall, the younger children attend, while there are fewer adolescents and more girls than boys. Both volunteers and social workers express satisfaction with having a CFS. “All in the community are happy with CFS as it is good for the children in the area.” All children are welcome, while the daily program is based on age groups to guide attendance to age-appropriate activities.

Figure 3. CFS Kiliba. Opening hours, target age groups, and responsible volunteers.

PLAN D'ACTION DES ACTIVITES D'ENCADREMENT DES ENFANTS AU CFS - KILIBA / RECOPE MOIS DE MARS 2022					
N°	SEMAINE	HEURES	ACTIVITES	TRanches d'AGES	ENCADREURS CFS
01	LUNDI	08h-12h 13h-16h	- Physique - Créative	13 à 17ans 7 à 12ans	- KADIMA KADIMA - GISELLE - JACQUE - SAMARA - M
02	MARDI	08h-12h 13h-16h	- Manipulative - Imaginative	13 à 17ans 7 à 12ans	- IDRO MASORO - KIZA - BUDWA - IDIAMINE - P.
03	MERCREDI	08h-12h 13h-16h	- Communicative - Physique	2 à 6ans 7 à 12ans 13 à 17ans	- BUGASHANE - N. - MULANGALIB - M - IDRO - M.
04	JEUDI	08h-12h 13h-16h	- Imaginative - Créative - Physique	2 à 6ans 2 à 6ans 13 à 17ans	- SHIMURU - MUI - JIMMY - ELIA - KADIMA
05	VENREDI	08h-12h 13h-16h	- Manipulative - Communautaire	2 à 6ans 7 à 12ans 13 à 17ans	- MATUMANI - MULIKA - SAMARA

PLAN D'ACTION DES ACTIVITES DE SENSIBILISATION MOIS DE MARS 2022 / RECOPE - KILIBA.					
N°	ACTIVITES PREVUES	PERIODE	LIEUX & CIBLES	RESPONSABLES	
01	Sensibilisation sur la Parentalité Positive et l'Education des filles et Mesures barrières du COVID-19.	Samedi 05 Mars 2022 à 15h-16h	G. BUTAHO (Parents & Enfants).	- Mégaphones - Piles - Fiches - Boîte à images - Papiers - Stylos	- KADIMA M. - MULANGALIB - M. - MATUMANI - BUGASHANE - JIMMY
02	Sensibilisation sur le Travail et la PDE des Enfants.	Samedi 12 Mars 2022 à 15h-16h	G. MAMUNGE (Parents & Enfants).	- Fiches - Mégaphones - Papiers - Stylos - Piles	- KIZA BUTAGA - MULIKA - SHIMURU - SAMARA - KADIMA
03	Sensibilisation sur les Violences basées sur les genres.	Samedi 19 Mars 2022 à 15h-16h	Groupement MUMUNGU (Parents & Enfants).	- Mégaphones - Piles - Stylos - Papiers	- KIZA MALYAMUKU - IDRO MASORO - BALEKE PACTA - MUPENDWA

All emphasise that there are many problems in the area. A particular one for the site is the so-called ESFGA children, released from forces and armed groups. At times, the village chief confirms the presence of children younger than 18 years within an armed group; once the volunteers and social workers have verified the information, awareness is raised with the movement to free these young children to return to everyday life. When the armed group leader agrees to release the children, the volunteers and the social workers organize a plan to bring them into the community. Other problems in the area include child abuse, GBV/GBSV, and children with disabilities with “all types of problems; a leg, psychiatric problems”. The children with disabilities are welcome while they are not numerous (estimated at 2% of all). The volunteers and social workers help them and the community members with activities that fit their condition and supervise those.

The volunteers, social workers from DIVAS and KUA staff work well together on case management with community members. The social worker identifies the children and interviews them in the CFS consultation room to understand the problem; at times, the local chief helps to identify those in need of help and refers them to the social worker. Subsequently, the DIVAS office in Uvira is informed, and then contacts are

established with SC Uvira. The cases include, e.g., children who have left armed groups or were sexually abused. Others include trauma, health problem, minor or severe injuries resulting from rape or other maltreatment. Further, the staff attends to children with low mental capacity and those who experience problems in school.

Figure 4. Group discussion with CFS staff in Luvungi and Sange.



Most children in need of case management are adolescents, aged 13-18 years, both boys and girls, but a few are as young as 10-12 years. The social worker places them in foster families. KUA staff helps with budgeting the implementation as the foster family receives some funds for taking care of the children until they have identified their own families. These children also get so-called non-food items for daily living, i.e., clothes, shoes, hygienic materials, etc., and are helped to attend school. Afterwards, there is a follow-up of these children, primarily to ensure their social well-being, educational situation, and the reintegration kit, if the child has benefited from it. There are also kits for protection against COVID. The staff gives special consideration to the reproductive health needs of girls. For example, they receive, e.g., a Dignity Kit that includes menstrual pads, a small jerrycan for hygiene/washing, toothpaste, and soap for clothes and body; they are also mainly targeted for a scholarship to attend school. A psychologist based in the Fizi territory supports the psycho-social aspect of the work with consultations and advice for all the six CFS in the province.

This team of volunteers, social workers, and KUA staff work directly with children, focusing on child protection; the community leaders are encouraged to give attention to children in their community. The methodology applied for community sensitisation, and awareness campaigns consists of broadcasting radio programs, door-to-door visits to households and bringing men and women together for meetings. Awareness campaigns in the communities aim, e.g., to improve knowledge of child protection laws in the DRC (law N° 09/001 of 10/01/2009) and educate on physical, emotional, and sexual child abuse and sexual violence. One volunteer said: “We are working towards changing people’s minds”. They intervene if they hear about parents who are beating their children. One said: “When we approached a family during our sensitisation work, the parents stopped burning their child’s hand for stealing money”. This work with parents uses specially designed flipcharts to engage them and guide the discussion: “What do you think?” (Figure 5)

Figure 5. Examples of flipchart images used for awareness campaigns.



They are pleased with the pictures and would like to have more such material. Overall, the relations with community members are good. Nonetheless, they call attention to the fact that, at times, parents are not happy with their engagement and accuse them (falsely) of doing this work because SC Uvira is paying them.

The volunteers call attention to the need for support for their awareness work, e.g., to cover actual transport costs. They have also received payments for awareness campaigns from other NGOs, e.g., COOPI, when they received 5 US\$ for each awareness-raising activity carried out, but not for the work of SC Iceland and its partners (SC Uvira, KUA and DIVAS). Another example was a recent survey for which SC Uvira hired people from elsewhere, although they could also do such work correctly. One said: “We need job opportunities”. Another said: “Some of us are widows with orphans at home without any financial support”. Yet overall, the collaboration with the SC staff in Uvira was deemed reliable. One said: “If we have a problem, they come rapidly”. Another said: “They give good support”. For improvement, they would like more training and suggested SC Uvira could organise meetings for exchange among volunteers across the different CFS sites.

If the staff identifies a child with a problem that cannot be solved on-site, e.g., in the nearby health centre, they refer them for medical, legal or psychosocial interference. In cases of sexual abuse, the victim is taken to the hospital to rule out sexually transmitted diseases and pregnancy. They are also provided with a medical kit (PEP Kits), funded by the USAID, with preventive drugs against HIV/AIDS they are to use within 72 hours after the incident. After that, the girl is returned to her village but without a defined follow-up. The staff reports cases of sexual abuse to the police, who take the accused perpetrator to prison. To the disappointment of the volunteers, the police usually release the perpetrator after two days without any legal follow-up. The authorities say this is a problem for the family to address.

Considering the complexity of the cases and the context of the setting, the volunteers and social workers emphasised the short duration of the project period is an obstacle and gave an example:

In a robbery operation against travellers in the village of Runingu in December 2021, a child soldier aged 15 years carrying a weapon was captured after intervention by the FARDC because his companions had abandoned him. The military brought him to the headquarters in Kabunambo. The social workers and volunteers were alerted to this situation and proceeded

to identify and register the child. They went to the Kabunambo military camp to request the child's release, given his age. The FARDC commander released the child, and the staff took the boy directly to the listening room of the CFS. After that, DIVAS found a foster family for the child. Later, SC Uvira provided the reintegration kit to this child a few days after being reunited with his respective family. This child has returned to school and regularly attends the CFS with other children.

Another history illustrates the complexities of the work of the volunteers and social workers:

During the clashes between armed groups in Kazimwe in the Muhungu area, many households moved to different places; for the families who went to Kiliba, the volunteers and social workers came across a child survivor of rape by an armed member of the group. The social worker interviewed the child, and we referred her directly to the medical centre for appropriate care. Subsequently, the child benefited from a Dignity Kit and a Reintegration Kit. Currently, the girl has returned to her respective family in Kazimwe.

The volunteers emphasised that these two accounts show that both the boy and the girl need further help after the project period's termination. The staff told other similar stories to highlight the problem of the short duration of project activities. In case of a medical problem, they take the child to the health facility for diagnosis and give medicine, but follow-up suffers because of lack of funds. Also, with the termination of project funds, the psychologist in Fizi territory will stop giving them advice and consultations as needed.

All the staff at the CFSs, i.e., volunteers, social workers and KUA, repeatedly expressed their worries about the termination of project activities and what that would entail for their work with vulnerable children attending the CFS. Thanks to the support given by SC Iceland, they have been able to strengthen their position in the field and improve their capacity as volunteers. The project had supported vulnerable families in the community, who are the direct beneficiaries of the project work, including helping children continue their education.

The volunteers highlighted the importance of the CFS for their communities; those attending school do not come in the morning, only in the afternoon. Before, "children only strolled around and had nowhere to go". They appreciated the focus on children in the project work and their training, e.g., on the CRC and the importance of positive parenting and parental relations with their children (last session in December 2021). Before SC Uvira initiated the CFS activities, mostly boys went to school. One volunteer said: "Now both boys and girls go to school". Another said: "Before boys and girls did not play together, now they play together." They have had cinema sessions for information on improving children's daily lives. They have also arranged social group sessions with only girls to inform them about their protection and have distributed Dignity Kits to help them with their reproductive needs.

The volunteers and social workers in all three communities emphasised that their respective village is vast, and more CFS is needed. One volunteer said: "It can be dangerous for children who live on the 'other side' to cross the road to come to the CFS." Thus, distance within the communities has led to mobile CFS sessions, so its activity and awareness work benefits all the children, not only those who live in the vicinity of the CFS building. They emphasised it was necessary to expand the network of CFS to other neighbouring villages and towns in the Ruzizi Plain and throughout the Uvira territory.

The volunteers and social workers identified the following problems and possible solutions in their respective CFS; these problems do not apply to all the CFS but illustrate the diversity of issues these workers face in their daily work, and they highlighted during the visit:

1. No running water, only a tank for rainwater. Yet, in one village (Kiliba): “Canalized water is only about 20-30 m away that easily could be extended to the CFS”.
2. We need chlorine when we use water from the river
3. The water in the CFS is not good, and we need to pay for it (500 Fc (0.25 USD) per 20 l/day) and use chlorine (Sange)
4. When we go about doing awareness campaigns or run our mobile CFS, we need an umbrella to protect us against both the sun and rain and better shoes for walking
5. When we have mobile CFS, we run them without food or water
6. We need bicycles for transport as many of us come from far away
7. There is risk associated with calling attention to cases of sexual violence as it exposes the volunteers to criticism
8. ID as a confirmation of being a volunteer
9. Got only one T-shirt/outfit with the logo of SC Iceland and MFA as volunteers; “we need more.”
10. We would like to be engaged in income-generating activities (IGA)
11. Need more training/information on child protection
12. Problem with communication
13. We could do more to support parents whose children have a problem
14. More plastic chairs at the CFS
15. A family pharmacy within the CFS with medicines and thermometer to intervene quickly when an attending child gets, e.g., fever, headaches, or stomach aches
16. Solar panel for video projection and light and other promotional activities
17. Need durable purse/bag to keep documents
18. We need a computer/laptop, printer, photocopier, scanner, and memory stick
19. Expand the CFS – we need more space, e.g., to keep our materials.

## 5.6 Parents

During the field visits, there were group discussions with parents, as before, with keen attention given to allow all present good time to express their opinion.

Parents say the CFS is a place to meet people, be close to children and take care of them. We all send our children to CFS. One said: “After school, they are quick to come to the CFS to play”. CFS is a place where you can inform them and help them develop. They like to play there, use the swings, sew clothes, but their interests vary. Some like to play football, others practice telling stories to each other, and others want to play music.

In awareness campaigns, parents emphasise it is important to go around the village with information on prevention and child protection. As parents, they had learned positive parenting, resulting in a change in their behaviour. One parent said: “Children were beaten before but not anymore”. Another said: “Violence in families is less now, thanks to the project”. Raising sensitive issues, such as violence against children, was



challenging, but now it is easier. One said: “We help parents avoid beating their children as this will help them tomorrow”.

Figure 6. Discussion with parents in CFS Sange



Awareness campaigns emphasise positive parenting, how to take care of children and advice parents to avoid violence in the upbringing of their children. One mother with three sons explained that she has advised them on the upbringing of her grandchildren and how to take care of them. Another explained she has six children who are now parents; she is now helping them with their upbringing, guided by her gained knowledge. In the training sessions on positive parenting, the parents would have liked that SC Uvira had invited both parents to attend because they both take care of their children. Yet, this was not possible as only one parent was allowed to participate per session and only 20 participants per session.

They also sought ways to help children not join armed groups in the area. Many children have benefited from sensitisation not to accept offers to enrol in armed groups, often by criminals or trickery. Awareness campaigns have also resulted in less drinking and parental fighting: “Now everything is good in the community,” explained one parent. Another said: “Because of CFS, couples/parents are together again” after contemplating divorce. One parent said:

One of my children was stealing in the home, and I used to beat him. The volunteers invited the parents to the CFS activities with the child. The team gave me advice on addressing the problem, and now the boy has stopped stealing.

The parents identified several issues where they felt there was room for improvement:

- There is only one CFS in the village
- More tools in the CFS
- Better access to water; as of now, we fetch water from the village, and it costs money, and at times it is not clean
- A wall around the CFS, as people can enter, and cause danger to children, e.g., motorcycles
- Bicycles for children
- More sewing machines
- Computer to attract adolescents who like new things

- More cinema: “We had it before, but as the generator broke down and there is no electricity in the village, there is no cinema”.
- Help to pay school fees
- Teaching and training for the job market
- Teach adolescents how to drive a car or do mechanics

## 5.7 Children’s experiences

There was a group session in all three CFS with children, both boys and girls. Their comments, compiled across the three sites, give evidence of their agency and capacity to raise their voices on issues of concern to them.

Figure 7. *Discussion with children in CFS Lawungi.*



Children expressed interest in having the CFS continue with its activities. It is an excellent place to dance, get advice, and have the training, orientation, and practice in sewing clothes. Other positive aspects of the CFS were that it was a place where you could receive children and give them things to play with, e.g., baby dolls and football. CFS provides advice on, e.g., child protection and how to respect your parents, parents should not beat their children, and children should not make noise while in school. It had offered sessions with the cinema, which they liked. One child said: “At the CFS, the staff helps us to speak out in society”. They also appreciated the attention given to the needs of girls with kits every month; at the time of the visit, they highlighted that despite being already in the second week of the month, they had still not received their monthly kit. Girls particularly liked the sewing machines, e.g., making clothes, flowers, masks for COVID prevention, or menstrual pads. Yet, during the visit, the evaluators observed also boys using the sewing machines.

Asked how CFS could help adolescents, the children suggested a need for advice on sexual and reproductive health and how to take care of themselves. Adolescents would also become attracted to attend if there was a computer in the CFS they could use to play computer games.

The children mentioned several items that they missed from the CFS, e.g., bicycles to drive around, football, sportswear, an oven to bake bread, utensils to make soap and learning carpentry, clothing and footwear, sanitation kits for girls. Further, they emphasised they needed more sewing machines as there was always a queue for access to one: “I meet every day but have to wait for my turn”. They also lamented the lack of funds to go to school and suggested the CFS needed a board for drawings. They would also like pencils at the CFS, soap and hygienic articles, and food/biscuits. For the girls, they suggested they needed jerrycans for their hygiene. They wanted more plastic chairs and drums to play. They also mentioned their need to have access to medicines in case of illness and toilet paper. They called attention to maintenance work, e.g., the need to repair the toilettes and the swing seats and the cementing of the floor of the CFS.

Children asked for more sensitisation on diverse themes in the CFS. One said: “This is the key to our life.” The themes include, e.g., not to smoke or drink beer, informing parents not to marry their daughters too early for their age, and that they should not give challenging work to children. They requested to have T-shirts for the sensitisation work of the children’s club, a megaphone, and a special bag/box for their information material. They highlighted the need to pay the volunteers for their work. One said: “The volunteers can do better if paid.”

Finally, the children requested an extension of the project, as “it has been very interesting for us children”.

## **5.8 Maintenance**

Volunteers called attention to dangers in the area around the CFS Kiliba: “There is a dike behind the CFS that can be dangerous for the children who come to the CFS”. The evaluation team also noted that two out of three swings were not functional as they lacked a proper seat for the children (Luvengi and Sange). In one CFS (Sange), the rainwater collection system was not operating. Also, all three sewing machines were broken in Sange. Further, the generator had broken down, and one out of two TV monitors (funded by an HIV/AIDS project, not the one bought with funds from SC Iceland).

Interviewed community members and the CFS staff pointed out that the buildings needed better maintenance, painting walls, and cementing the veranda floors. Further, bats had found their place on the ceiling of the CFS. Children complained doors of the toilets were not functioning, so people from outside could use them (Luvungi). Both community members and children highlighted the need for a wall around the CFS to make it more secure.

## **5.9 BellaNet**

In Phase 1, there were two capacity building sessions on the BellaNet approach, adapted to the local context and with the participation of child protection practitioners. In total, 11 CFS staff participated, i.e., nine males and two females. Also, six community meetings were held to discuss basic concepts of the approach with a particular focus on girls and boys aged 12-17 years.

In Phase 2, a two-day technical discussion took place in October 2021 at SC Kinshasa, with three female SC Iceland staff members and six from SC Kinshasa and SC Uvira, five females and one male. First, the discussion focussed on adults’ role in preventing violence against children and the importance of involving all community members to end violence against children. Participants reviewed definitions and facts about violence against children in Icelandic and Congolese contexts and discussed when certain behaviours and interactions become violent. Further, the main challenges and some threats to children’s well-being were in

the foreground. Secondly, the focus was on children's role in preventing violence against children. That included the importance of practising communication, consent, and boundaries to reduce risks of violence and increase the likelihood that children will be able to stand up for themselves and others in similar situations. In the seminar, there was a strong emphasis on children's cultural context and circumstances, as discussion on these matters is complex and requires prudence. The staff also discussed games and methods used in the DRC and Iceland to work with children. Third and last part of the technical conversation was about reporting violence and supporting victims of violence.

The volunteers, social workers, parents, and community members in Kiliba and Luvungi mentioned the BellaNet approach. No one in Sange could recall the process or its content. The volunteers, social workers and parents who recognised it were pleased with the approach that led children to quit smoking. One said: "BellaNet is nice; the children have songs on BellaNet". One volunteer said: "It is a great success story".

### 5.10 SC Uvira

During the visit, the evaluators held interviews with several SC staff in Uvira (Annex 1). In addition to the SC Iceland project, there were three other projects of variable duration administered by the office: USAID (literacy), CanadaAid (education) and program on WASH (Lutheran Church). Here below is a summary of the issues that the interviewees raised.

SC Uvira has regular contact with SC Goma. Every 10<sup>th</sup> of each month, there is a meeting of the national MEAL coordinator and the Project Coordinator in SC Uvira. Further, every 15<sup>th</sup> of each month, there is a Project Review Meeting with the Field Manager. Other contacts give ample opportunities to discuss progress or identify problems. Based on the MEAL indicators, staff monitors the time spent on the project, the activities, finances, and the supply chain. If there are any deviations (+/- 5%), there is an alert and something that needs attention.

There are six people on the payroll as staff paid by SC Iceland funds, thereof one on a long-term contract with SC (Project Administrator). In response to the short-term nature of funding, the SC tries to move experienced staff between different posts to decrease staff turnover. All human resources need attention to administrative tasks, irrespective of the project or who is providing the funds; all staff know that there are rules for each project, e.g., on its duration. Recruitment takes time, preparation of payrolls, a decision on holidays, issuing papers for every field mission, and giving support when staff is sick and needs referral to a health facility.

All the projects, irrespective of funder and duration, need logistical support and secure supply chains. The staff attends to the purchase of tools, monitors stocks in the warehouse and transports goods and services to the intended beneficiaries. There are six drivers and two assistants who work with logistical support, thereof one assistant for the warehouse. While some of the projects have paid for their cars, all the projects have access to all the vehicles under the SC Uvira; nonetheless, priority to some projects may delay staff's access to vehicles for other projects that do not have an earmarked car. In case of a need for maintenance or repair of structures, project staff identifies a problem, reports and requests action limited only by the project budget. Local leaders have a role, and the community members contribute with work while the project pays for the material. Examples of such work are the toilette in Sange and the dike behind the CFS in Kiliba. Also, there are regular meetings with staff on all issues that need repair. In terms of challenges for logistics, examples given are road conditions and access to the projects' field sites.

A complete list of purchases funded by SC Iceland was requested and delivered. With closer scrutiny, it is difficult to see what was bought for the SC Iceland funded project as the total amount of purchases exceeded total project costs of about 500,000 USD (data not shown).

Some interviewees emphasised that the SC Iceland project was excellent, focusing on children to help improve their well-being. By referring to the field visits, the staff point out that the beneficiaries confirm that it has succeeded. Yet, community work is difficult when working with people's attitudes, e.g., sexual abuse of children and child labour. The staff also face difficulties when they identify a problem that is difficult to solve, e.g., concern regarding health, education, or extreme poverty. Further, interviewees pointed out that they could not address some needs because of budgetary problems. As an example, it would be good to be able to buy solar panels for the CFS.

The SC Iceland project has introduced a new approach to child protection work in South Kivu, of which BellaNet is an example. Interviewees claimed that KUA had been responsible for its implementation but had failed in Sange. The community members might have missed out on the training for some reason. Irrespective, SC Uvira staff appreciated the collaboration with KUA, and they claimed its staff was knowledgeable on the SC Iceland project. Nonetheless, at the same time, KUA received funds from other donors on projects they also needed to implement. Staff believes that the project has contributed to changes in the communities and raised the profile of child protection and positive parenting. The work with the children and parental involvement is one of the project's successes.

It is a policy not to pay volunteers while expected to support the program and enforce it. They also receive help with construction materials for community work which motivates them, individually and in the group. The SC Iceland funds pay for the training. It covers their transport to the training site, accommodation, and per diem. Yet, staff acknowledged that they have other issues to attend to during the day, and all cannot contribute to work at the CFS all the time. IGA might be an option to introduce in the context of collaboration with volunteers, both for motivation and income. For example, they could, e.g., build an association and start with savings and loans for business, e.g., for agricultural work.

The staff emphasised the importance of the work of the social workers, and they are good if they get support. They are trained and can identify children with vulnerabilities and give essential assistance. In case of need, they refer the children to the nearest health facility or school; in matters of psychosocial problems, they can seek help from the project psychologist in Fizi territory for advice and monitoring. They also work with the parents to empower them in the care of their children.

The context of South Kivu is for staff, the most challenging issue for effective and efficient project implementation. There is, e.g., no access to the Fizi territory or only with great difficulties; at times, the staff uses a speedboat for monitoring the work in the area. Yet, despite such problems, project activities are implemented with the support of local leaders. Management of cases is complicated and takes time, compounded by the short duration of the project. Further, the project budget is small *vis-à-vis* the needs in the communities; at project initiation, the partners estimated that there was a need to attend to 100 children with services, while they are said to have doubled during its implementation.

The project's duration was a recurrent theme raised by the staff of all categories. The SC staff emphasised that a project of this type needs long-term commitment for impact. At the termination of the project, involved staff quits or moves to other projects. For example, the contract with the psychologist in Fizi territory terminates with the project. Insecure employment risks the continuity of ongoing activities,

particularly case management that demands long-term engagement. At termination, training of volunteers and work with the community suffers. Despite the significant impact already, still, there are many things to do, e.g., continue the training of volunteers and community sensitisation.

The staff gave the introduction of BellaNet as an example. They held it was a good and promising methodology but needed a lot of training. The Kinshasa meeting had been a good start but not enough to secure continued work with the approach. Consequently, work with BellaNet will not continue after the termination of the SC Iceland funded project.

The SC staff appreciated the collaboration with SC Iceland and had not identified any problems, neither in Phase 1 nor Phase 2. The communication was said to have been good, and funds came on time. SC Iceland had also accepted changes as needed without any problems. One staff said: “It has been a nice collaboration”.

SC staff called attention that child protection work in the area needed more donor support for future work. In that work, SC staff and collaborators needed to strengthen the dialogue with involved communities, mainly the focus on girls. It will be a challenge to continue supporting the volunteers and social workers without funds and respond to maintenance issues.

## 5.11 KUA

KUA has been a partner for SC Uvira for seven years. During that collaboration, the organisation has gained experience in technical issues, implementation strategies, and budgeting and financial support during project implementation. The representatives emphasise the context of the project setting that complicates the performance of all projects in the area. South Kivu is a post-conflict society shaped by poverty and violence. Ambush is frequent, and there are tribal conflicts. Four armed groups in the area are found across DRC, while at least 60 other groups are specific to South Kivu. Based on data from 2020, KUA staff estimated that these armed groups had recruited about 12,000 children. Many unaccompanied children reside in the area: “It is always a joy to see when they reunite with their families.”

KUA has been the implementing partner of activities in Phases 1 and 2, funded by SC Iceland. Its work rests on a contract with SC Uvira, not SC Iceland, signed in consultation with Kinshasa’s national coordinator and technical advisor. The partners meet every month to discuss project activities along with project implementation. If the staff identifies a problem, both partners work quickly to find a solution without disagreement.

About 25 volunteers in each village with CFS (about 60% are males) are doing awareness campaigns focusing on child protection and girls. They are motivated to work with the children because these are their children. The funds have allowed the KUA staff to work with the parents on diverse problems, e.g., domestic violence. If the staff identifies cases, they discuss them with their parents. The project activities have contributed to socio-intellectual and -cultural development as women are usually not given possibilities to express themselves freely on issues of interest to them, e.g., child protection. There are also examples of parents who have benefited from project activities that “turn out to become promoters of peace in the community”. Yet, it is vital to think of ways to improve motivation for the volunteers to continue with their work. In that context, training for IGA has been discussed but not implemented.

The interviewees emphasise that BellaNet is a new approach, and as such, the project has been a new experiment. The proper implementation would need at least three years of funding. It was the first of its kind in the area. It aimed to increase awareness among boys and girls on alcohol, drugs, and violence, all issues of great importance in the project setting; nonetheless, more girls are participating (70%) than boys. The staff has sensitized many children to be strong through this work, both boys and girls: “It has prevented young people from joining the armed groups”. It has also contributed to preventive work against GBSV and other abuse, including emotional ones.

The duration of the project period was raised as a problem; for long-term impact, it is necessary to have long-term commitment exemplified, e.g., by the BellaNet approach. Thus, SC Iceland was encouraged to continue its engagement and fund preventive child protection work in South Kivu based on the excellent collaboration.

## 5.12 DIVAS

During the evaluation, the team met and discussed with social workers from DIVAS who took part in meetings at the three CFS sites. The DIVAS manager for the area, based in Uvira City, could not be interviewed due to his absence at the time of the evaluation. SC staff pointed out that the collaboration with DIVAS rests on an agreement with SC Uvira.

# 6 Evaluation Questions

The TOR (Annex 3) identified five evaluation domains linked to evaluation questions the collaborating partners expected the evaluator to consider; the classical domain of ‘Impact’ was deliberately excluded, considering the short-term context of this project. Below is a discussion on those five domains and related evaluation questions, as outlined in the TOR.

## 6.1 Relevance

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*Was the project in line with the needs of the target group?*

There is no doubt that the situation for children and families in the province of South Kivu is challenging and complex. They live in an area with pervasive poverty. Geographical access to the villages is difficult, even to those situated along the N5 main road from north to south in the province (Map). Dozens of armed groups move around, strike with ambush and abduct children to have them join their group. In addition to the armed groups, the national army and MONUSCO add to the situation’s complexity. The area is also one in the DRC where the population had required humanitarian assistance for about two decades when the military conflict in the area was unleashed and continues until this day, with fluctuating intensity. SC DRC has further highlighted that children in the area experience violation of at least four out of the six rights of children who live in violent conflict areas. Some children are later released from armed groups and in need of care after such a traumatic experience.

The population in the area is in dire need of diverse assistance. With a focus on child protection, the project has mainly targeted families and their children, yet with spin-offs for the wider community. The work has

included, e.g., sensitisation and awareness campaigns on diverse issues of importance for child protection. In focus has been discussion on child's rights, as outlined in the CRC and highlighted in national legislation, yet with emphasis on preventive actions for violence against children and GBSV. The need of girls has been in focus, with attention given to their reproductive health needs, e.g., with Dignity Kits to use with menstruation. The campaigns and awareness work, which have included visits to households with flipcharts to guide the discussion, have also included information to the community on prevention against the use of alcohol, cigarette smoking, and other substance abuse and its negative impact on the health. Information on positive parenting has also been one of the themes discussed to stop physical violence against children. The project's activities have concentrated around the CFS, established in six villages. Three are in the Uvira territory in the Ruzizi Plain, a theatre for long-term conflicts, and three are in the Fizi territory, where access has been difficult. The evaluation team visited the three CFS in the Uvira territory. CFS build on the long-established work of SC International in diverse settings to create a secure space for vulnerable children who live in insecurity and are on the move, both within and outside their native country. The programme theory for CFS is to create conditions for these children to grow and prosper, despite chaotic and challenging life-situation for them and their families (sub-chapters 4.3 and 4.4).

The staff clearly articulated the nature and scope of the needs of the children, and the parents echoed those. Social workers or community leaders/members identified those who most need help. They were, after that, supported by volunteers who were engaged in the work and could clearly articulate children's need for protection. The program logic outlined eight activities to be implemented and expected to impact children and the wider community positively. Chapter 5 gives a myriad of examples of how community members accepted the intervention, contributed to child protection work, and took part in community actions that interviewees claimed led to a change in behaviour. Not the least, the children themselves expressed satisfaction with the activities and the support given. At the same time, they could identify issues that would still improve the ongoing project activities.

One key component of the activities has been case management for vulnerable children, e.g., those abducted and joined armed groups and girls who had been sexually violated. This work has been the responsibility of the social workers from DIVAS, supported by volunteers in the village. Through interviews conducted in the CFS, the children have had access to help and guidance in their difficult situations. They have benefited from targeted referrals to other state institutions as their status required. One psychologist, situated in the Fizi territory, supported the staff and gave advice and clinical support.

The three visited CFS have played a vital role in promoting child protection; there are reasons to believe that similar findings can be expected in the Fizi/Itombwe (Mwenga) territories. These buildings are robust and adapted to the situation. Many children gather there with outlined program 5-days-a-week, focusing on different age groups. They can play and participate in various activities at the CFS, as explained elsewhere in this report. Of particular interest among the children were sewing machines, and there were calls for more similar activities. All the children in the community are welcome; the only expressed problem by the staff was that the building was already too small to receive all interested children from taking part.

It is a limitation of the project activities that only six villages in the area were involved as the needs are manifold in the province. The staff gave no evidence that expansion with more structures for CFS in the area, in line with the project proposal, has been given consideration.



To sum up, it can be concluded that the project activities addressed the needs of children and families in at least the three CFS that the evaluation team visited during its work. The identified needs for child protective actions would not have been addressed to the same extent without the support of SC Uvira through the funds provided by SC Iceland.

*Did the project harmonise with authorities' priorities in the DRC, SC Iceland's policy and priorities in Icelandic development cooperation?*

In Uvira City, one of eight administrative centres in the province, the Ministry of Social Affairs has fully participated in the project activities through social workers within DIVAS. The social workers have played a key role in case management and proper referrals according to identified needs. They have also supported the volunteers in their activities in the involved CFS.

SC Iceland is a branch of SC International and has been engaged in child protection work in Iceland, Uganda, Sierra Leone, and the DRC. Child protection is one of the priorities of the organisation. Thus, the project fits well into the organisation's policy, SC International and its Icelandic branch.

One of the critical priorities of Icelandic development aid is to direct funds and activities to poor people, with a particular focus on sub-Saharan Africa. The population benefitting from the project is living under pervasive poverty and has suffered multiple shocks and challenges for their children and families for years. The support given is in line with the priorities of the MFA Iceland.

To sum up, it can be concluded that the support given is in harmony with the policies of the collaborating partners.

*Were the actions and results in line with the project's goals?*

The project's overall objective was to ensure children's physical and mental well-being. Particular attention was given to victims of violence, including sexual and gender-based violence, with psychosocial, medical, and inclusive care. The project also aimed to raise awareness among adults and children about child protection and the risks of family separation. Particular attention was given to GBSV by piloting the BellaNet methodology within the context of CFS.

The project activities have been in line with the above project goals, as evidenced in *Chapter 5*. They have targeted communities with CFS to give space for preventive actions to improve knowledge and efforts for child protection. The activities have focused on children and their families, in line with the project objectives. The work has included awareness campaigns and sensitisation drives in the targeted communities. The staff has given vulnerable children special attention, e.g., children who had returned to their community after being kidnapped/joined one of the many armed groups in the area but returned. Girls who had been sexually violated have also been given appropriate care, while attention to girls' reproductive needs, in general, have been in focus throughout. The project has filled a gap in services that would not have been accessible to these children and their families.

SC Iceland introduced the BellaNet approach as an experiment or a pilot in the project proposal. Social workers, volunteers, and parents in two villages recognised the concept. They spoke nicely about the

approach and claimed that their work in the BellaNet spirit had changed the behaviour of some children. None of the interviewees in the village of Sange recognized the concept, and interviewees could not explain why. On the other hand, this was supposed to be a pilot. SC Iceland and SC Uvira later excluded BellaNet as part of the project, substituted with a training session in Kinshasa in October 2021. Interviews with SC Uvira staff indicate that this approach will not continue at the termination of SC Iceland funding.

It is a challenge to evaluate the results of the project. Has behaviour in the community changed, e.g., compared to other communities that have not been exposed to the project activities? Have vulnerable children who received specific treatment benefitted in the long-term, and how? Did the project reach all vulnerable children in each community or only a few? These are difficult questions this evaluation cannot answer. All the over a hundred voices raised by social workers, volunteers, parents, and children expressed their satisfaction with the activities. They gave many examples of success stories and were genuinely interested and fluently verbal on the subject matter, and contributed openly to the discussion. It is doubtful that staff and community members could have had such a discussion without feeling success and sound monitoring and follow-up in each of the CFS sites.

To sum up, the evaluation concludes that the results are within what can be expected in the short lifetime of the project. Considering the nature of the problems it was to address, it is impossible to judge any long-term results of project activities. Nonetheless, *Chapter 5* shows that the staff has done much work in the three visited communities. A similar situation can be expected to be found in the other three villages in the Fizi/Itombw (Mwenga) territories. Various activities have been implemented that might bear fruit in the medium and long-term, at least for those who benefitted the most, i.e., social workers, volunteers, parents, and the children who attended the CFS.

*What lessons can be learned from the project for future work?*

The project builds on funding for humanitarian assistance, and much-needed support in the area for years. Such aid is, by definition, short-term, while settings in need of such assistance are increasingly complex and tend to demand prolonged support, often for several years or decades. South Kivu is one such example.

Projects addressing the complex subject matter of child protection need a much longer commitment than funding for one year, divided into two distinct funding periods (Phase 1 and 2), with uncertain continuity at the end of each Phase. The short duration of project activities was a point all interviewed raised in one way, i.e., social workers, volunteers, parents, children, the KUA partner and SC staff in Uvira City and Goma. On the other hand, this fact needs to be put into the context that, since 2017, SC Iceland has been at least the third funding agency for the project activities that are in focus. Further, this is not a project initiated and conceptualised by SC Iceland but rather a response to an international call for humanitarian assistance by SC International. Thus, SC Iceland has directed funds to SC Uvira, who is *de facto* the implementing partner and project leader that gives essential continuity in project work. Therefore, the project has been ongoing for at least five years, initially with funds from Sweden, followed by Denmark. Volatile funding, as evidenced here, may not benefit project implementation as SC Uvira is constantly working on a short-term basis to find the financing of ongoing activities; nonetheless, it has succeeded in providing funds for planned activities in the setting. In this context, introducing the BellaNet approach, a new method in ongoing project activities, even only as a pilot, would have needed more planning, follow-

up, and plans for a more long-term commitment. Those exposed to the training liked it, including community members, but the staff stated clearly that SC Uvira would not continue with this approach in the area without further funding.

To sum up, one lesson learned is that activities on child protection are intricate, irrespective of setting. The one in South Kivu has been plagued for years by political and military instability and complex socio-cultural and economic challenges. Humanitarian assistance has a vital role in the short-term, evident in this project. Strength is the long-term engagement that the implementing partner, SC Uvira, provides, yet depends heavily on committed partners willing to be engaged with funding, even those that are short-term. Thus, the SC Iceland funding came at a critical time for the project after the withdrawal of at least two earlier funders after three years of project implementation. The staff pointed out that the disengagement of former funders was not linked to the project itself; instead, they changed their priorities. Another lesson learned is that introducing a new methodology in a project of such a short duration should be avoided in other settings, even if only as a pilot.

## 6.2 Coherence

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*How well does the project fit into work already being conducted in the field? Was the project in line with other projects?*

SC Uvira has been working on CFS activities in South Kivu for several years, first with funds from Sweden, then Denmark, and now from Iceland. The organisation has constructed robust structures in the six activities sites that fit well into the setting. The organisation also has a well-established monitoring system (MEAL) to monitor the activities, competent staff that guides and monitors those activities, and well-defined routines, including staff security. Further, considering the challenging context, the organisation has given evidence of long-term commitment to the welfare of children in the project sites. The organisation has also created and nurtured a network of collaborators through KUA and DIVAS.

SC Uvira is collaborating with three other international organisations in the area, but none are working directly on child protection. Yet, the education project (CanadaAid), the literacy project (USAID) and the WASH program (Norway) link indirectly to the ongoing child protection activities without over-lapping. Instead, the project activities benefit from an established structure of administrative, logistic, and financial support and routines for staff security in the field.

To sum up, the internal and external coherence of project activities is sound and guaranteed by the long-term engagement of SC International in general, particularly SC Uvira, in the setting and well-established administrative routines.

## 6.3 Effectiveness

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*See how and whether the project achieved its goals compared to the original project document.*

In the project document, eight specific activities are spelt out for the collaborating partners to implement during the project's lifetime (sub-chapter 4.5). Here follows a discussion on each one of those with a focus on the effectiveness domain. Quantitative data on each of them is found in Annex 2.

### *1. Design context-specific CFS*

All six CFS were already constructed and functional with funds from Sweden and Denmark. SC Uvira built no new CFS during the two project periods despite being part of the project proposal. Yet, volunteers, social workers, and community members voiced the need for new ones.

The visited three CFS gave evidence of ongoing activities, e.g., the presence of children at the facilities at the time of the visits. Children's drawings were on all three CFS, registration books were accessible, and CFS plans targeted at specific age groups were visible with identified responsible persons. The CFS provided different services, guided by the social workers and volunteers. Community members also expressed satisfaction with the activities.

The maintenance of the structures and the tools need more attention. Popular devices, e.g., sewing machines and swings, were broken and had been at least for months. Some toys were old, made of cheap material, and not well maintained. In one CFS, there was a generator and two TV screens, thereof one broken. Other CFS did not have similar equipment, despite community members expressing interest in such activities, e.g., for health promotional information and enjoying their time together. The rainwater collection system had broken down in one CFS, and access to water was challenging in all three CFS; in some, toilette doors were broken. Finally, the construction of a wall around the buildings is an issue to consider for improving the facilities, repeatedly expressed as necessary by those interviewed.

While the evaluation concludes that CFS and its activities are context-specific, the status of the three visited CFS leave room for improvement. Despite considerable funds during the project period to address maintenance issues, no proper plan was presented by SC Uvira staff to quickly address such matters, e.g., improve access to water, offer similar services across all CFS, give ideas for improvement, or ideas for expansion with new infrastructure.

### *2. Operate CFS*

The three visited CFS gave evidence of various activities in line with project plans, staffed by social workers and volunteers who dedicated their time and efforts to its activities. These included sensitisation and awareness campaigns on child protection and other health-promoting issues in the broader community. The CFS staff identified vulnerable children and gave them support within the context of the setting, adapted to different age groups.

One issue raised was that the current activities do not attract adolescents to the CFS to the same degree as younger children, particularly boys. The CFS staff gave ideas on what would attract this group of children, e.g., computer games and vocational training.

The three visited CFS are operational with a mix of activities for both vulnerable and children seeking activities for play and enjoyment. Addressing the needs of adolescents is an issue that needs further work.

### *3. Pilot BellaNet methodology in CFS*

BellaNet methodology was to be implemented as a pilot in all the CFS, targeting children aged 12-17 years. The approach was partially successful in two out of the three visited CFS; there was no clear answer as to why social workers and volunteers in the third one (in Sange) had no idea about this concept. The implementing partner KUA talked enthusiastically about “BellaNet”, as did volunteers and community members in the two CFS that recognised the concept. Yet, the CFS staff and community members linked the methodology to alcohol, smoking and a healthy lifestyle, not preventive actions, and training to prevent sexual abuse of children.

This activity was not implemented as planned in the project document, and as a pilot, it would have needed more monitoring, planning and follow up locally by SC Uvira staff. During the project implementation, the emphasis of the partners moved away from implementing the approach in the six target communities; instead, a technical discussion took place in Kinshasa with staff from SC Iceland, SC Kinshasa and SC Uvira.

### *4. Conduct positive parenting sessions*

In all the three CFS the evaluation team visited, staff had conducted positive parenting sessions. Social workers, volunteers, and parents talked enthusiastically about how important this activity had been for them but not the least for the community. Also, children expressed satisfaction and gave examples of how they had been active in such activities and benefited from them. There were no examples of school activities, as spelt out in the project document. There were given several examples of changed behaviour in the community and raised awareness of the importance of taking good care of children, emphasising avoiding the use of physical force in the upbringing of children.

Activities on promoting positive parenting in project activities were effectively implemented in the communities (not schools) and well-received by all interviewed staff and community members.

### *5. Strengthen child protection case management*

The CFS has specially assigned social workers from DIVAS and volunteers at each CFS who identify and support vulnerable children in the community. These children may have left armed groups and need adaptation to everyday village life, displaced children on the move, girls who have been sexually violated, or children with diverse needs, e.g., disabled children. For this work, they have a so-called listening room in the CFS where the social workers can privately interview the children. Action is taken based on these interviews, e.g., relevant referrals or contacts with the health centre or local school. In some cases, the CFS

staff consulted the SC Iceland funded psychologist situated in Fizi/Itombwe (Mwenga) territories and the support given was greatly appreciated.

All information gathered on this activity indicates practical and contextualised implementation.

*6. Maintain the provision of specialized child protection support*

Based on data collected during the field visit, there is ample evidence to indicate organised activity to offer specialized child protection support to those in need. In some instances, vulnerable children in need have been placed in foster homes to recover, e.g., after being kidnapped by armed groups before the CFS staff had identified their families to reunite with them.

All gathered information during the evaluation visit indicates that this was an effectively implemented activity and appropriate in the context.

*7. Strengthen community-based child protection*

During the field visit, social workers, volunteers, parents, and children spoke about diverse activities that strengthen awareness and knowledge of child protection. They gave examples of house-to-house activities of discussions with parents, e.g., guided by specially designed flipcharts. The themes that guided these activities are classical protection themes such as violence against children, GBSV and the detrimental impact on children, both short- and long-term. Children also expressed themselves on this issue and its importance. They gave examples of how they, e.g., through the CFS Child Clubs, took part in these activities and identified relevant issues that would help them in such work.

Interviews with social workers, volunteers, parents, and children show that community-based child protection has been strengthened in the three visited communities.

*8. Reinforce awareness-raising activities*

Awareness-raising activities were highlighted by all those interviewed by the evaluation team during the field visit. They had organised campaigns in the community, including radio programs. All emphasised the importance of such activities and how they tried to offer mobile CFS in areas not directly in the vicinity of the CFS in the village. They also called attention to numerous issues that could facilitate this work.

The field visit gives ample evidence that this activity has been ongoing and strengthened during the project activities in the three visited CFS. Yet, the staff of SC Uvira could be more attentive to expressed needs of the involved community members to conduct mobile CFS sessions effectively.

*What factors had a decisive effect on whether the project achieved its goals or not?*

Overall, the child protection activities have been ongoing and benefit from the engagement of many. There is no doubt that funds provided by SC Iceland have been crucial to maintaining child protection activity in the area, led by SC Uvira. Without such funding, there is no way these activities would have continued to the extent and scope evidenced in the field during the evaluation team's visit.

Based on the findings presented in this report and the above considerations on effectiveness, the project has been of great value for the beneficiaries, particularly the community members and their children. They may not have benefited in monetary terms, yet they were engaged in child protection activities that have a potential for long-term impact. Examples of that are, e.g., accounts told by some volunteers how their gained knowledge had influenced their parenting practises. The participants talked vividly of the benefits of the CFS and its great value to their community.

With CFS, children have a space to play and develop in the otherwise turbulent setting. All those interviewed were pleased with the activities provided – they even wanted more diversified activities. The CFS is of value for those children who attend the CFS in the three visited villages.

For SC Uvira, the project funding has been of value to the organisation. Without funds, there are indications that the organisation would not have continued to support child protection activities to the same extent as it has done, facilitated by SC Iceland funds. It has also been of value for staff on the payroll in their daily struggles to find meaningful work to support themselves and their families. For them, the project has been of value and strengthened their professional standing in child protection work.

It can be argued that the project has been of good quality to judge from interviews with diverse direct beneficiaries of project activities. They all praise the actions and how important they have been for them and their community. The project builds on the internationally recognised concept of CFS that has been developed and refined over the years by SC International. The organisation has implemented CFS in numerous and different settings in times of crisis when the needs of children are forgotten all too often. The CFS give children a peaceful haven in such circumstances, with opportunities to play and resole from the turbulent and conflictual environment. This experience also applies to the three visited CFS in the Uvira territory. There are reasons to believe that a similar situation is found in the Fizi/Itombwe (Mwenga) territories.

The partners are to be praised for their reasonable fidelity to the project plan. As discussed above, there are indications that SC Uvira addressed most of the planned activities. Weak implementation of the BellaNet methodology rests probably more on its experimental nature and lack of firm commitment by those who were to do the pilot. SC Iceland and SC Uvira decided to exclude this activity during the collaboration. The introduction of the methodology also needs the long-term engagement of the partners, something that was not an option in the context of 6-months project duration.

## **6.4 Efficiency**

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*Examine the use of project resources, especially resources related to the project's impact.*

As evidenced in Table 1, total funding to SC Uvira during the two project periods was 468,718 USD. Programmatic costs to implement activities in the six CFS constitute 44% of total costs, and local staff explain 34% of all cumulative expenditure; the remaining 22% in Uvira are administrative costs.

Based on *Chapter 5* and sub-chapter 6.3, it is evident that project activities have been felt locally, at least in the three villages with CFS that the evaluation team visited. To achieve this observed impact, SC Uvira and KUA staff, paid with SC Iceland funds and supported by social workers paid by DIVAS but also financially supported by SC Uvira, have significantly contributed. More than 100 volunteers have also helped them in the respective project sites and received minimal monetary support. Nonetheless, maintenance issues have not been given attention, at times with costs as the given reason, and SC Uvira staff presented no plans to expand the CFS network to more communities. Thus, as it stands, most project funds have been used to cover recurrent costs with minimal investment costs, e.g., in the maintenance of infrastructure and improved equipment at the CFS.

During the field visit by the evaluation team, all information and observations on site indicate a solid and robust structure within SC Goma and SC Uvira, capable of implementing planned project activities. The SC offices have elaborated administrative processes in place, including staff security. SC staff is competent and engaged in a problematic context; six staff members of SC Uvira have been on payroll with funds from SC Iceland, one with a permanent position at SC. Having staff and implementing activities in this challenging environment is costly. Nothing would have happened in this report's six CFS in focus without this administrative infra-structure. Further, at the time of writing, no reliable information has been provided on how much funds were channelled directly to KUA to support the activities at the CFA.

To sum up, as it stands and based on available information, the evaluation concludes that the collaborating partners effectively implemented the project but at a high cost, negatively affecting the efficiency of the project activities.

## **6.5 Sustainability**

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*Assess how it is possible to improve the project's sustainability and that the community can take over the management of the project.*

The project has implemented activities that might lead to long-term and sustainable impact. It has given support to vulnerable children and identified strategies to improve their situation in daily life. The CFS has given many children opportunities for play and exposure to activities to enhance their capacity and capability to solve problems and develop. They would not have enjoyed these benefits without the project activities, which might benefit them in the future in school and when they build their own families. Community members gave evidence of interest in child protection and vivid examples of that interest. Thus, there is ample evidence to claim that the project activities have a potential for long-term benefit for the beneficiaries and their immediate family and community members.

The collaborating partners implemented the project proposal in two 6-months periods (Phase 1 and 2). Short duration bodes for short-term planning. Further, the project setting is plagued by prolonged and pervasive poverty. This situation is exacerbated by insecurity and threats to the livelihood of people. Without outside funding, it is not a realistic option for the community to take over project costs and continue with child protection activities to the same extent as during this project.

During sessions with community members and staff alike, the SC Uvira staff and volunteers raised the idea of incorporating IGAs to sustain child protection activities in the CFS. IGA has been implemented in the area with claimed success, e.g., for agricultural production. It is an option that needs further elaboration



and long-term planning if the partners decide to continue their collaboration or if SC Uvira finds another interested partner.

## 7 Conclusions

The project *Child-Friendly Spaces and Child Protection in the Democratic Republic of Congo* has received humanitarian assistance with funds that SC Iceland has successfully requested twice from the MFA in Iceland for project activities implemented from 1 November 2020 to 31 March 2022. Such funds are short-term (6-months project cycles) to address acute needs in humanitarian emergencies. The project setting in the province of South Kivu is unstable, plagued by insecurity, fragile livelihood, pervasive poverty, and in chronic need of humanitarian assistance. In such settings, children are at risk of suffering, and their needs are often not sufficiently attended to by parents in their daily struggle for survival. Their situation is further compounded by armed groups that ambush and kidnap children to join their group, displacement of the population with unaccompanied children, GBSV and other challenges that threaten children's survival and development.

The project implementation has been through the SC Uvira office with support from the SC Goma office. SC International has a long-standing experience working in DRC and has established robust administration and approaches to further children's interest in fragile settings. This evaluation report summarizes findings during a field visit, 28 February to 11 March 2022, to the project setting in Goma and South Kivu province at the eastern border of DRC. The evaluation results give evidence of a myriad of activities that the collaborating partners have implemented in the project area for the benefit of children, their families, and broader communities. The focus has been on six CFS in three villages in the Ruizini Plains of the Uvira territory and three villages in the Fizi/Itombwe (Mwenga) territories; because of difficult geographical access to the latter territories and insecurity, it was not possible to visit them. Thus, all conclusions build on evidence gathered in Uvira territory

First, there is evidence of sensitisation and awareness campaigns in the area that those interviewed claimed to have changed the attitudes and behaviour of the target population. Yet, such claims need to be substantiated separately. These campaigns have focused on child protection themes such as violence against children and GBSV. They have also provided other health-promoting information, e.g., alcohol, smoking cigarettes, and drugs.

Second, case management of individual vulnerable children has been prominent in project activities. The cases include children ambushed by armed groups – or who had joined freely – to be later identified by the CFS staff and released. These children have received specific support, guided by the services of social workers within DIVAS and a psychologist in Fizi/Itombwe (Mwenga) territories, paid by SC Iceland funds.

Third, the collaborating partners have supported a group of volunteers (RECOPE) who live in the villages in the focus of this work. They keep the CFS open daily with organised activities targeting specific age groups. They were outspoken and fluent in talking about difficult issues such as the sexual abuse of children and the importance of child protection in their community.

Lastly, the numerous children met during the field visit expressed great satisfaction with the activities provided by the CFS. They liked the different activities offered in the CFS and wanted more of the same. They also had specific suggestions for improving and expanding the work of their CFS.

Overall, the evaluation has brought to light evidence of diverse positive results of the project activities, as intended by the collaborating partners in the project proposal. These have been effectively implemented yet at high costs. Both staff and community members provided ideas on how child protection activities could be sustained in the long term by incorporating IGAs in the project.

The partners are terminating their collaboration. There is an inherent contradiction in providing short-term humanitarian assistance in a setting that needs long-term development assistance on the issues in focus here. Yet, the evaluation leaves no doubt that the identified needs are real. The provided funding to the collaborating partner, SC Uvira, has been crucial to supporting and strengthening the six CFS in the area. Activities of this scope and content should initially be funded for at least 3-4 years, with the out-spoken intention to continue for at least another 3 to 4 years, based on program progress. The short duration of the project was an issue frequently raised during the evaluation.

Despite the short project period for the SC Iceland funding, the six CFSs in the project area have been supported at least since 2017 by two other donors. The SC Uvira child protection-initiated activities have thus enjoyed financial support for at least five years, with this evaluation reporting on achieved results.

Finally, considering all the above issues raised in this evaluation, the partners should be congratulated for a collaboration built on mutual trust and respect. Projects on child protection are challenging to implement in any setting, not the least in a setting as complex as the one in eastern DRC. Thus, the overall conclusion is that the partners have been mostly successful in implementing a project for CFS, as laid out in the project proposal.

## **9. Recommendations**

Based on this evaluation, the following recommendations can be made in case the partners intend to continue with their collaboration:

1. Define clearly what toys, tools, and other materials are needed for a functional, context-specific CFS, and secure their provision and maintenance across all six structures with sufficient funding;
2. In close collaboration with stakeholders, strengthen support to the volunteers and others who live and work with child protection in the communities;
3. Review the current infrastructure across all six CFS, define needs for renovation and act on those needs;
4. Analyse how to reach out with information to other communities than the six CFS which have benefited from the activities so far, e.g., on child rights and sexual and reproductive health and rights;
5. Better define the costs of staff dedicated to the CFS, as well as costs for the purchase of materials explicitly earmarked for the CFS;
6. Monitor and improve registration routines during the implementation of the activities;
7. Analyse the feasibility of earmarking one car for the project activities;
8. Context-specific CFS in South Kivu are more in need of long-term development assistance than humanitarian assistance, provided in 6-months funding cycles; and

9. Consider the feasibility of introducing IGA to improve the sustainability of CFS activities; this would need proper monitoring and follow-up.

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## **List of people met**

External Evaluation of Program Activities: Child Friendly Spaces and Child Protection in the Democratic Republic of Congo

*February-March 2022*

### **Save the Children**

*Goma Office (n=9)*

Dr. Allain Nduwayo, Humanitarian Coordinator

Christian Ghislain, *Coordinator for Case Management*

Clement Koussi Amani, Director

Jaques NN, Security Officer

Lebon Buota, National MEAL Coordinator

Lewis N. Kisvizu, MEAL Coordinator

Marc-Antoine Ruhana, Data Analysis and Reporting Support Coordinator (formerly New Business Development)

Marjorie Lavnay, Project Coordinator, Humanitarian Team

William Ungyektho Uvci, Senior Health Humanitarian MEAL Officer

*Uvira Office (n=8)*

Alain Mutula Weka, Project Coordinator, Child Protection in Emergency

David Biya Aluta, Senior Human Resources and Administration Officer

Etienne Kalimbiro, Community Mobilisator

Gratien Icibozya Mateso, Finance Officer

Josaphat Byamoni Kaseke, Security and Humanitarian Access Officer

Prince Imani Cizungu, Senior Supply Chain Officer

Sadjina Nadjiadoum, Field Manager

Sylvie Pokeeni Lokenze, Child Protection Officer

*Reykjavík Office (n=1)*

Guðrún Helga Jóhannsdóttir, Director, International Projects

### **KUA, Uvira Office (n=2)**

Pierre Sadi Musaka, National Coordinator

Hakane Ivbwe Josne, Responsible for Programmes

### **CFS Kiliba**

*Staff (n=4)*

Adolphe Kadima Navridi, President RECOPE

Jean Claude Kanda Bazira, Animator/verificateur, KUA

Claudinge Chance Namviema, Social Worker (TPS), DIVAS

Idro Masuzo Mabonou Social Worker (TPS) – DIVAS

*Group discussion (n=18)*

Volunteers (RECOPE): females (n=11); males (n=7);

Children (n=~30)

### **CFS Luvungi**

*Staff (n=3, females)*

Noela Lwambwa, Preseident RECOPE (Encandrese, Chef de Site  
Mapenbo Angelinne, Encandrese  
Bora Zawadi, Social worker, DIVAS

*Parents:* Females (5); Males (4)

*Children:* Boys (5); Girls (5)

**CFS Sange**

*Volunteers:* Females (6); Males (5)

*Parents:* Females (5); Males (4)

*Children:* Boys (3); Girls (5)

**Phase 1. November 2020 to April 2020**  
*Progrès attendu: 100%; Pourcentage progrès: 115.18%*

Code	INDICATEUR	TYPE DES DONNEES (UNITE)	ACTUAL	CIBLE DU PROJET	PROGRÈS ACTUEL
<b>Objectif général du projet:</b>					
	Protéger les enfants contre la violence, les abus, la négligence et l'exploitation, y compris le recrutement par des groupes armés, et soutenir ceux qui en ont été victimes				115,18%
<b>Output 1</b>	<b>Conception d'un CFS spécifique au contexte du milieu</b>				120,66%
			7261	6600	120,66%
	# of boys accessing PSS activities (Desagregated by age, sex,status and disability)	Pers	3950	2500	158,00%
	# of girls accessing PSS activities (Desagregated by age, sex,status and disability)	Pers	2743	3500	78,37%
	# of adults males accessing PSS activities (Desagregated by age, sex,status and disability)	Pers	417	200	208,50%
	# of adults females accessing PSS activities (Desagregated by age, sex,status and disability)	Pers	151	400	37,75%
<b>Output 2</b>	<b>Oparationnalisation de 6 CFS</b>				253,27%
	# of CFS mobile or fix fonctionnal	Unité	6	6	100,00%
	# of males Community Volunteers or facilitators trained	Pers	53	14	378,57%
	# of females Community Volunteers or facilitators trained	Pers	45	16	281,25%
<b>Output 3</b>	<b>Développement de l'Approche BellaNet dans les CFS</b>				72,56%
	# of volunteers and SCI staff trained on BellaNet approach	Pers	9	20	45,00%
	# of community meetings organized on Bellanet approach	Pers	6	6	100,00%
<b>Output 4</b>	<b>Organisation des sessions de parentalité positive</b>				100,00%
	# de personnes formées sur la parentalité positive (détragré par sexe et age)	Pers	200	200	100,00%
	# de sessions éducatives organisés avec les adultes au sein des communautés du projet	Sessions	150	150	100,00%
<b>Output 5</b>	<b>Renforcement de la gestion des cas de protection de l'enfance</b>				51,40%
	# CPiGBV cases boys identified for CM or appropriate referral	Pers	89	100	89,00%
	# CPiGBV cases girls identified for CM or appropriate referral	Pers	104	100	104,00%
	# OF UA/SC INCLUDING CHILDREN released from militia who access to IDTR activities (boys)	Pers	8	25	32,00%
	# OF UA/SC INCLUDING CHILDREN released from militia who access to IDTR activities (girls)	Pers	8	25	32,00%
	# CM workers males (Para social workers and supervisors) trained for the roll out of CM and/or case referral	Pers	0	7	0,00%
	# CM workers females (Para social workers and supervisors) trained for the roll out of CM and/or case referral	Pers	0	8	0,00%
<b>Output 6</b>	<b>Renforcement des activités de sensibilisation dans les communautés ciblées</b>				158,45%
	# of people attending rising awareness activities BOYS	Pers	2943	3000	98,10%
	# of people attending rising awareness activities GIRLS	Pers	3051	3000	101,70%
	# of people attending rising awareness activities MALES	Pers	5511	2000	275,55%
	# of people attending rising awareness activities FEMALEs	Pers	5808	2000	290,40%
<b>Output 7</b>	<b>Fourniture d'une aide spécialisée en protection de l'enfant</b>				56,38%
	# Leaders and/or CBCP leaders trained and/or involved in CPiGBV activities BOYS	Pers	12	40	30,00%
	# Leaders and/or CBCP leaders trained and/or involved in CPiGBV activities GIRLS	Pers	12	40	30,00%
	# Leaders and/or CBCP leaders trained and/or involved in CPiGBV activities MALES	Pers	24	29	82,76%
	# Leaders and/or CBCP leaders trained and/or involved in CPiGBV activities FEMALEs	Pers	24	29	82,76%
<b>Output 8</b>	<b>Renforcement de la protection de l'enfant dans la communauté</b>				108,75%
	# of service providers supported for ensuring appropriate care to survivors of CP issues males	Pers	108	80	135,00%
	# of service providers supported for ensuring appropriate care to survivors of CP issues females	Pers	66	80	82,50%



## Phase 2. July 2021 to March 2022

Progrès attendu: 100%; Pourcentage progrès: 98.73%

Code	INDICATEUR	TYPE DES DONNEES (UNITÉ)	ACTUAL	CIBLE DU PROJET	PROGRÈS ACTUEL
<b>Objectif général du projet:</b>					
	Maintenir les efforts pour rotéger les enfants contre la violence, les abus, la négligence et l'exploitation, y compris le recrutement par des groupes armés, et soutenir ceux qui en ont été victimes				98,73%
<b>Output 1</b>	<b>Activity 1: Evaluate the performance of context-specific CFS</b>				100,00%
			6	6	100,00%
	# of CFS supported during the project period	Pers	6	6	100,00%
<b>Output 2</b>	<b>Activity 2: Operate CFS</b>		0		100,00%
	# of CFS mobile or fix fonctionnal	Unité	6	6	100,00%
	# of males Community Volunteers or facilitators trained	Pers	53	53	100,00%
	# of females Community Volunteers or facilitators trained	Pers	53	53	100,00%
<b>Output 3</b>	<b>Développement de l'Approche BellaNet dans les CFS</b>				100,00%
	# of volunteers and SCI staff trained on BellaNet approach	Pers	11	11	100,00%
	# of community meetings organized on Bellanet approach	Pers	6	6	100,00%
<b>Output 4</b>	<b>Organisation des sessions de parentalité positive</b>				100,00%
	# de personnes ayant participé aux sessions sur la parentalité positive	Pers	30	30	100,00%
	# de sessions éducatives organisées avec les adultes au sein des communautés du projet	Pers	120	120	100,00%
	# de personnes ayant participé aux sessions de parentalité positive (Femmes)	Pers	120	120	100,00%
	# de sessions éducatives organisées avec les adultes au sein des communautés du projet	Sessions	72	72	100,00%
<b>Output 5</b>	<b>Renforcement de la gestion des cas de protection de l'enfance</b>				100,67%
	# CP/GBV cases boys identified for CM or appropriate referral	Pers	25	25	100,00%
	# CP/GBV cases girls identified for CM or appropriate referral	Pers	16	15	106,67%
	# OF UA/SC INCLUDING CHILDREN released from militia who access to IDTR activities (boys)	Pers	29	30	96,67%
	# OF UA/SC INCLUDING CHILDREN released from militia who access to IDTR activities (girls)	Pers	35	35	100,00%
	# CM workers males (Para social workers and supervisors) trained for the roll out of CM and/or case referral	Pers	6	6	100,00%
	# CM workers females (Para social workers and supervisors) trained for the roll out of CM and/or case referral	Pers	6	6	100,00%
<b>Output 6</b>	<b>Renforcement des activités de sensibilisation dans les communautés ciblées</b>				92,51%
	# of people attending rizing awareness activities BOYS	Pers	3744	4000	93,60%
	# of people attending rizing awareness activities GIRLS	Pers	3210	3500	91,71%
	# of people attending rizing awareness activities MALES	Pers	3412	3700	92,22%
	# of people attending rizing awareness activities FEMALES	Pers	2764	3200	86,38%
<b>Output 7</b>	<b>Fourniture d'une aide spécialisée en protection de l'enfant</b>				96,67%
	# Leaders and /or CBCP leaders trained and/or involved in CP/GBV activities BOYS	Pers	50	50	100,00%
	# Leaders and /or CBCP leaders trained and/or involved in CP/GBV activities GIRLS	Pers	45	45	100,00%
	# Leaders and /or CBCP leaders trained and/or involved in CP/GBV activities MALES	Pers	28	30	93,33%
	# Leaders and /or CBCP leaders trained and/or involved in CP/GBV activities FEMALES	Pers	28	30	93,33%
<b>Output 8</b>	<b>Renforcement de la protection de l'enfant dans la communauté</b>				100,00%
	# of service providers supported for ensuring appropriate care to survivors of CP issues males	Pers	75	75	100,00%
	# of service providers supported for ensuring appropriate care to survivors of CP issues females	Pers	75	75	100,00%

## Terms of Reference

# **Child Friendly Spaces and Child Protection in DRC**



# **Barnaheill**

**Terms of Reference for evaluation for Barnaheill – Save the Children  
Iceland’s project in the Democratic Republic of Congo.**

**The project is financed by the Icelandic Ministry for Foreign Affairs.**

**1. Introduction**

Barnaheill - Save the Children Iceland (SC Iceland) supported a project in South Kivu in the Democratic Republic of Congo (DRC) from November 2020 – May 2021. The funds were provided by the Icelandic Ministry for Foreign Affairs (MFA) while the implementation of the project was in the hands of Save the Children in the DRC (SC DRC). The project's total budget was 34.493.285 ISK, thereof 32.768.620 ISK financed by the Icelandic MFA.

The overall aim of this project is to protect children from violence, abuse, neglect and exploitation, including the recruitment of children by armed groups, and support those who have experienced these. It aims to do this by strengthening community-based child protection and coping mechanisms by creating Child Friendly Spaces (CFS).

**2. The project's activities are as follows:**

- a. Design context specific CFS
- b. Operate CFS
- c. Pilot BellaNet methodology in CFS
- d. Conduct positive parenting sessions
- e. Strengthen child protection case management
- f. Maintain the provision of specialized child protection support
- g. Strengthen community-based child protection
- h. Reinforce awareness raising activities

**3. Reasons for evaluation**

This is a short term project aimed at providing foundation for continued support to SC DRC. As stated in the project proposal, a final external evaluation of the project should be conducted. The results and recommendations from the evaluator is aimed to serve as a guide for future support from SC Iceland to SC DRC. The evaluation will explore lessons learned and possible improvements of SC Iceland's work in the DRC. The evaluation will also benefit Save the Children International as well as partners in the field. A summary of lessons learned from the implementation of the project is therefore important for all parties.

**4. Methodology**

The evaluation shall be evidence-based and based on accepted methodology. The evaluation shall assess how well the project's objectives have been achieved in terms of various factors, e.g. inputs, actions and results. Efforts shall be made to summarise lessons learned from the project that can be used in SC Iceland's future work and continued support in the area.

This is a final evaluation and therefore it is important that the evaluator familiarises himself with data already available on the project, in addition to data gathered in the field. The evaluation is based on secondary data and documents, interviews and focus group interviews with beneficiaries and stakeholders in six locations in Uvira and Fizi in South Kivu.

It is important that the evaluator meets as many beneficiaries and stakeholders in the field as possible. The evaluator shall follow accepted ethical standards regarding evaluations, incl. to maintain impartiality in his work, show sensitivity to local culture and social values, and ensure participants' confidentiality.

**5. Factors that will be evaluated – evaluation questions**

The evaluator shall evaluate the following factors:

**Relevance:** Was the project in line with the needs of the target group? Did the project harmonise with authorities' priorities in the DRC, SC Iceland's policy and priorities in Icelandic development

cooperation? Were the actions and results in line with the project's goals? What lessons can be learned from the project for future work?

**Coherence:** How well does the project fit into work already being conducted in the field? Was the project in line with other projects?

**Effectiveness:** See how and whether the project achieved its goals compared to the original project document. What factors had a decisive effect on whether the project achieved its goals or not?

**Efficiency:** Examine the use of project resources, especially resources related to the project's impact.

**Sustainability:** Assess how it is possible to improve the project's sustainability and that the community can take over the management of the project.

In addition to the aforementioned factors, it is important to keep the following factors in mind when conducting the evaluation: Human rights, equality, non-discrimination, the environment, technology, finance, knowledge building, policy, social and cultural aspects.

## **6. The evaluator**

The evaluator shall have a university education, extensive experience and knowledge of development issues, especially in the field of violence against children, and in preparation, monitoring and evaluation of projects. The evaluator shall speak and write excellent English.

## **7. Timetable**

As this is a final evaluation at the termination of the project, it is recommended that it takes place in the Democratic Republic of Congo in June 2021. The estimated time for the evaluation is 30 days.

- 4 days for general preparation: reading documents, preparing fieldwork and other planning.
- 14 days for fieldwork to South Kivu in the DRC (with travel days).
  - The evaluator is responsible for arriving in Goma at a before decided date.
  - SC DRC will arrange for all travel in country in consultation with the evaluator and SC Iceland.
- 12 days for analysing data, report writing and presentation of the final report.

All planning and data analysis will be conducted in close cooperation between the evaluator, representatives of SC Iceland, SC DRC, and the Icelandic MFA. A local consultant will not be recruited, but a translator will be consulted as needed, and a representative from SC DRC will assist the evaluator during fieldwork.

A consultation group will be appointed for this evaluation with representatives from SC Iceland, SC DRC, the Icelandic MFA and the evaluator to discuss the design of the evaluation before it takes place and its results after it has been conducted.

The final report with recommendations shall be submitted to SC Iceland before the end of June 2021, along with a presentation to the association's board.

## **8. Fieldwork**

The evaluator will work closely with SC Iceland and SC DRC while planning the fieldwork.

## **9. Reporting and submission**

The evaluator must submit the following:

- Initial report, listing the methodology and approach for the evaluation.
- Participate in a consultation group meeting before the evaluation takes place.
- Draft final report.
- Participate in a consultation group meeting before finalising the final report.

Following the evaluation, the evaluator will submit a final report to SC Iceland. During the writing of the report, SC Iceland will have the opportunity to present its comments regarding the report's content. The report shall be written in English to be of the best use to all stakeholders.