



NORWEGIAN PEOPLE'S AID

**MID-TERM EVALUATION OF THE ENDING
DOMESTIC VIOLENCE PROJECT
IN RWANDA**

EVALUATION REPORT

AUGUST 2011

Acknowledgment

This Mid-Term Evaluation (MTE) could have not been successful without the contribution of various organisations and people. First, we thank all the staff at NPA's Kigali Office for supporting and facilitating the process from inception through data collection and to finalization. We are grateful to the staff of NPA's partners - ADTS, AJPRODHO and Tubibe Amahoro and all volunteers for taking their time to participate in the MTE. We are particularly indebted to all participants who provided the information that form substance of this report. We cannot forget the support provided by Jolie Nkusi and Christine Sadia in the first round of data collection. To all those who contributed in one way or the other but have not been mentioned, accept our acknowledgment.

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Executive Summary

Overview of the project

Domestic violence (DV) is the most common form of violence against women (VAW) in Rwanda. By 2005, more than one-third of Rwandese women were directly affected by DV, preventing them from enjoying their rights and realising their full potential. The EDV project was initiated to add impetus to the national response to Gender-based Violence (GBV) by promoting dialogue, mutual respect, reconciliation and advocating for the rule of law. This evaluation was initiated to assess the strategies used, challenges encountered and achievements, as well as make recommendations on how the project may be strengthened to achieve its objectives and prepared for continuation in the post-funding era.

Key findings

Evaluation findings have been summarised under five thematic headings, including background profile of participants, prevention of DV, psychosocial support, implementation strategies and institutional capacity strengthening.

Background profile of participants

The incidence of DV was significantly associated with factors such as religion; place of residence, income level, radio listenership and frequency of alcoholism. Hence, women in rural areas and those with no income should be considered among the groups most vulnerable to DV. Targeting such groups with information on DV and economic empowerment is likely to reduce their vulnerability to DV.

Prevention of domestic violence

Sensitization of community members was initiated in response to a high number DV cases reported to local authorities as well as lack of information on women's rights. In this regard, up to 81.4% of the participants had received information on DV, with up to 43.9% receiving such information through the project. Besides, participants who had received such information were significantly less vulnerable to DV than those who had not; while those who received the information repeatedly were significantly less vulnerable to DV than those who received such information once. Positive changes attributed to the project include improved knowledge about: women's rights (24.4%); causes and consequences of DV (46.5%) and reporting channels (28.9%); improved attitudes towards women and wife-beating; as well as increasing transparency in managing family resources. The prevention component remains key in improving awareness level, as well as influencing attitudes and behaviour change among men.

Psychosocial support

Psychosocial support responds to the need to help DV survivors overcome trauma, self-stigma and low self-esteem. In this regards, up to 43.2% of the participants had been counselled for DV-related conditions, with up to 70% of this lot receiving counselling services from volunteers. Most volunteers have become very effective in solving DV cases; in some instances, succeeding where other actors have failed. Psychosocial support may be associated with improvement in: family virtues (48.0%); couple dialogue (44.4%); responsibility sharing (36.0%); and speedy change in behaviour, as well as acceptance of new values such as sharing family resources.

Implementation strategies

Couples approach

The involvement of men in prevention activities is not only a matter of logic but also useful in finding lasting solutions to DV. Positive changes in the life of beneficiaries included improving couple dialogue, increasing perception of reforming men as role models by their peers (74.3%), as well as improving understanding, respect and accommodation of divergent views by men (40.7%).

Dissemination of laws & policies on women's rights

The strategy was initiated to expedite behaviour change by enhancing legal literacy among community members. Up to 45.5% of the participants had received information on laws and policies protective women's rights. The strategy has been useful in improving knowledge about women's rights, inspiring community members to develop a reading culture and expediting behaviour change. However, more sensitisation on the laws *vis-à-vis* sharing family resources is necessary to allay fears that such laws are meant to give women more powers to take over their husband's properties.

Community empowerment

This strategy helps community members recognise DV as an impediment to women's prosperity; it instils courage to report and skills to speak out, as well as find solutions to the problem. Although volunteers are increasingly recognised as legal advisors on DV matters, disclosure and reporting of DV remains a key challenge for consideration in the continuation phase.

Collaboration with local authorities

Collaboration with local authorities is important in promoting acceptance and ownership of project activities. Effectiveness of the strategy is indicated by integration of DV messages local authority activities; sharing of resources and recognition of volunteers as key partners in DV prevention. Through collaboration, leaders are increasingly coming out to lead protest marches against DV. Regular consultations remain crucial for sustaining collaboration with local authorities.

Economic empowerment

The VSLA component responds to the need to empower women economically, with a view to reducing their vulnerability to DV. While the EDV project focuses on couples approach, the VSLA initiative targets poorest of the poor. This mismatch is likely to undermine achievement of project's goals, particularly where women's empowerment is perceived as a threat to patriarchal power structures. However, sensitisation of men about the initiative will help them understand and adjust to expected changes in women's economic status.

Strengthening institutional capacity

Human resource capacity strengthening

Issues related to human resource include lack of training programmes to systematise and ensure consistency; and loss of skilled and experienced staff, which is likely to affect project consistency, reverse of gains and inflate training budget. Although staff retention can be achieved through various ways, the role of financial motivation cannot be ignored. Thus, improving existing remuneration packages is one option that may be considered, albeit costly, to retain staff. Working with volunteers enhances ownership of the project by community members; however, their contribution has been

impeded by issues such as inadequacy of essential skills; long distance between villages (84.1%), lack of subsistence allowance (67.3%) and peer influence (31.9%), among others. Volunteers are also affected by the twin roles of supporting project activities in tandem with meeting family obligations. Improving logistics for volunteers deserves attention in the continuation phase to sustain their contribution.

Monitoring, evaluation and reporting

Even though M&E systems are crucial in aiding decision-making processes, various capacity gaps are noted in the existing M&E system, including lack of: an M&E officer to control quality of M&E activities, an M&E strategy, refresher training, uniformity in data collection tools and unsystematic reporting of statistics. Strengthening the M&E system is a key area that should also be considered to improve the quality of all projects mounted by NPA.

Training tools

The EDV training manual is detailed in terms of modules designed to *enhancing awareness about gender and rights* issues, as well as modules for *deepening the understanding of DV*; however, the tool is weak when it comes to modules supporting the *development of essential skills for ending DV* and modules on *taking action to end DV*. Consequently, revision of the manual to include skills such as communication, anger, time, and fatigue management, as well as risk assessment and advocacy among others will be inevitable in the continuation phase.

Strengthening EDV Networks

EDV associations provide forums, through which volunteers share their experiences, enjoy mutual support and seek solutions to challenges in their geographical loci. EDV associations were organised into networks, but which are still too feeble to effectively spearhead project activities. Establishing linkages with strategic institutions will be crucial in strengthening EDV networks, amplifying their role and preparing for exit. Without such linkages the networks themselves may not achieve much in enhancing access to medical, legal and police services for survivors.

Partnerships

The partnership network was downsized to enhance efficiency and effectiveness of the project; however, none of the current IPs is a women's organisation. This suggests that women have not had a chance to take part in addressing an issue that is so pertinent to their life. Given that EDV is not the core activity of current IPs, its retention in the post-funding era remains uncertain. Hence, expanding the number of IPs to include women's organisations will not only realign the project to women's needs, but will also and more importantly, guarantee sustainability of project activities.

Recommendations

Prevention of domestic violence

1. Intensify sensitisation of community members on DV by initiating a weekly radio programme targeting couples and the youth with relevant information designed to empower community members to end DV. The programme will involve a series of discussions on DV issues with professionals such as counsellors, doctors, lawyers, judges, social workers and police officers, among others. Such discussions will focus on options and services available for women experiencing DV, and should include the contacts of guests, through which listeners can reach them at the times of need.

- a. The radio show will also host role model couples to share their experiences and their achievements should be recognized and amplified on-air to influence other couples to break the cycle of violence. The shows should be enriched with brief sessions of comedy, incisive theme songs and key messages, as appropriate.
 - b. The shows should be made interactive by invoking listeners to participate in discussion subjects by calling in, writing, sending text messages or e-mails, and giving feedback. Both men and women should be encouraged to listen and participate in all programs, irrespective of the group targeted by weekly themes.
 - c. The hosts shall recognize small acts of behaviour change away from DV on-air by creating a *heroes' minute* during the programme.
 - d. The shows should include sessions and adverts advocating for the protection of vulnerable groups, such as orphaned and vulnerable children (OVC), children born out of wedlock, the elderly, widows, people living with disability and domestic workers, particularly house-helpers and nurse-maids from violence.
2. Extend project activities to primary and secondary schools, colleges and universities by initiating EDV peer education clubs to give in-school youths an early opportunity to understand issues related to gender, women's rights and DV, as well as develop relevant skills in readiness for a violence-free marital life.

Psychosocial support

1. Refresh volunteers on counselling skills to make them more effective in addressing psychosocial needs of DV survivors.
2. Strengthen referral linkages with selected health facilities in each project district to enable heavily traumatised survivors access psychosocial services expeditiously.

Implementation strategies

1. Compile all laws and policies related to women's rights, GBV prevention and gender equality promotion for easier accessibility. The resultant document should be translated into *Kinyarwanda* for easier use by volunteers and community members. The laws and policies may be disseminated through community theatre or radio programmes, which are particularly appropriate for community members not able to read and write.
2. Strengthen collaboration with government authorities, including administrators, police and courts as well as with non-governmental organizations involved in GBV prevention. This may be achieved through sensitization seminars, which should explore possible areas of collaboration, organizing joint sensitization activities and sharing information, for instance, through newsletters, bulletins, as well as supporting each other with resources such as vehicles in times of need.
3. Sensitise men on VSLA activities, its core principles and the importance of women's economic empowerment, to help them understand and adjust their expectations in response to changes in women's economic status. For women, sensitisation should entail counselling to help them know how to relate to their husbands to avoid situations where their empowerment may threaten household power relations between couples, which is likely to trigger more violence.

Institutional capacity strengthening

1. Develop annual staff training programmes to systematise and enhance consistency of training activities, as well as ensure equal access by all IPs. Such programmes should also specify the timing for exchange visits; besides, refreshed staffers should be supported to cascade training downwards and transfer skills to volunteers. This is particularly necessary for preparing volunteers to take charge of project activities in the event of gaps occasioned by staff exit.
2. Improve existing remuneration packages for project staff to compare with packages offered by other organisations. Staff training is a costly initiative; however, losing skilled staff to other organisations may be more expensive and injurious to projects. Alternatives such as periodic recognition of effort, responsibility assigning, exchange visits, conferences and staff welfare, among others should also be considered to improve retention.
3. Improve the welfare of volunteers by: supporting their IGA initiatives through seed-funding, training and appropriate linkages to help them meet their family obligations while supporting project activities; improving logistical support through motorcycles and better allowances for animators, as well as bicycles for focal points to facilitate mobility and flexibility; providing T-shirts, caps and bags for identification, as well as safety gear, including gumboots, umbrellas and spotlights; and developing policy guidelines on voluntarism to specify terms of engagement.
4. Strengthen the M&E system by engaging an M&E officer at NPA to control the quality of M&E activities; thus, make the system more supportive to decision-making processes. Also necessary is a comprehensive and documented strategy detailing the logframe, indicators, time schedule and a financial budget for M&E activities.
5. Review the EDV training manual by organizing it into four broad thematic headings, including *enhancing awareness about gender and rights issues*, *deepening the understanding of DV*, *developing skills to end DV* and *taking action to end DV*. The manual should include more sessions on the development of skills such as communication, risk assessment, as well as anger, time and fatigue management, among others.
6. Strengthen EDV networks by facilitating their formalisation to enhance legitimacy; as well as providing technical support in formulating internal control mechanisms, including constitutions and operational manuals. Strengthening the networks will also involve training their leaders in various skill areas, including leadership, project and financial management, accounting procedures and fundraising, among others. Establish EDV umbrella networks at the district level to coordinate and oversee activities of smaller networks.
7. Establish/strengthen linkages between EDV networks with strategic institutions such as National Commission on Human Rights (NCHR), National Women's Council (NWC), local authorities, national police, Access to Justice Offices (AJOs) and courts; health facilities, *Isange* centres, micro-finance institutions as well as ministries in charge of agriculture, livestock development and trade to improve access to legal, justice, police, health, financial, and technical services for DV survivors. Agreements for collaboration should be formalised through Memoranda of Understanding and contracts. In this regard, NPA should organize a stakeholders' sensitization workshop, inviting all strategic institutions and organizations and exploring possible areas of collaboration to open ways for DV survivors to access supportive and reconstructive services.
8. Establish a kitty for DV survivors to access treatment and psychosocial support. Cyclical fundraising events, such as gala dinners/luncheons as well as charity races, targeting the private sector, donor community and members of the public should be considered for adoption.

9. Increase the number of IPs by bringing on board women organisations addressing gender equality and GBV issues to synergise the prevention of DV, re-orient relevance of the project and strengthen the exit plan.
10. Initiate partnership with men organisations such as rugby and football clubs, as well as welfare organizations to promote messages encouraging men to use their masculine advantages positively by protecting women and children from violence.
11. Establish and exchange programme with regional organizations with stronger EDV projects, for instance Raising Voices in Uganda, GBV Recovery Centre in Kenya and Tanzania Gender Network Programme (TGNP) in Tanzania to facilitate learning from their success stories and challenges. Lessons from such programmes will be useful in strengthening the EDV project.

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Abbreviations and Acronyms

ADTS	Association for Development and Social Development
AIDS	Acquired Immunodeficiency Syndrome
AJO	Access to Justice Office
AJPRODHO	Youth Association for Human Rights and Development
CBOs	Community Based Organisations
DV	Domestic violence
EDV	Ending Domestic Violence
FGD	Focus Group Discussion
GBV	Gender-based Violence
GS&L	Group Savings and Loans
HH	Households
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IGA	Income-Generating Activities
IPs	Implementing partners
KES	Kenya Shillings
KII	Key Informant Interviews
MIGEPROF	Ministry of Gender and Family Promotion
NGOs	Non-Governmental Organisations
NPA	Norwegian People's Aid
RWF	Rwandese Francs
SPSS	Statistical Package for Social Sciences
STIs	Sexually Transmitted Infections
TA	Tubibe Amahoro
VAW	Violence against Women

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Section I: Background of the Evaluation

1.1 Overview of the EDV project

Violence against Women (VAW) in Rwanda takes various forms; however, domestic violence (DV) appears to be the most prevalent. The Ending Domestic Violence (EDV) project was initiated in 2005 in response to the realisation that DV; including physical, economic, sexual and psychological violence was a key challenge to about 35% of Rwandese women¹. Although DV became more visible during the genocide period, various policy documents² and empirical studies trace its roots to cultural systems and practices that perpetuate gender inequality³; making it elusive for the national legal and policy mechanisms to effectively eradicate the problem. In this regard, the EDV project was initiated to add impetus in the national response to GBV by promoting dialogue, mutual respect, reconciliation and advocating for the rule of law⁴.

The project was initiated at the onset of partnership and rights-based approaches to programming as detailed in the 2004-2007 NPA global strategy. It takes cognizance of the fact that DV prevents women from: realising their full economic potential; enjoying their human rights and fundamental freedoms as well as achieving a life of dignity and prosperity.

The project started with 12 Implementing Partners (IPs) in the 2005/06 period. However, by the end of 2007, some partners were phased-out on the basis of poor performance, non-commitment and lack of grass-root structures. Phasing-out some IPs was also geared towards having a limited number of highly effective partners, for long-term collaboration in furthering NPA's agenda regarding DV in Rwanda. Besides, the initiative was meant to enhance efficiency and effectiveness by reducing the amount of time and resources spent on accompanying IPs. The final three IPs included Association for Development and Social Development (ADTS); Youth Association for Human Rights and Development (AJPRODHO); and Tubibe Amahoro.

NPA adopted a holistic approach in building the capacity of IPs, focusing on all institutional components and not just staff training. Consequently, IPs were supported to develop strategic plans, develop financial and human resource management systems, among others. The IPs were also given financial and technical support to enhance institutional capacity; thus, improve project implementation, management, monitoring, evaluation and reporting. The project was being implemented in nine districts, including Musanze, Butare, Gakenke, Rubavu, Gatsibo, Nyagatare, Kayonza, Ngororero and Karongi; spread across the country. After five years of implementation, NPA embarked on this MTE to review performance, set agenda for the continuation phase based on lessons learnt and plan for exit at the end of funding.

¹ Rwanda District Health Survey report, 2005

² E.g. Draft National Policy on the Fight against GBV; Draft National Strategic Plan to Combat GBV

³ Evaluation Mission for Norwegian People's Aid Programme in Rwanda in 2005. Support provided to Local Partners, Final Report, May 2006

⁴ Ibid.

1.2 Objective and purpose of the evaluation

The primary objective of this evaluation was to assess the strategies employed, achievements and challenges encountered during implementation of the project. The purpose was to document performance and to derive recommendations that would enable NPA and partners reflect on lessons learnt, as well as advice on how the project may be strengthened to achieve its objectives in the continuation phase.

1.3 Evaluation criteria

The MTE was founded on five key criteria, including *relevance* of interventions to the needs of target beneficiaries; *efficiency* of interventions in terms of cost and in relation to alternative ways through which the same needs would be addressed but at a cheaper cost. The evaluation also assessed *effectiveness* of the project, in terms of the extent to which its interventions influenced the life of target beneficiaries; *impact*, referring to positive or negative changes in the life of beneficiaries and *sustainability* of project activities at the end of donor funding.

Section II: Evaluation Methodology

2.1 Introduction

This section describes how data was sourced, processed, analysed and interpreted to achieve the purpose of this evaluation. The section describes the evaluation design, target participants; sampling procedures; instruments, data collection process, as well as data processing and analysis techniques.

2.2 Evaluation design

The evaluation applied the cross-sectional design with both quantitative and qualitative approaches. Unlike longitudinal, panel or cohort designs, cross-sectional designs source data at one point in time during the life of a project⁵. This attribute makes it one of the cheapest and effective designs in controlling for confounders such as social, political or cultural changes, which may have similar effects in the life of target groups as the project⁶. The quantitative approach elicited numerical and quantifiable data, which was used to generate descriptive statistics, while the qualitative approach, obtained in-depth data based on the experiences and opinions of project beneficiaries; implementers, and key stakeholders.

2.3 Target participants

The evaluation targeted three categories of participants, including project implementers, community members, as well as key stakeholders. Project implementers included NPA staff, IPs' staff and volunteers, including animators and focal points. Key stakeholders included Ministry of Gender and Family Promotion, Social Development, Police Gender Desks in the districts and one stop-center at the Police Headquarters, local administrators, as well as INGOs. Community members included beneficiaries and non-beneficiaries aged 18 to 70 years, irrespective of gender.

2.4 Sampling procedures

A mixture of probability and non-probability sampling procedures were used to select participants in each category. Project implementers and key stakeholders were sampled purposively. Community members were sampled using cluster random sampling process, where a list of all cells under project area was prepared to form the sampling frame. The cells were designated as clusters. Using simple random process, 20% of households in each cluster was sampled. The sampling process yielded a total

IPs	No. of cells/clusters	20% of cells/clusters
ADTS	200	60
AJPRODHO	43	9
Tubibe Amahoro	36	7
Total	279	76

of 76 cells, as summarised in the table alongside.

Cluster random sampling (CRS) procedure is a probability sampling process that helps researchers to sample a population that is dispersed over a geographical space. In cluster sampling, the area under study is divided into units called clusters, usually along geographic or administrative boundaries. Clusters are then randomly sampled; however, all the

⁵ Rindfleisch, A., Malter, A.J., Ganesan, S. and Moorman, C. (2008). "Cross-Sectional Versus Longitudinal Survey Research". *Journal of Marketing Research*, Vol. 45, No. 3, pp. 1-23.

⁶ Babbie, E. R. (1973). *Survey Research Methods*. Belmont, CA: Wadsworth Publishing Company; Fowler, F. (1993). *Survey Research Methods*. Beverly Hills, CA: Sage.

units within sampled clusters qualify for inclusion in the ultimate sample. CRS procedure is effective in addressing weighting problems by giving all parts of the study area an equal chance of inclusion in the sample.

In addition, the sampling process was guided by the following information: that every cell has an average of 7 villages and 765 households; the quotient of which gives an average of 110 households per village. Based on the 20% criterion, the sampling process obtained an average of 22 households per village, which led to the output presented in the table below.

Therefore, the ideal sample size for the evaluation was 924 households. From the sampled households, either a husband or wife aged 18 to 70 years was purposively included in the evaluation, on the basis of availability at the time of the interview. Purposive sampling is a non-probability procedure, which allows a researcher to use cases that have the information required by the study. Such cases are often handpicked because they are informative or possess desired characteristics.

IPs	No. of villages (Nv)	Total no. of hhs (22xNv)	Actual no. of respondents		
			Men	Women	Total
ADTS	17	374	104	156	260
AJPRODHO	14	308	79	161	240
Tubibe Amahoro	11	242	41	95	136
Total	42	924	224	412	636

2.5 Data collection process

Data was collected in two phases; in the first phase, data was collected from 16th to 23rd December 2010. The consultants worked hand-in-hand with Research Assistants (RAs) in this process. While the consultants facilitated FGDs and KIIs, the RAs conducted structured interviews with community members. A total of 7 FGDs and 21 KIIs were conducted. In addition, out of the 924 targeted respondents, only 636 interviews were successful; representing a coverage rate of 69%. RAs were trained to improve data sourcing skills; tools were translated into Kinyarwanda; and performance was assessed daily to address issues arising. The second phase run from 23rd to 27th March, 2011 and was meant to fill up information gaps by sourcing qualitative data from project implementers and beneficiaries.

2.6 Data processing and analysis

Both quantitative and qualitative approaches were applied to process and analyze the data. Quantitative analysis began with listing and coding open-ended data, which together with pre-coded quantitative data were digitalised using the Statistical Package for Social Sciences (SPSS). The data were cleaned, verified and run using SPSS to generate descriptive statistics. Charts and tables were generated using Ms-Excel. In the qualitative dimension, data was listed and organised under various thematic areas based on the evaluation criteria; followed by description. The second step involved thematic analysis, interpretation.

Section III: Evaluation Findings

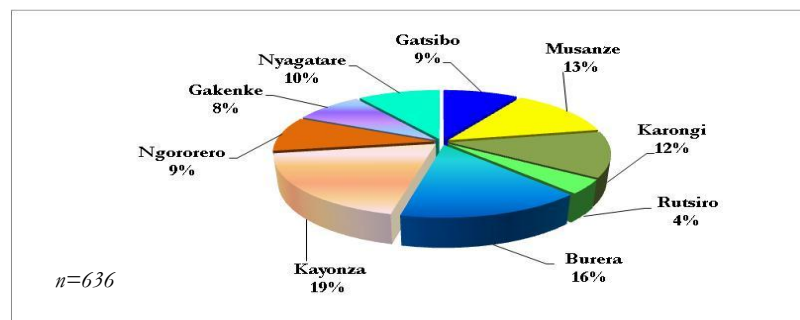
3.1 Introduction

This section presents findings of the evaluation, which have been organised under five key thematic headings, viz. background profile of participants, prevention of DV, psychosocial support, implementation strategies and institutional capacity strengthening.

3.2 Background profile of participants

Quantitative data was obtained from a total of 636 participants, while qualitative data was sourced through 7 FGDs and 21 KIIs. The 636 participants were distributed proportionately across nine project districts, including Gatsibo, Musanze, Karongi, Rutsiro, Burera, Kayonza, Ngororero, Gakenke and Nyagatare. Figure 3.1 shows the distribution of participants across the project districts.

Figure 3.1: Distribution of participants across project districts



In relation to IPs, 260 (40.9%) participants were drawn from Gakenke, Burera, Musanze and Rutsiro, which are under ADTS; 240 (37.7%) were drawn from Gatsibo, Kayonza and Nyagatare, covered by AJPRODHO; while 136 (21.4%) were residents of Karongi and Ngororero districts, which are under Tubibe Amahoro (TA). In terms of

gender, participants included 224 (35.2%) men and 412 (64.8%) women, aged 18 to 68 years. Table 1 below, shows that most men (37.9%) were in the 30 to 39 years, while up to 34.4% of women were aged between 20 and 29 years.

Furthermore, more women than men had been exposed to DV. For instance, out of 35 beneficiaries who participated in FGDs, only two men had experienced DV. Besides, none of the 29 volunteers (FPs and animators) who participated in FGDs cited a case where a man was a victim of DV; rather, all the cited cases pointed out women as the main survivors of DV. These findings are in line with government documentations on the problem of DV in Rwanda, which also indicate that women are more vulnerable to DV than men.

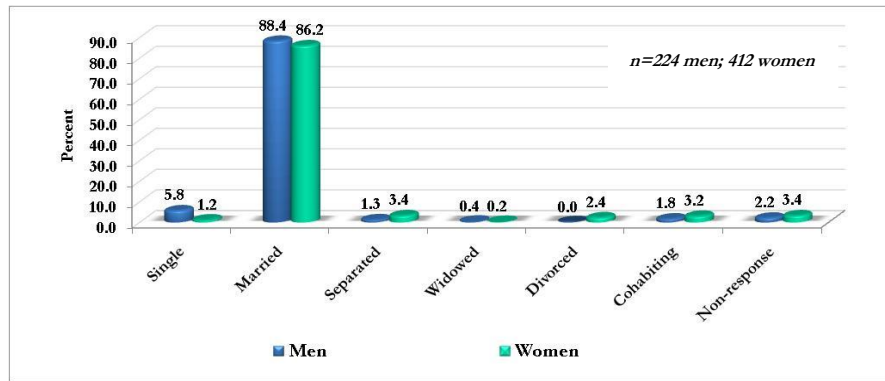
Table 1: Distribution of participants by age

Age	Men		Women	
	Frequency	Percent	Frequency	Percent
18-19 years	0	0.0	2	0.5
20-29 years	47	21.5	139	34.4
30-39 years	83	37.9	129	31.9
40-49 years	57	26.0	85	21.0
50-59 years	30	13.7	47	11.6
60 years +	2	0.9	2	0.5
Total	219	100.0	404	100.0

3.2.1 Marital status

Most participants were in marital unions at the time of this MTE. As presented in figure 3.2 below, up to 88.4% of men and 86.2% of women were married. However, the findings suggest that participants were not comfortable disclosing marital issues such a divorce, particularly because divorce is not socially sanctioned by the cultural systems of target communities.

Figure 3.2: Participants' marital status



The project districts covered by AJPRODHO had the highest proportion of participants in marital unions (91.3%); followed by districts under ADTS (89.7%) and TA with 86.6%. In addition, bivariate analysis indicated that marital status of women was not significantly associated with the incidence

of DV, over the preceding two years; suggesting that all women were likely to experience violence over the reference period, irrespective of marital status.

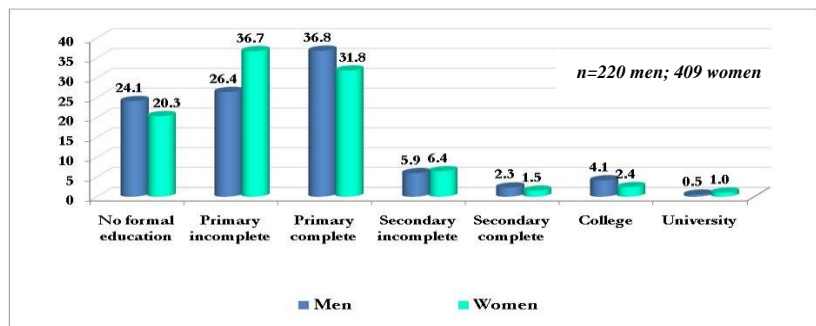
3.2.2 Number of children

Participants were requested to indicate the number of own-children as well as other children under their care. The results indicated an average of 4 for own-children and less than 1 for other children. Furthermore, the districts under ADTS had an average of 3.9 children; followed by 3.6 and 3.4 children for districts under AJPRODHO and TA, respectively. However, the number of children cared for by women was not significantly associated with the incidence of DV in the preceding two-year period.

3.2.3 Education level

Figure 3.3 shows that more than 80% of the participants had up to primary education, irrespective of gender. Besides, up to 50.5% of men and 57.0% of women either had no formal education or did not complete primary education. Bivariate analysis also revealed lack of a significant variation in educational attainment by men and women within 0.1 error margin, implying that neither gender was significantly more educated than the other.

Figure 3.3: Educational attainment by participants



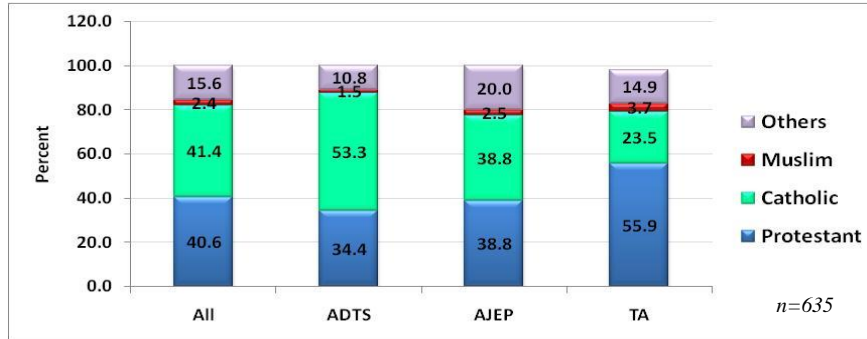
The variation in educational attainment across the project districts was also not significant; implying that areas served by the three IPs were likely to be at par in terms of education level; in other words, no region was significantly more educated than others. The analysis further revealed lack of statistical association between

educational attainment by women and the incidence of DV, occurring over the preceding two-year period. In other words, all women were vulnerable to DV regardless of their education level.

3.2.4 Religion

Protestantism and Catholicism are the two most dominant religions in the project districts. The results summarised in figure 3.4 show that up to 40.6% of the participants were of protestant faith, while 41.4% were Catholic followers.

Figure 3.4: Religious affiliation



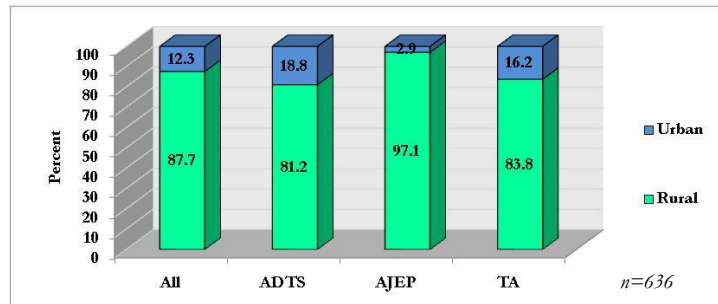
By regions, ADTS project districts are dominated by Catholic followers (53.3%); AJPRODHO districts consist of both Catholics and Protestants (38.8% & 38.8%, respectively); while areas under TA are predominantly Protestants (55.9%). Bivariate analysis indicated that religious

affiliation among women was significantly associated with the incidence of DV at 0.1 margin of error; thus, implying up to 90% chance that religious affiliation was significantly associated with the incidence of DV (calculated $\chi^2 = 8.99, 4 df, p = 0.061$). Besides, binary logistic regression results indicated that Protestants were 1.6 times less vulnerable to DV than members of other religions; Catholics were 1.9 times less vulnerable, while Muslims were 1.7 times less vulnerable.

3.2.5 Place of residence

As indicated in figure 3.5, most participants (87.7%) were rural dwellers. Besides, AJPRODHO districts had the highest population of rural dwellers (97.1%); followed by TA districts at 83.8% and ADTS districts at 81.2%.

Figure 3.5: Place of residence

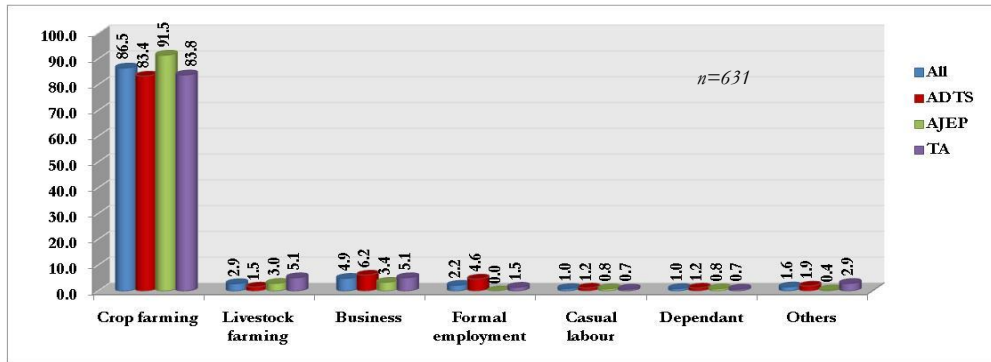


Bivariate analysis further indicated that place of residence was significantly associated with the incidence of DV occurring among women over the preceding two-year period at 0.1 error margin. This suggests up to 90% chance that place of residence was significantly associated with the incidence of DV (calculated $\chi^2 = 2.94, 1 df, p = 0.086$). The FGD sessions hinted that women in rural areas were more likely to be vulnerable to DV than their colleagues in urban areas; thus, necessitating more action in rural areas.

3.2.6 Livelihood sources

The economy of project districts is largely founded on crop farming. In this regard, the findings presented in figure 3.6 below, show that up to 86.5% of the participants derived their livelihood through crop farming. Other common livelihood sources include business and formal employment (6.2% & 4.6%, respectively); mainly in the ADTS districts, while livestock farming was common in areas under TA.

Figure 3.6: Main sources of livelihood



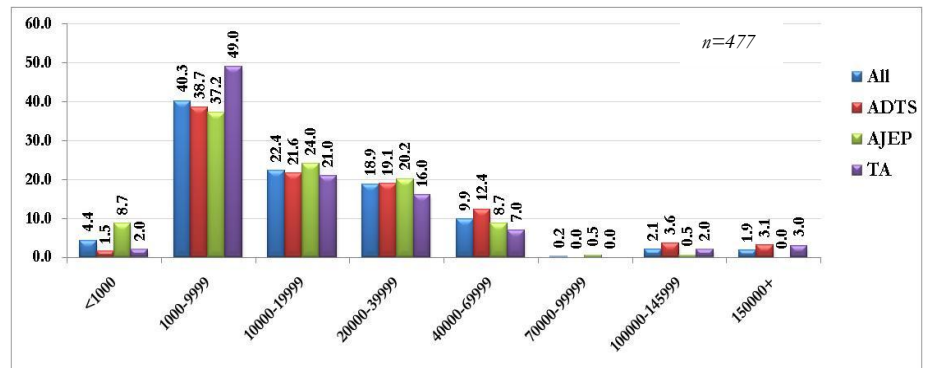
The analysis found that livelihood sources and the incidence of DV among women were significantly associated at 0.01 error margin (calculated $\chi^2 = 17.26$, 6 df, $p = 0.008$). This suggests that the

source of livelihood was one of the factors likely to influence the vulnerability of women to DV.

3.2.7 Average income

As indicated in figure 3.7, up to 81.6% of the participants were in the income range of RWF 1,000 to RWF 39,999. Besides, more than two-thirds of the participants (67.1%) had an average income of less than RWF 20,000 per month. The participants reported a mean income of RWF 19,254. Also noted in the results is that most participants in the highest income scale were residents of ADTS districts, while about one-half of participants from AJPRODHO districts were low income-earners, below RWF 10,000.

Figure 3.7: Average monthly income



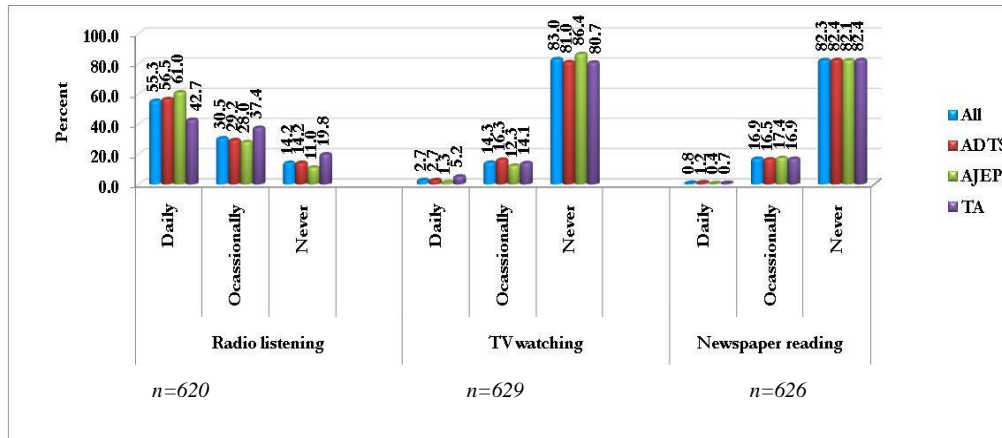
The analysis also revealed that ADTS districts had the highest mean income of RWF 24,053; followed by TA districts at RWF 19,017 and AJPRODHO districts, with a mean monthly income of RWF 14,296.

Furthermore, income level and the incidence of DV among women were significantly associated at 0.05 error margin ($\chi^2 = 13.43$, 7 df, $p = 0.042$); suggesting up to 95% chance that income level was one of the factors likely to influence the incidence of DV. Besides, FGD sessions revealed that even though all women were vulnerable to various forms of DV, women at lower income levels were likely to be more vulnerable than those in higher income brackets. This suggests that empowering women economically is likely to influence their vulnerability to DV.

3.2.8 Access to mass media

The findings summarised in figure 3.8 below, show that up to 55.3% of the participants listened to radio on a daily basis, while 30.5% did so occasionally. As regards television watching, up to 83.0% never watched TV, 14.3% did so only occasionally; while, up to 82.3% never read newspapers at all.

Figure 3.8: Access to mass media



Overall, the results suggest that the most appropriate media to pass information on DV would be the radio. The results also show that radio listenership across regions served by the three IPs was statistically significant at 0.05

error margin (calculated $\chi^2 = 12.50, 4 df, p = 0.014$). However, variation in access to TV and newspapers was not significant. The findings also indicated that radio listening and the incidence of DV among women were significantly associated at 0.1 error margin (calculated $\chi^2 = 5.88, 2 df, p = 0.053$); suggesting up to 90% chance that radio listening was one of the factors likely to influence the occurrence of DV; hence, frequent radio listeners were likely to be less vulnerable to DV than infrequent listeners.

In relation to gender, the results summarized in table 2 below shows that more men (61.3%) than women (52.0%) accessed and listened to radio on a daily basis. Bivariate analysis between frequency of radio listening and gender was significant at 0.05 error margin (calculated $\chi^2 = 6.288, 2 df, p = 0.043$); suggesting up to 95% chance that one gender listened to radio more than the other.

Table 2: Access to mass media among men and women

Mass media	Access frequency	Male		Female	
		Frequency	Percent	Frequency	Percent
Radio	Daily	136	61.3	207	52.0
	Occasionally	63	28.4	126	31.7
	Never	23	10.4	65	16.3
	Total	222	100.0	398	100.0
Television	Daily	8	3.6	9	2.2
	Occasionally	35	15.9	55	13.4
	Never	177	80.5	345	84.4
	Total	220	100.0	409	100.0
Newspaper	Daily	2	0.9	3	0.7
	Occasionally	46	20.5	60	14.9
	Never	176	78.6	339	84.3
	Total	224	100.0	402	100.0

The results in table 2 further shows that only 3.6% of men and 2.2% of women watched TV daily; besides, less than 1% of men and women, respectively, read newspapers on a daily basis. Bivariate analysis results indicated that the two media types and gender were not significantly associated.

3.2.9 Alcoholism and drug use

The MTE noted that more than one-third of participants were alcoholics. Of this lot, 6.2% consumed alcohol daily, while 30.5% used alcohol occasionally. In terms of regional distribution, daily users of alcohol were most in ADTS districts, while occasional users were highest in TA areas.

The variation in alcohol consumption across the regions was statistically significant at 0.05 error margin, (calculated $\chi^2 = 16.62, 4 df, p = 0.002$). Drug users were very few among the participants, with less than 1% in most places, except districts under ADTS. However, being a sensitive subject, there is a chance that many participants concealed information due suspicion about confidentiality. Bivariate analysis results showed that alcoholism and the incidence of DV among women were significantly associated at 0.1 error margin ($\chi^2 = 5.43, 2 df, p = 0.066$); suggesting up to 90% chance that regular alcoholics were likely to be more vulnerable to DV than infrequent users of alcohol.

3.3 Prevention of domestic violence

The EDV project was initiated to prevent DV through relevant information and skills to help community members understand its nature, forms, causes and negative consequences on women. In this regard, the project is expected to stimulate behaviour and attitude change towards a DV-free society where women can realise their full potential as well as live a life of dignity and prosperity.

Common forms of DV and their determinants

The MTE found that women experience DV in various forms - the most common form being physical assault, including slapping, punching, beating, kicking, strangling, hitting with objects and cutting. Furthermore, the MTE revealed that physical assault is triggered by various circumstances and behaviours, including alcoholism, through which family resources were squandered by men. Women questioning the use of family resources in alcoholism were often vulnerable to physical violence. Alcoholism was also linked to concubinage.

Although the *Family Protection* law bars married men from marrying other wives, the MTE found that concubinage was thriving clandestinely. Maintaining concubinage using family resources was one of the behaviours heightening the risk of DV in many households. Some perspectives pointed out that concubinage will remain a key ingredient for DV, particularly given the gender imbalance in Rwandese population; hence, the need for sustained sensitisation.

Denying women the right to use family resources or benefit from proceeds thereof was another common form of DV. Quite often men disposed off family property such as land and livestock without consulting their wives. Worse still, proceeds of such sales were misused in alcoholism, with very little or none shared with women, notwithstanding their role in the farm as primary labour providers. Women were also deprived of the chance to decide on how family resources should be used. The patriarchal system gives men the power to control family resources, including land, livestock and farm produce. In this regard, being accountable to a wife is perceived as sign of weakness, while being questioned about the use of such resources is perceived as an affront to the man's masculinity. In some cases, women were expected to toil and provide handouts to sustain their husbands' drinking habits. Such imbalances were cited as rich recipes for DV.

DV was also experienced in the form of psychological torture; including the use of abusive words such as *slat*, *stupid* or *useless*; verbal harassment through statements such as "if you feel offended, go and look for other men" as well as humiliating metaphors such as 'dry wood or rock', referring to women unable to develop sexual excitement (as defined by their husbands), particularly at short notice. Women were also tortured psychologically by being locked out of matrimonial house at night or during the day. In one instance, a respondent narrated how she was stripped and locked out of her matrimonial house for a whole night. This form of DV was also manifested through threats of separation, physical harm or death; as well as lack freedom to visit friends and family or attend women's meetings.

Cohabitation was also identified as one of the practices encouraging various forms of DV, particularly psychological torture. In this regard, some men took advantage of informal marital unions to mistreat their wives, with full knowledge that under cohabitation, they were not accountable to any authority. FGD participants and key informants intimated that women in cohabitation were more vulnerable to psychological forms of DV than women in legalised marriages.

Another common form of DV was sexual violence through marital rape. The cultural system gives men the power to decide on when, where and how sexual relations take place. Thus, a woman has no power to question sexual advances of a husband. Women refusing to yield to abrupt sexual advances by their husbands or raising concern about their safety vis-à-vis pregnancy and STIs were perceived as disrespectful, accused of infidelity and were highly likely to be subjected to various forms of DV.

Tied to this was the point on sexual satisfaction; where most men believed that sexual satisfaction was attained *'when a woman gets wet'*, referring to sexual excitement. In this regard, women not able to respond to short notices for sexual intercourse, or after being insulted and called names were also vulnerable to physical assault and emotional torture, as most dissatisfied men had a higher propensity to engage in extra-marital affairs.

DV was also experienced in the form of being denied the right to use family planning methods. Some men resisted the use of such methods, believing that they could lead to sterilisation of their wives; thus, prevent them from achieving desired family size. The use of such methods without permission from husbands was a potential source of DV. In other instances, women were denied access to treatment. Being a patriarchal society, male children were valued more than female children. Hence, women giving birth to only girls were likely to experience higher incidences of DV, resulting from their husbands' disillusionment. The inability to have male children was blamed on women and was often used as an excuse to subject women to DV. Some men also channelled their discomfort with children born out-of-wedlock through DV.

Peer influence was identified as one of the factors encouraging various forms of DV; as some men engaged in DV to conform to group norms and values set by their peers. Other factors encouraging DV, included difference in religious faith; as well as education level in favour of women. DV was also encouraged by ignorance of the laws safeguarding the rights of women; emotional insecurity, where some husbands forbade their wives from travelling on bicycles, ridden by men; while others determined the dressing code for their wives.

3.3.1 Relevance

The prevention component of the project was initiated in response to a high number of DV cases reported to government authorities, including the local administration and police; for instance, the MTE learnt that in 2005 at the Bwishyura Sector, Karongi District, up to 346 cases of women physically assaulted by their partners were reported to government authorities in a period of one month. However, this figure was considered 'tip of the ice-berg', as many cases were never reported.

Such a high prevalence of DV propagated various maladies, which undermined the potential of Rwandese women to effectively contribute to socio-economic development of the country. Some of the maladies captured by the MTE included physical injuries and disabilities, such as broken upper limbs, head and back injuries and loss of teeth. Some injuries caused permanent disability, which in turn, compromised the ability of women to undertake heavy domestic chores; thereby, affecting household economy.

DV was also associated with mismanagement of family resources, particularly through alcoholism and concubinage; thus, constraining access to basic needs such as decent housing, food, clothing, education and healthcare. DV was also associated with insecurity at home, as both women and children lived in constant fear of being attacked. In some instances, women and children had to scamper for safety each time abusive men got back home. Such routines traumatised women; prompting some survivors to end their lives, which in turn, affected the upbringing and development of children.

Denying women the right to use family planning methods affected the spacing of children and in some situations, led to big families, outweighing family resource base. DV was also linked to unsatisfying sex, which often perpetuated conflicts, unhappiness, emotional disturbance, family breakages and an increasing number of neglected children, all of which have far-reaching consequences at the micro and macro-economic levels. DV also exerted negative influence on young people, as seen in some boys who were already talking of beating their wives when they get married. Concubinage was identified as a critical social problem, which exposed families to STIs, including HIV and AIDS.

To enable target communities prevent DV and overcome its negative consequences, the project focused on sensitisation and training of couples experiencing DV as well as the wider community. Targeted couples were identified through local administrators, focal points, self-reporting as well as reporting by their children or neighbours. Identified couples were sensitised and trained on various items, including human rights, rights of women, law on the prevention and punishment of violence against women (the GBV law); law on matrimonial regimes (liberalities and succession); as well as law on the use and management of land resources.

Couples were also sensitised on gender roles and responsibilities, causes and consequences of various forms of DV, marriage legalisation, family planning, HIV and AIDS and family resource management, among others. As regards management of family resources, couples were informed that such resources belong to both of them and that sharing was important for harmonious co-existence and development.

Community members were sensitised during routine home visits; as well as during community dialogue days, where people in a particular administrative unit were invited to a central place, sensitised and given opportunity to discuss and ask questions regarding DV, rights of women and the laws protecting such rights, among others. Community sensitisation was also aligned with public events such as community voluntary work days (*Umuganda*), International Women's Days, and during "16 Days of Activism against Gender Violence".

Various methods and techniques were used to convey DV messages to community members, including conferences, seminars, media broadcasts, protest marches, IEC materials such as T-shirts, banners, fliers and posters; community theatre with drama and song competitions; poems, bible memory verses stories and testimonies were also used. Community theatre was particularly important in mobilising, entertaining and sensitising people using locally adapted theatre activities.

3.3.2 Efficiency

Sensitisation and training activities were implemented with funding from NPA; however, compared to the level of need the funding provided was not adequate. In view of this, various measures were initiated to reduce the cost of implementation as well as cope with funding inadequacy.

First, sensitisation and training activities were mainly undertaken by volunteers, including animators, focal points and EDV association members. Some volunteers worked under very difficult conditions of resource and logistical constraints, but were driven by the passion to help their communities prevent DV and its related consequences. Working with community volunteers was cited as a more cost-efficient approach than maintaining a huge number of staff to undertake the same activities.

Secondly, localisation of volunteers to operate within their home areas was important in minimising logistical requirements. Some IPs also coped by initiating more EDV associations in underserved areas. This was also instrumental in keeping low the need for logistical support. In addition, DV messages were integrated in public functions and forums, including communal work days and public *barazas*, this

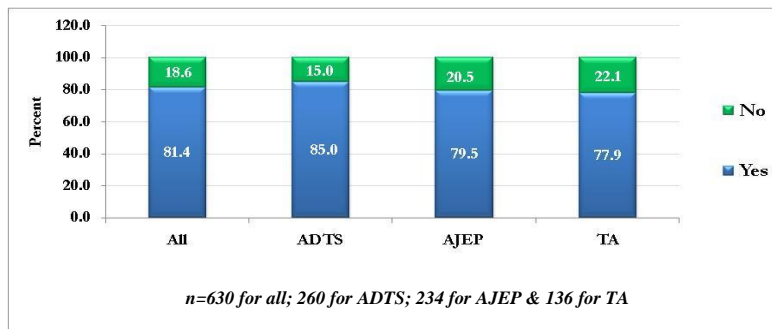
was crucial in avoiding the cost of mobilisation. Furthermore, sports and community theatre were also useful in the mobilisation of community members.

Thirdly, training activities were often conducted in central places; bringing together 15 to 30 couples from different villages per session. This approach was considered more cost-efficient than targeting individual couples with the same training in their homes. Trainings were often facilitated by volunteers trained as ToTs and project staff. This initiative was also important in helping the project avoid the cost of hiring resource persons from other organisations.

3.3.3 Effectiveness

The extent to which the project had prevented DV in target communities may be illustrated by various outcome indicators, some of which have been highlighted in the following paragraphs. Participants in the quantitative approach of this MTE were requested to indicate if they ever received any information on DV in the preceding five-year period. As presented in figure 3.9 up to 81.4% of the participants received such information.

Figure 3.9: Ever received any information on DV

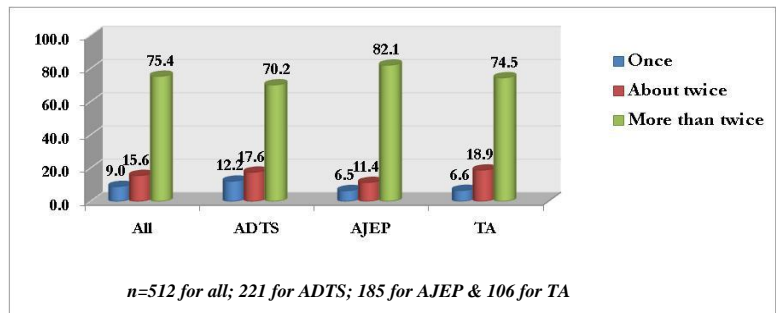


The analysis also indicated that variation across the districts under the three IPs was not statistically significant at any point within 0.1 margin of error; suggesting that participants in all the targeted districts were likely to be at par in terms of access to information on DV in the preceding five-year period.

However, access to information on DV and the incidence of DV were significantly associated at 0.1 error margin (*calculated $\chi^2 = 8.01, 1 df, p = 0.059$*); suggesting that participants who had received information on DV and those who had not were likely to be different in terms of incidence of DV. Furthermore, figure 3.10 below, shows that most participants (75.4%) had received information on DV more than twice in the preceding five-year period.

Figure 3.10: Frequency of exposure to information on DV

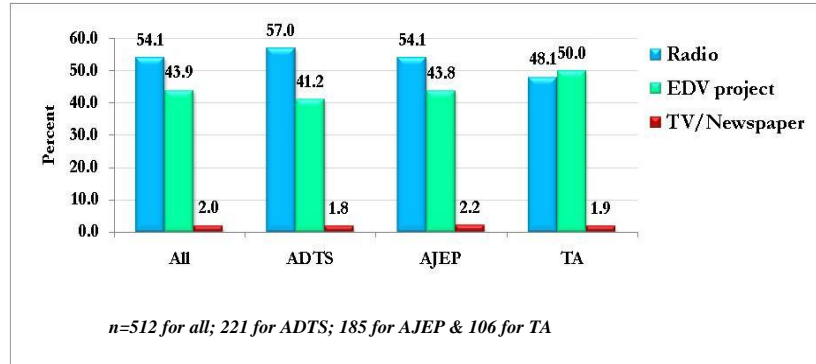
Bivariate analysis revealed that variation across the target districts in terms of frequency of exposure to information on DV was statistically significant at 0.05 error margin (*calculated $\chi^2 = 21.56, 8 df, p = 0.06$*); suggesting up to 95% chance that the effort put in by the three IPs in community sensitisation was significantly different, as some were likely to have done more work than others. In addition, the frequency of exposure to information and the incidence of DV were significantly associated at 0.05 error margin (*calculated $\chi^2 = 12.75, 4 df, p = 0.031$*); suggesting that the frequency of exposure to information on DV was likely to be significantly associated with the incidence of DV.



In addition, the frequency of exposure to information and the incidence of DV were significantly associated at 0.05 error margin (*calculated $\chi^2 = 12.75, 4 df, p = 0.031$*); suggesting that the frequency of exposure to information on DV was likely to be significantly associated with the incidence of DV.

Regarding sources of information on DV, the MTE noted that radio was the most important medium through which participants received information on DV. As indicated in figure 3.11 up to 54.1% of the participants received such information on DV through radio, while 43.9% received such information through the EDV project implementers.

Figure 3.11: Source of information



Bivariate analysis results between the districts under the three IPs and source of information on DV were not significant at any point within 0.1 error margin. Again, the incidence of DV and source of information were not significantly associated.

FGD and KII sessions revealed that the extent to which the project

prevented DV in target areas may be indicated by a significant reduction in the number of cases reported to focal points, animators and government authorities in all sectors hosting the project. For instance, in Bwishyura Sector; in 2005, as high as 346 cases of physical assault were reported in a period of one month (July) only. However, by 2009 only 46 similar cases were reported or identified the whole year. This may be an indication that the incidence of DV was reducing in communities targeted with project activities. In other places such as Gahini Sector, Kayonza District, between 2005 and 2008, as many as 3 cases could be reported or identified in a week. However, between 2010 and 2011, even a month could pass by before a single case was reported or identified.

An FGD Session with beneficiaries: Gahini Sector, Kayonza District



The MTE also learnt that while some forms of DV such as physical assault were reducing fast, other forms related to use and management of family resources were still a problem in areas such as Gahini Sector. This suggests that the continuation phase should focus more on helping community members prevent resource-related forms of DV. In addition, positive comments and gratitude coming from local leaders at sector, cell and village levels are also indications that the project was effective in preventing DV.

prevented DV in target areas may be indicated by a significant reduction in the number of cases reported to focal points, animators and government authorities in all sectors hosting the project.

However, in areas that were yet to be reached, DV remains a key challenge to women's prosperity and dignity and economic development. However, scaling the project to cover more sectors within a district was inhibited by funding constraints. A challenge that NPA and partners can deal with by initiating effective fundraising strategies targeting local and international resources, as well as creating more and strengthening EDV networks to sustain sensitisation activities in the community. Details of such initiatives have been discussed under the institutional capacity thematic area. Alternatively, the government should bring on board more actors to target areas not yet reached with similar interventions, in response to repeated calls by leaders from such areas.

3.3.4 Impact

Impact of the project on the prevention of DV may be indicated by positive or negative changes in the knowledge level, attitude and behaviour of sensitised and trained couples. The project increased knowledge and awareness about effects of DV, rights of women, as well as associated legal frameworks. Improvement in knowledge level was indicated by personal testimonies during public forums. Besides, table 3 below shows that up to 46.5% of the participants believed that they were able to advice other people on DV because of improved knowledge.

Table 3: Positive changes due to information on DV

Valid responses	Frequency	Pct of responses	Pct of cases
More responsible to family	68	5.0	13.3
Able to avoid situations that would trigger violence	112	8.2	21.9
More aware about rights of women & children	125	9.2	24.4
Able to advice/teach other people on DV	238	17.5	46.5
Communication has improved in the house	218	16.0	42.6
Able to negotiate/disputes have decreased	152	11.2	29.7
Relationship with partner has improved	99	7.3	19.3
Behavior has changed/reduced drinking	52	3.8	10.2
Knows where to get help/report DV	148	10.9	28.9
Able to share income/property	49	3.6	9.6
Children are going to school consistently	99	7.3	19.3
Total	1360	100.0	265.6

n=512

Other changes include better knowledge of the reporting channel (28.9%); improved awareness about the rights of women and children (24.4%) and ability to avoid situations likely to trigger DV (21.9%). The FGD sessions also revealed that men became more aware that women do not determine the sex of children; and so could not be blamed for giving birth to girls only. Men also became more aware that they had a key role in determining the sex of children; with such knowledge and skills, some men whose wives were initially giving birth to only girls, managed to get boys; which in turn, reduced the incidence of DV significantly.

As regards change in attitude, the MTE learnt that before sensitisation, most men believed that farm

Couple Testimony I: Musanze District



BAGARAGAZA Thaddeus aged 34 years and his wife **MUKANYERERI** Immaculate aged 32 years old had been married for 11 years and had 4 children. The eldest child was 10 years old and the youngest 4 years old. The couple started experiencing DV in 1999 and lived with it for 6 years before being reached by ADTS. Thaddeus believed that resources in the family were entirely his and the wife had no say about how such resources are used. This often triggered violence because resources were spent in alcoholism and concubinage. Another cause of argument and eventually DV was the use of family planning methods. The wife was denied freedom to movement; had no friends; had no right to buy anything in the house. Immaculate felt emotionally abused and thought she had no value to him.

Hence, the couple often quarrelled when wife refused to have sex for fear of pregnancy. Thaddeus became nasty and was often moody; the wife was not allowed to go anywhere without permission; she was also denied access to money and was also subjected to verbal harassment and name calling. When the couple was discovered by a focal point, they were visited and sensitized. At first Thaddeus resisted but when he saw sense, he accepted to attend training, where they were taught about family property, how it should be used, joint planning and that sharing resources was important. After sensitization, the couple never experienced any more DV, even though sometimes they exchanged words. They learnt to cope through communication. He also purchased a milling machine, which was instrumental in improving family income and access to basic needs.

work was the work of women and rarely undertook manual work in the farm. However, after sensitisation, the perception that farm work was women's responsibility was gradually changing, as sensitised men were increasingly providing labour in the farm, leading to improved productivity. In addition, men could be seen walking together with their wives in public, something that was rare prior to the project.

The perception of women as part of property owned by

men was also changing. Sensitised men considered women as equal partners in marriage, deserving respect, recognition and fair treatment as regards access, planning and management of family resources. In some communities, IPs were equated to religious institutions because of their role in preventing DV and correcting DV-related social injustices against women. Furthermore, the perception of men towards DV was also changing; as sensitised men no-longer valued wife beating and somehow felt

embarrassed to associate themselves with DV. This was evident during FGD sessions, where some men felt quite uneasy associating themselves with previous acts of violence against their wives. After sensitisation, men were increasingly accepting that all children were of equal value irrespective of their gender; thus, reducing the vulnerability of women giving birth to girls only to DV.

In terms of behaviour change, sensitised community members were turning up for more information on how to deal with circumstances encouraging DV. Requesting for such support was considered an indication that community members were increasingly willing to change behaviour and relationship with their partners. Furthermore, men were increasingly becoming transparent with their resources; giving way to joint planning with their wives; resulting to better management of resources and increased productivity. In Karongi District, cases where women survivors were given land by their husbands were cited.

The MTE also learnt that couples successfully coming out of DV were doing better economically, as men became more active in the farm, which in turn, augmented family productivity and income. As a result, successful couples were able to purchase land and build houses using family resources, support children through schooling, access food, purchase livestock and establish IGAs such as shops, posho mills, etc. Besides, sensitised men were increasingly becoming active in supporting their families by resuming their obligations. Sensitised couples were increasingly legalising their marriages. For instance, at the time of this MTE, up to 153 couples in Gahini Sector had legalised their marriages.

The results presented in table 3 above, show that up to 42.6% of the respondents hinted that communication in the house had improved due to ability to understand each other; thus, encouraging couples to jointly plan the use of family resources. Again, up to 29.7% were able to negotiate with partners and avoid situations likely to degenerate to DV; while 10.2% stopped drinking. Informants pointed out that, sensitised men were replacing violence with dialogue and understanding, which provided opportunity for sustained behaviour change.

Sensitised men were also quitting behaviours such as alcoholism and concubinage; thus resuming their family responsibilities. Before sensitisation, some men believed that a wife should not be requested for sex. The MTE noted that this was changing, as sensitised men were skilled on how to prepare their wives for sexual intercourse. Besides, successful reformers acquired new roles in the community,

Couple Testimony II: Karongi District



NSENGIMANA Theresphore aged 43 years and his wife **NIKUZE Melaine** aged 44 lived with domestic violence for 12 years. Back then, Theresphore used to be an ardent alcoholic. He often engaged in casual work but would spend all his money in drinking and eating in bars. When he came home at late hours of the night, he would beat his wife on flimsy reasons such as delaying to open the door. Children were also not spared and they would run to neighbors. Theresphore sold family resources to spend in drinking, with no consideration for school fees or food for his family and the house was in a bad state of repair.

The couple was identified by a focal point who made two visits to mediate and sensitize. Having seen sense in the words of the focal point, Theresphore accepted invitation for training, where more information on DV was provided systematically. After the training, Theresphore became more aware of DV, its causes, consequences, as well as issues of rights and laws protecting the rights. After training, Theresphore swore to abandon DV completely and turned a new leaf in his life. He became active in the farm alongside his wife and managed to raise money to buy land, which he shares with his wife. The couple enrolled as volunteers with a local EDV association and after two years obtained a loan, which was used to construct a better house for the family.

For about 6 years after Theresphore changed the couple had not experienced DV. One of the most crucial skills acquired from the trainings was communication. Couple dialogue helped them absolve their differences amicably. Another change is that couple became role models to other community members were honored with leadership activities. At the time of this MTE, Theresphore was a local leader at the village level; while his wife, Melaine also became active in women development issues, and was a committee member of the national council of women at the cell level. She was also holding leadership positions in church in one Parish.

including conflict resolution and leadership. For instance, quite a number were elected to leadership positions at the village level in the recently concluded grassroots elections.

3.3.5 Sustainability

Community ownership is the strongest foundation that can be created to sustain community-based projects. In this project, community ownership had been propagated and nurtured through the involvement of volunteers; who bridged the project and target communities. This lot was sensitised and inspired to share in the project's vision. As a result, they were driven by the passion to make a difference in the lives of their own people.

Armed with knowledge on DV issues and various skills, volunteers serve as source of information, skills and inspiration to community members willing to turn their lives around from DV. So inspired was the lot that some even committed personal resources to facilitate their logistical requirements during project assignments. In view of this, improving the capacity of volunteers and their EDV associations, as well as supporting them to overcome challenges associated with their work are key steps that should be considered in order to strengthen sustainability of the prevention component.

3.4 Psychosocial support

The project provided psychosocial support through counselling services to help DV survivors reflect and understand nature of the problem, root causes and learn how to cope with its consequences. In this regard, animators and some focal points were trained in trauma counselling and facilitated to support community members experiencing trauma resulting from DV. The MTE noted that survivors were counselled as couples or as groups, depending on their ability to open up and share their experiences.

3.4.1 Relevance

Domestic violence can have severe effects on the social, emotional and spiritual well-being of survivors. The ability of survivors to overcome these effects depends on their natural resilience. For some survivors, DV experiences degenerated to traumatic stress disorders, which in turn, affected their social, economic and spiritual life; to other survivors, though, the consequences were far-reaching and irreversible. In this regard, cases of DV survivors taking their own lives were cited during FGD sessions. Although cases with severe physical injuries were often referred to health facilities, the medical intervention was considered inadequate in helping survivors to fully recover from 'mental wounds' inflicted by repeated incidences of violation.

Psychosocial support interventions were initiated in response to the need for holistic treatment by DV survivors. The purpose was to help such survivors overcome trauma and related psychological complexes, including self-stigma and low self-esteem so that they could reconstruct their lives. Group therapy sessions provided opportunity for survivors to share their experiences, understand that DV was a common problem experienced by many people; support and draw inspiration from each other to overcome the challenge. Couple counselling was necessary for those ensnared in self-stigma or shame and could not come out to share their experiences.

3.4.2 Efficiency

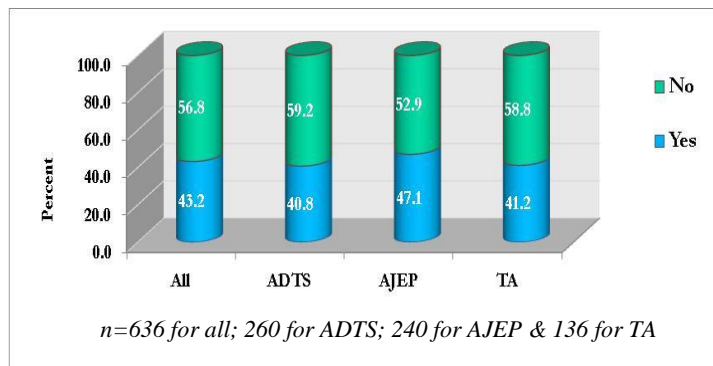
To cope with resource constraints, the project initiated various measures to minimise spending, while addressing a huge demand for its services. In this regard, volunteers selected as ToTs were trained in groups at centralised venues. The trainings were facilitated by project staff, while ToTs were supported logistically to cascade training to new volunteers - these approaches helped avoid the cost of hiring resource persons.

Providing counselling skills to community volunteers ensured ready access of such services by survivors of DV at a minimal or no cost. Volunteers were trained on how to determine the level of psychosocial needs; implying that they provided counselling services to survivors experiencing a certain degree of trauma. Consequently, referral linkages were created with health facilities, where heavily traumatised survivors were referred to be handled by professionals.

3.4.3 Effectiveness

Through the quantitative approach, participants were requested to indicate if they had ever been counselled for DV-related trauma. The findings presented in figure 3.12, show that up to 43.2% of the participants had been counselled.

Figure 3.12: Ever been counselled for trauma

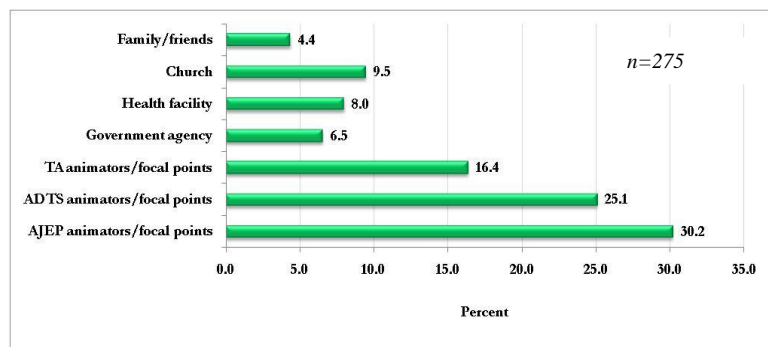


In terms of regions, up to 47.1% of participants from districts under AJPRODHO; 41.2% from TA districts and 40.8% of participants from areas under ADTS had also been counselled for trauma. These proportions suggest that trauma is common problem, that is associated with DV; again, justifying the need for psychosocial intervention. Counselling services were obtained from various sources, including animators and focal

points, government institutions, health facilities, religious institutions and family members. The results presented in figure 3.13 below show that up to 30.2% were counselled by animators and focal points of AJPRODHO, 25.1% were counselled by animators or focal points attached to ADTS, while 16.4% received counselling through animators or focal points of TA.

Figure 3.13: Sources of counselling services

Overall, animators and focal points attached to IPs provided counselling services to more than 70% of the participants. In addition, the analysis indicated that up to 73.5% of the participants were counselled as couples, while 26.5% were counselled in groups.



Analysis of qualitative data revealed that the training provided to animators and focal points improved their skills in trauma counselling, making them the most preferred source of

counselling services. In some instances, focal points succeeded in convincing men to change behaviour where local administrators had failed.

Furthermore, counselled men and women gained confidence to talk about their DV experiences in public forums. Trauma counselling broke the perception that DV was a personal problem that should not be shared with other people. The process re-oriented thoughts and survivors started realising that DV was actually a social problem experienced by many people in the community and not restricted to certain individuals. This kind of orientation was linked to the increasing number of women coming out and reporting DV cases to the authorities including police, administrators, focal points and local mediators.

3.4.4 Impact

As regards positive changes in that lives of participants, the findings summarised in table 4 show that up to 48.0% believed that counselling services helped them improve core family virtues, including trust, peace and unity. Another 44.4% felt that counselling services helped them improve dialogue in addressing issues that may lead to violence.

Other positive changes included ability to share responsibility with partners in supporting their families (36.0%); improved knowledge on rights of women, (26.5%); and better skills to support survivors of DV.

Furthermore, FGD and KII sessions also indicated that trained animators and focal points were more knowledgeable about DV-related trauma and skilled on how to identify its symptoms. Trained volunteers also had skills to identify the level of trauma that they could handle and the level to refer to professional counsellors in health facilities. To beneficiaries, psychosocial support deepened their understanding of DV, its effects

Table 4: Positive changes due to counselling services

Valid responses	Frequency	Pct of responses	Pct of cases
Sharing responsibility with partner	99	18.0	36.0
Communicating more /dialogue	122	22.1	44.4
More responsible/able to control behavior	26	4.7	9.5
Trust, peace & unity/cohesion improved	132	24.0	48.0
Sharing family property equally	30	5.4	10.9
Planning for family progress together	25	4.5	9.1
Knowledge of women's rights has improved	73	13.2	26.5
Understands DV better	17	3.1	6.2
Able to assist DV victims	27	4.9	9.8
Total	551	100.0	200.4

n=275

and skills that couples may apply to cope with its consequences. As a result, counseled couples were faster in changing behaviour and in internalising new values such as equal sharing of family properties, joint planning and frequent dialogue.

An FGD Session with animators and focal points: Musanze District



sustainable availability of such services. In the words of an informant, “volunteers skilled in trauma counselling are like oases of psychosocial services in the community”. However, the sustainability of psychosocial component of the project may be strengthened by initiating periodical and regular refresher training sessions for ToTs to improve skills and techniques. Strengthening logistical support should also be considered to regularise and extend psychosocial services to hinterlands.

3.4.5 Sustainability

Continuous access to psychosocial services depends on the number of animators and focal points equipped with relevant skills. The pool of knowledgeable and skilled volunteers ensures

3.5 Implementation strategies

The main strategies used in the implementation of the project included couples approach, dissemination of laws and policies protecting women's rights, community empowerment and collaboration with local authorities. Details of these strategies have been discussed in the following sub-sections.

3.5.1 Couples approach

The strategy involved providing information on DV and psychosocial services to couples as opposed to men or women separately. Some of the sensitised couples were later engaged as volunteers to extend project services to other couples experiencing similar problems in the community. Those who demonstrated leadership qualities became focal points, coordinating activities of EDV associations in their communities.

3.5.1.1 Relevance

The MTE learnt that more than 80% of DV cases were perpetuated by men; most of which were linked to negative masculinity norms. For instance, the patriarchal system endowed men with powers to control and claim ownership of all family resources and that; women have no voice over the use of such resources. The cultural system also bestows men with the power to take the lead in sexual relations; thus, they decide where, when and how sexual relations take place. Requesting a wife for sex is perceived as a sign of weakness.

In the light such strong negative masculinity norms, providing women with new information and skills, without involving men may not achieve much in preventing DV, until such are sanctioned by their partners. Couples approach was initiated to ensure that both men and women were provided with information and other project services to support sustainable and meaningful behaviour change. Involving men was also important in facilitating follow-up visits, as women did not have to hide or shy away from interviews during such visits. Through the strategy, couples are able to secure peace for all family members, including children and domestic servants. The strategy provides opportunity for men to be sensitised on how to use their masculine traits positively to support rather than harm women.

3.5.1.2 Efficiency

Targeting couples with information yielded positive results faster than targeting men and women separately, which enhanced parsimonious use of project resources. Through the influence of role model couples, many couples experiencing DV were able to shun violence and change behaviour without necessarily getting into direct contact with project implementers.

3.5.1.3 Effectiveness

Couples approach was effective in preventing incidences of DV in various ways. The strategy made follow-up and monitoring easier, as women did not have to hide while being interviewed for fear of being questioned by partner. Besides, men were increasingly feeling part of the change process, were more informed and playing a key role of reaching out to fellow men. Arguably, men involved in DV were more likely to accept advice from fellow men faster than from women. The approach also

encouraged more men to value project activities; prompting many to come on board to make their contribution in EDV.

The involvement of men was important in influencing fellow men to change behaviour by using their masculine prowess to protect their wives. However, FGD and KII sessions revealed that convincing men to change behaviour was not an easy task. Behaviour change was linked to change in the mindset, which psychologists contend is a process, requiring sustained exposure to relevant information to help targeted individuals understand the value of accepting new behaviours. Resilience and determination were the core virtues that led to success in convincing men to change behaviour.

An FGD Session with Beneficiaries: Karongi District



3.5.1.4 Impact

Positive changes that may be attributed to couples approach included increasing dialogue between couples after sensitisation and counselling; increased joint planning and management of family resources, as well as increasing knowledge on DV. Sensitised couples also acquired skills on how to support survivors of DV and how to sensitise communities about the problem.

The quantitative results summarised in table 5 below, show that up to 74.3% of the participants believed that through couples approach, men were becoming role models to other men by influencing values among their peers. Similarly, up to 57.5% of the participants felt that couples approach put men in a better position to advise their peers on matters of DV.

Table 5: Advantages of couples approach to men

Valid responses	Frequency	Pct of responses	Pct of cases
Able to advise their friends	65	22.2	57.5
Has become role model to other men	84	28.7	74.3
More understanding/accommodative	46	15.7	40.7
Attitude towards partner has changed	36	12.3	31.9
More concerned about children's education	12	4.1	10.6
More supportive with domestic chores	19	6.5	16.8
Has reduced/stopped drinking alcohol	14	4.8	12.4
Able to share their income with partner	17	5.8	15.0
Total	293	100.0	259.3

n=113

couples were increasingly learning to use their masculine advantages to support and protect their women.

More still, sensitised couples were increasingly gaining courage to give personal testimonies in public forums. On the same note, women were increasingly gaining courage and freedom to participate in public meetings. This indicates departure from the usual tradition, where women would remain silent throughout meetings attended by their husbands. On the contrary, women were increasingly addressing community meetings, as well as sharing their thoughts with spouses. This shows that women were gaining courage and self-confidence; while men were increasing recognising that women have a right to express themselves.

In addition, men were becoming more understanding; respectful to their partners and accommodative of divergent views (40.7%); they also had positive attitude towards partners (31.9%); while 15.0% believed that such men were increasingly sharing their incomes with wives. In addition, sensitised

3.5.1.5 Sustainability

Sustainability of the couples approach depends on how well volunteers are skilled, motivated and facilitated with logistical support to reach all couples experiencing DV wherever they are in the hinterlands. Without adequate logistical support, volunteer couples may not have time and resources to reach out to other couples in need of their services. Nonetheless, couples approach remains an important strategy for sustenance of the EDV project.

3.5.2 Dissemination of laws & policies on women's rights

Laws and policies protecting women's rights were disseminated to help community members realise their vulnerabilities,

limitations and obligations in safeguarding the rights of women. The GBV law was printed in small and portable booklets to improve accessibility by community members and leaders. Besides, verbal dissemination forums were also undertaken. Also disseminated was the law on matrimonial regimes (liberalities and succession); as well as the law on use and management of land resources.

3.5.2.1 Relevance

Dissemination of laws and policies protecting against GBV and women's rights responded to the realisation that most people, including leaders at various levels, were not aware of such laws. For instance, most men engaged in DV due to ignorance of what the laws protecting the women's rights say about consequences of violating women. Besides, cultural value of male children was linked to ignorance of what the law says about succession and inheritance. Dissemination of such laws was expected to enhance legal literacy, particularly about consequences of deliberate acts of DV against women; thereby, help community members reflect on their behaviours vis-à-vis consequences spelt in the law.

3.5.2.2 Efficiency

Dissemination of the laws and policies protecting the rights of women was carried out with the support of volunteers, including animators, focal points and EDV association members. Besides, dissemination was integrated with other project activities, particularly home visits and trainings; as well as public functions and meetings. In addition, legal literacy was expected to deter DV tendencies among men without necessarily getting into direct contact with project implementers.

Couple Testimony III: Gahini Sector, Kayonza District



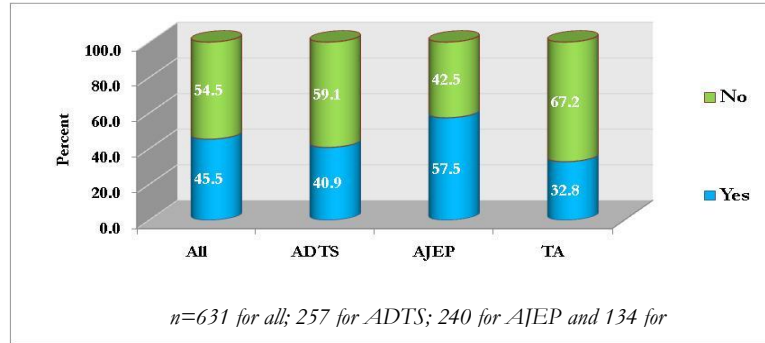
MUNYANKINDI Jean Pierre aged 44 years and his wife MUTANTAMPAKA Fulida aged 47 years, had been married for 13 years and had 6 children. The couple started experiencing DV immediately after marriage. Although Jean Pierre was a casual worker, he never took home any food and all his money was spent drinking and entertaining concubines. This issue sparked arguments almost daily and often ended up in physical violence. During one episode, Fulida beat him in self defence and Jean Pierre reported the matter to local administrator who then linked them up with AJPRODHO.

The couple was sensitized and invited for training. However, episodes of physical violence continued even after training and nearly separated were it not for continued encouragement by volunteers during regular home visits. It was after 6 months of persuasion that Jean Pierre stopped drinking and started to organize his life, including working in the farm with his wife, communication between the couple also improved, as Jean Pierre stopped violating his wife. Fulida also learnt how to communicate to him with humility. Another five years down the line, the couple attained financial stability and was able to provide basic needs to their children. They also purchased land and a cow for milk, while Fulida was able to use family planning methods, which she was denied earlier. At the time of the MTE, the couple was able to talk to other people going through similar experience. Jean Pierre and Fulida agree that dialogue is the main tool used to iron out issues likely to lead to DV.

3.5.2.3 Effectiveness

Participants were asked to state if they had ever received information on laws and policies protecting the rights of women. The results presented in figure 3.14 show that up to 45.5% of the participants confirmed access to such information; while more than half (54.5%) did not.

Figure 3.14: Ever received information on laws & policies



The analysis indicated that access to information on laws and policies protecting women’s rights across the project districts was significant at 0.01 error margin (calculated $\chi^2 = 24.84$, 2 *df*, *p*= 0.000); suggesting up to 99% chance that some areas had more access to such information than others. Regarding types of women’s rights known, table 5 below shows that up to 47.7% were aware that women have a right to own property; 39.7% knew that women have a right to education, while 33.4% indicated knowledge of the right to self-expression.

Table 5: Rights of women known to participants

Valid responses	Frequency	Pct of responses	Pct of cases
Right to education	114	20.6	39.7
Right to own property	137	24.7	47.7
Right to self expression	96	17.3	33.4
Right to work/employment	21	3.8	7.3
Right to hold leadership positions	42	7.6	14.6
Right to choose religion	27	4.9	9.4
Right to be elected	57	10.3	19.9
Right to claim ownership of children	21	3.8	7.3
Right to have consented sex	39	7.0	13.6
Total	554	100.0	193.0

n=287

FGD and KII sessions revealed that dissemination of laws and policies on women’s rights was impeded by opposition from men who believed that such laws would empower women to take control of their properties. In addition, the uptake of documented information was hampered by high levels of illiteracy among community members.

3.5.2.4 Impact

The dissemination of laws and policies improved knowledge about women’s rights, which in turn, enhanced prevention of DV in a number of ways. As presented in table 6, up to 46.2% of the participants believed that the information improved their ability to advice other community members on DV-related laws; another 33.3% were able to train other people on women’s rights.

Table 6: Effect of information on laws & policies

Valid responses	Frequency	Pct of responses	Pct of cases
Able to advise/counsel other people on DV	104	30.1	46.2
Able to teach other people on women's rights	75	21.7	33.3
Confidence to promote peace in the community	18	5.2	8.0
Aware of laws against DV/resolution structures	65	18.8	28.9
Developed DV prevention skills	12	3.5	5.3
Understand better the needs of partner	42	12.1	18.7
Shares responsibility with partner	30	8.7	13.3
Total	346	100.0	153.8

n=225

In addition, up to 28.9% were more aware of laws against DV and existing structures for addressing DV issues. Another 18.7% indicated that they understood the needs of their partners better, in line with received information on laws and policies protecting women’s rights.

The FGD and KII sessions also indicated that dissemination of information on laws and policies increased knowledge on women’s rights and responsibilities. The initiative also improved interest among community members to read and understand the law. Knowledge of the law also enhanced the

ability of community members to talk freely about DV. The MTE also learnt that some community members were often quoting sections of the law in their informal conversations. Notably, informal discussions were particularly useful in influencing the mindset of other community members towards positive attitude and behaviour change.

The information improved awareness about where to report DV cases, and also empowered women to speak out when subjected to DV. Besides, community members gained knowledge on the importance of legalising marriages, sharing responsibilities and skills to avoid DV. As a result, some community members took the initiative to request local authorities to oversee the legalisation of their marriages. More still, the dissemination exercise brought to the attention of men, legal provisions protecting women's rights, which in turn, encouraged restraint from DV for fear of the repercussions.

3.5.2.5 Sustainability

Measures initiated to sustain dissemination of the laws and policies included linking volunteers with local administration offices, which always provide opportunity for volunteers to talk about bits of the law during public functions. The distribution of small and portable booklets embedded the information in communities for easier and sustainable access. However, sustainability would be enhanced by developing one booklet with all the laws and policies related to GBV prevention and gender equality promotion for easier accessibility. Community members were also encouraged to engage in informal discussions regarding the law to influence behaviours among their peers. Furthermore, volunteers are often encouraged to talk about the laws during the regular forums such as *Umuganda*.

3.5.3 Community empowerment

Through this strategy communities were granted opportunity to choose members of their own to lead the campaign against DV as volunteers. Designated as focal points and animators, community volunteers were empowered through special training to equip them with knowledge and skills to help them educate their communities and deal with challenges entailed in their roles and responsibilities.

3.5.3.1 Relevance

The strategy enables targeted communities to identify DV issues in their midst and find most appropriate measures to address such issues. Involving community volunteers to implement the project was founded on the need to give communities more power to voice out various forms of DV and play an active role in prevention activities. The strategy responded to the fact that community members did not have adequate knowledge and skills to tackle DV problems, with which they had lived for years. While sensitisation helped them to recognise that DV was a problem, impeding their social and economic potential, training was necessary to equip them with skills to make useful contribution in finding solutions to the menace.

3.5.3.2 Efficiency

Project efficiency was enhanced through measures outlined under subsection 3.3.2, including the use of internal resource persons rather than outsourcing, using training tools developed by IPs, centralisation of training events and localisation of volunteers to work in their home areas.

3.5.3.3 Effectiveness

Focal points and animators were recognised in their communities as legal advisors on matters of DV. As a result, the two groups were influential agents of social change in the prevention of DV. The groups were also effective in reaching out and convincing men to change behaviour. They managed to register success even where local administrators failed. This suggests that the volunteers were effectively prepared for their roles and responsibilities. The success of community volunteers contributed towards their recognition by leaders, which regularly awarded them opportunities for speech and legal advice to community members during public functions.

Although communities were empowered to take action in the prevention of DV, disclosure and reporting were still a challenge to many survivors. While some were prevented by threats of physical harm or death, others were held back by embarrassment and self-stigma. Another perspective indicated that women were socialised to believe that DV was part of marital life for all women. This kind of thinking also restrained some survivors from reporting DV; while others believed that being beaten by a husband was a sign of love and care.

Economic insecurity was also identified as a key factor discouraging women from disclosing and reporting DV. For many women, reporting husbands to authorities was inevitably tied to loss of economic support or dejection. By failing to report DV, women shielded their husbands from being arrested for fear of economic insecurity during and after incarceration. Non-disclosure and poor reporting of DV was also attributed to lack of knowledge about reporting channels and community structures safeguarding the rights of women and children.

3.5.3.4 Impact

Focal points and animators were knowledgeable on various aspects of DV and driven by passion to transfer the same knowledge to empower their communities with skills to eradicate DV and its effects. Out of this passion, some volunteers proceeded with service to their communities even during the 8-months period taken by the MTE process; when funding for project was also halted. This level of commitment was attributed to empowerment through sensitisation and training.

3.5.3.5 Sustainability

Through volunteers, the project integrated useful knowledge and skills in the community, which may be provided to community members from time to time. Again, through periodic training sessions, volunteers will continue to play an important role in empowering their communities with new knowledge, to enable them play a more active role in eradicating DV.

3.5.4 Collaboration with local authorities

The project collaborated with local authorities, including administrative offices at the village, cell, sector and district levels, as well as the police and judiciary departments in undertaking various activities, including identifying couples experiencing DV, mobilisation and sensitisation, legalisation of marriages, enforcing the law and expediting reported cases. Local authority members were trained on legal instruments protecting women's rights, including the GBV law; law on matrimonial regimes (liberalities and succession); as well as law on the use and management of land resources. Collaboration with local authorities was formalised through contracts specifying roles and responsibilities of each partner.

3.5.4.1 Relevance

The strategy was initiated in response to the need to ground project activities in target communities. Local authorities are crucial in entrenching new ideas in the community due to their influence on the perceptions and behaviours of community members. Their approval or disapproval of new ideas determines how communities respond to such initiatives. Community members respond faster to ideas sanctioned and supported by local authorities. Collaboration with local authorities was therefore, important in promoting acceptance and ownership of project activities. In addition, the project was initiated to complement government action towards DV; thus, collaboration ensured complementarity of efforts, pooling and sharing resources, as well as supporting areas of weakness to make greater impact in the lives of target communities. Collaboration was also necessary to allow transfer of knowledge and skills, as well as to prepare local authority structures to take over project activities at the end of NPA funding. The strategy was also initiated to facilitate joint planning with concerned authorities to prevent duplication and wastage of resources.

3.5.4.2 Efficiency

Project efficiency was enhanced through centralisation of trainings and reliance on internal resource persons to facilitate training sessions. In addition, through collaboration, project implementers were able to access facilities such as halls for project-related activities at little or no cost. Through collaboration, sensitisation activities were integrated in existing programs of local authorities; as a result, messages on prevention of DV were always mentioned by leaders during public functions. Finally, collaboration with local authorities ensured a concerted effort and efficient use of resources without duplication of effort.

3.5.4.3 Effectiveness

Effectiveness of the strategy may be illustrated by outcome indicators such as integration of messages on DV prevention in the programmes of local authorities, quick response to reported DV cases and increased sharing of resources and information, among others. Effectiveness of collaboration may also be seen in the recognition of volunteers as legal advisors and key partners in the prevention of DV. Collaboration also elicited support in terms of office space for project volunteers, where meetings and other activities were conducted. Police officers were also invited to give talks during trainings. Local authorities were also instrumental in mobilising community members during community dialogue, *Umuganda* and international days.

3.5.4.4 Impact

The impact of the strategy may be indicated by an increasing number of legalised marriages, number of DV cases finalised, as well as commendation by local leaders during public forums. The impact of collaboration may also be illustrated by an increasing proportion of local authority leaders appreciating the project and coming out to lead events such as protest matches against DV.

3.5.4.5 Sustainability

Collaboration with local authorities will be sustained through regular consultation with concerned offices, mutual understanding, as well as through the newly created GBV committees at the district,

sector, and cell levels to coordinate GBV activities. In addition, district coordination mechanisms were created, as key structures to enhance coordination of all actors on DV at the district level.

In addition, the administrative structures provide long-lasting mechanisms for addressing DV issues in the community. Sustainability may be improved through periodic refresher training of concerned officers and their deputies to address the challenge of transfers and natural attrition.

3.5.5 Economic empowerment

At the time of this MTE, the Village Savings and Loans Association (VSLA) component was a new initiative implemented in collaboration with CARE International in Rwanda (CIR). VSLA groups had been formed and members were going about with the business of table banking. The vision of VSLA component is to empower women by giving them opportunity to generate resources and improve their social and economic status. VSLA activities provide women with alternative means of livelihood; thus, obtain a safe passage out of abusive relationships.

Various empirical studies have shown that economic empowerment of women reduces their vulnerability to DV. For instance, Dalal⁷ assessed the linkage between economic empowerment of Indian women and the incidence of intimate partner violence (IPV) over a period of two years. The study, which covered a total of 69,432 women, including those with regular income and those without any source of income, found that the two groups were significantly different in terms of IPV incidence. Using binary logistic regression, the study further noted that women with regular incomes were 2.3 times less likely to experience IPV than women without any source of income, after controlling the influence of confounding factors such as education level, place of residence, type of marital union and cultural norms. Similarly, the VSLA component of the EDV project is anticipated to reduce the vulnerability of supported women to DV.

Another study commissioned by the UN General Assembly⁸, confirms that women's economic security is indispensable in efforts to end DV. Empowering women economically can serve as a protective factor against DV, through access to employment opportunities and assets, which in turn, enables them to prevent and escape abusive relationships. The study pointed out that women living in poverty, with no income sources find it daunting to leave abusive partners due to lack of alternative livelihood sources.

Furthermore, Terry⁹ found that VSLA loans have the potential to create major changes in the lives of women borrowers, including the improvement in social status, self-esteem and self-confidence. Women also feel empowered through an increase in income and the ability to accumulate savings, purchase household assets and contribute towards children's education. Besides, a study conducted by Khandker¹⁰ found a positive correlation between women's involvement in VSLA activities and their socio-economic empowerment. The study also points out that the VSLA initiative is an effective method of ensuring that benefits of increased income are used to address family welfare needs.

A little earlier, Hashemi, Schuler and Riley¹¹ found that women's membership to VSLA groups had significant effects on their empowerment. More specifically, each year of membership in VSLA programmes increases the likelihood of a woman member being empowered by 16%. The study further

⁷ Dalal, K. (2010). "Does economic empowerment protect women from intimate partner violence?" *Research and Practice in Social Sciences*, 1(4),13-29.

⁸ UN General Assembly (2006). *In-Depth Study on All Forms of Violence against Women: Report of the Secretary General*: 31. A/61/122/Add.1. UN: New York.

⁹ Terry, W. (2006). *The Impact of Micro-finance on Women Micro-entrepreneurs in Temeke District, Dar-es-Salaam, Tanzania*. MA thesis, Ohio University.

¹⁰ Khandker, S.R. (2005). "Microfinance and Poverty: Evidence Using Panel Data from Bangladesh". *The World Bank Economic Review*, 19 (1), 263-286.

¹¹ Hashemi, S.M. and Riley, A.P. (1996). "Rural Credit Programs and Women's Empowerment in Bangladesh" *World Development*, 24 (1), 635-653.

notes that VSLA groups empower women by strengthening their economic roles, increasing their ability to contribute to family income, enabling them to gain experience and confidence. In view of this, the VSLA component provides an alternative livelihood source for women experiencing DV, which then allows them to move out of abusive marriages.

3.5.5.1 Relevance

The VSLA component of the project was initiated in response to the need to empower women and reduce their vulnerability to DV. Through the initiative, women are able to access affordable capitation funding for Income-Generating Activities (IGAs); through which they can improve their economic productivity and contribution to household economy. The component is also founded on the conjecture that reducing the burden of family support on men is likely to lower the chances of DV between couples.

VSLA groups were formed on the basis of criteria specified under VSLA methodology; in particular, the initiative targeted poorest of the poor; most of whom are women. The composition of groups was at the ratio of 7:3 in favour of women. The inclusion of more women than men is based on the cognizance that women form the majority of poor people in the community, lacking adequate access to factors of production. To some informants, giving women a higher chance to participate in VSLA activities was considered a proactive measure in preventing DV.

On the other hand, the involvement of men in VSLA activities was necessary to ensure that they are not left behind and that they empathise with women's economic empowerment. It was anticipated that the inclusion of men would minimise possible backlash effect that may be triggered by change in women's economic status, particularly where such changes are perceived as a threat to household power arrangements.

While the EDV project focuses on couples approach as an effective way of addressing DV issues, the VSLA initiative does not. In view of this, the economic empowerment of women has not necessarily translated into significant improvements in gender relations at the household level, as men still dominate the control of family resources. This necessitates culturally-sensitive approaches, including sensitisation of couples on VSLA activities and the importance of women's economic empowerment, with a view to helping men understand the importance of the initiative, as well as accept changes in women's economic status.

Continuous sensitisation remains a crucial undertaking to help couples adjust to changes in women's economic status, in terms of values, lifestyle and power relations at the household level. Sensitisation and training in communication skills will also enable couples to steer clear of issues and self-conduct that may provoke or lead to DV; and should particularly target all men whose partners are involved in VSLA groups. Furthermore, the whole concept of economic empowerment of women vis-à-vis prevention of DV should be treated a process of change, requiring sustained sensitisation of couples to help them adjust accordingly for harmonious co-existence.

3.5.5.2 Efficiency

Training sessions on VSLA methodology were facilitated by CIR. The methodology requires beneficiaries to mobilise their own resources to build a pooled fund from where they can access affordable capital; under normal circumstances, the initiative requires no seed funding. It is a self-

funding intervention that has succeeded in other places such as Western Kenya, Uganda and Tanzania, among other countries.

3.5.5.3 Effectiveness & Impact

At the time of this MTE, the VSLA initiative was at the piloting phase. Its effectiveness and impact will be determined during its own MTE. Nonetheless, key informants hinted that the groups were doing well, as indicated by recorded performance indices.

3.5.5.4 Sustainability

The VSLA initiative is built entirely on members' savings and interest from loans; it receives no direct capital investment from CIR or NPA. Thus, the initiative is self-funding and thrives on members' commitment and management skills. Commitment is also enhanced by the fact that members generate the pooled fund from their personal resources, without external support. Sustainability is also ensured through extensive training of members on group dynamics, governance and financial management, which was provided by CIR. However, with a growing capital base, it will soon be necessary for NPA and partners to advocate for the transformation of VSLA groups into micro-finance institutions to effectively manage their resources.

3.6 Strengthening institutional capacity

Institutional capacity strengthening among IPs is one of NPA's key roles in supporting the project's implementation. The MTE learnt that NPA adopted a holistic approach in strengthening the institutional capacity of IPs, including human resource, logistics, as well as systems and structures. Details of institutional support provided by NPA and inherent gaps are discussed in the following sub-sections.

3.6.1 Human resource capacity strengthening

This sub-section highlights the efforts of to improve the capacity of IP's staff members and volunteers; the section also identifies capacity gaps that require consideration, as the project enters into its second term.

3.6.1.1 Project staff

NPA supported the recruitment, training and remuneration of key project staff. Training sessions were conducted in-house, as well as through exchange meetings with partners, conferences and seminars. Besides, resource persons were invited from the diaspora to share experiences of managing GBV, and particularly DV projects in their countries. However, the MTE noted that training for project staff was done on *ad hoc* basis; suggesting that there was no proper capacity development plan to guide training activities, leading to inconsistency. Developing annual staff training programs will systematise and make training activities more consistent.

In addition, some IPs had a problem retaining skilled and experienced staff due to uncompetitive remuneration packages compared to what similar organisations were offering. Training and developing

staff was a costly exercise; without effective retention measures, the project is likely to lose resources by training staff for other organisations.

Staff exit affected the project in terms of inconsistent implementation of activities; weak programming capacity, as well as recurrent expenditure of replacing out-going staff. This crystallises the need for existing remuneration packages for different cadres to be harmonised with packages offered by similar organisations. Alternatively, NPA and partners should consider investing more in developing the capacity of volunteers and EDV networks to enhance sustainability.

Although NPA was committed to developing the capacity of IPs, informants were of the view that the commitment was gradually tilting towards implementation of activities through volunteers, with minimal attention to institutional capacity challenges experienced by IPs. In view of this, some partners had not had refresher training for their staff for a long time. Refresher training was considered important in helping staff members keep up with information trends; thus, make them more relevant in the implementation of project activities. Retraining was needed in areas such as M&E, reporting and documentation as well as proposal development.

3.6.1.2 Community volunteers

Community volunteers, including animators, focal points and EDV association members were crucial in the implementation of project activities. Their involvement in the project was also important in enhancing ownership and regulating implementation costs. Volunteers supported various activities, including sensitisation, training, mediation; dissemination of laws and policies, counselling, home visits, monitoring and reporting, among other duties. They were engaged based on their willingness and commitment to support project activities. However, it was not clear whether other parameters such as education level were considered as part of capacity requirements for their engagement.

Volunteers were prepared for their duties through training on various aspects of DV, including laws protecting women's rights, particularly the GBV law; law on matrimonial regimes as well as law on use and management of land resources. They were also trained on causes and consequences of DV; trauma counselling and the role of community members in preventing the menace. Training also covered international laws and policies protecting women against GBV. Training project volunteers was important in bolstering confidence and embedding knowledge on DV prevention in the community. The idea was to make prevention of DV part and parcel of community's way of life.

Notwithstanding the highlighted efforts, volunteers were facing numerous challenges, some of which impacted negatively on their contribution to the project. The challenges include inadequacy of skills in areas such as M&E, documentation and reporting, paralegalism, as well as counselling. Other skills in which volunteers were deficient include coordination and management of networks; resource mobilisation and fundraising techniques; as well as project and financial management.

Training and retraining volunteers in the cited skill areas will improve their capacity to take a sustainable lead in project activities. Besides, such trainings should target young couples to ensure continuity of project activities, when elderly volunteers eventually retire from active volunteerism. Through the peer education approach, young couples can be more helpful in reaching out to their colleagues with information and necessary support.

Table 7 below, highlights the challenges experienced by volunteers in their line of duty. Up to 84.1% of the participants felt that trekking long distances was the primary challenge, particularly due to lack of

transport facilities such as bicycles. Also cited as a challenge, was lack of facilitation in terms of subsistence allowance during field activities (67.3%).

Table 7: Challenges experienced by volunteers

Valid responses	Frequency	Pct of responses	Pct of cases
Trekking distance between villages	95	33.7	84.1
Lack of facilitation in terms of allowances	76	27.0	67.3
Peer influence/alcoholism	36	12.8	31.9
Inadequate counseling skills	61	21.6	54.0
Negative perception/meddlers	14	5.0	12.4
Total	282	100.0	249.6

n=113

Others included inadequacy of counselling skills, which limited their capacity to effectively support survivors (54.0%); peer influence, which lured some volunteers to slip back to alcoholism (31.9%) and negative perception, where some community members perceived them as meddlers in other people's domestic

affairs. Table 8 below, shows that the challenges experienced by volunteers affected project activities in various ways, including limitation of outreach activities (60.8%); irregular monitoring of clients (45.6%) and volunteer exit (53.2%).

Table 8: Effects of challenges on the project

Valid responses	Frequency	Pct of responses	Pct of cases
Limits outreach activities	48	34.8	60.8
Constrains regular monitoring of clients	36	26.1	45.6
Relapses of DV due to poor counseling skills	12	8.7	15.2
Encouraged dropout/turnover	42	30.4	53.2
Total	138	100.0	174.7

n=79

Due to inadequacy of counselling skills, the recurrence of violence was common; thus, reversing project gains. This precipitates the need for logistical support in terms of transport facilities, allowances, as well as more training in counselling and paralegalism. The

contribution of volunteers to project activities was also impeded by the difficulty of balancing volunteerism and family obligations. The MTE was informed that involvement in project activities was time-consuming such that volunteers barely had enough time for economic activities to support their families. In some instances, volunteers used personal resources to facilitate their movement during field activities; which may be a potential cause for relapse. Even though volunteers were passionate about the project, they need support so that they too, can fulfil family obligations in tandem with supporting the implementation of project activities. In this regard, supporting volunteers to initiate IGAs and generate resources for own use should be considered to sustainably motivate and encourage their continued support.

Alternatively, EDV association members should be supported to mobilise own resources through Group Savings and Loans (GS&L) initiatives to start IGAs. Linking EDV associations with relevant funding programs, as well as government offices such as agricultural extension will also be important in strengthening IGAs started by the associations. However, internal control measures must be developed to regulate a possible skew of attention towards IGAs at the expense of implementing core project activities. Such control measures should also guard against loss of funds. Volunteers should also be supported by providing T-shirts, caps, and bags for identification in the community. Safety gear, including gumboots, umbrellas and torches should also be considered to motivate volunteers.

In the long term, NPA and partners should consider developing volunteerism policy guidelines, clearly spelling out modalities of engagement, minimum qualifications, duration and terms of engagement; benefits, performance management and appraisal; forms of motivation; disciplinary measures as well as conflict management, among other items. Such guidelines will help volunteers to regulate their expectations and avoid situations where they may feel disillusioned. Again, such guidelines will ensure that voluntarism adds value to the achievement of project objectives. It is important that most volunteers be people who can read and write, at least in the local language. Such people may be easier

to train on planning project activities, monitoring, documentation and reporting, among other tasks considered necessary for strengthening EDV networks during the project's continuation phase.

3.6.2 Logistics and equipment

NPA supported IPs with transport equipment, including motor vehicles and motorcycles to facilitate the implementation of project activities. NPA also provided computers to support documentation, reporting project activities and communication. In 2005, each EDV association existing then was provided with 1 bicycle; most of which were no longer running at the time of this MTE because of age and inadequate plans for maintenance. Some IPs were further supported in terms of office rent, operational costs, stationery and staff salaries. Furthermore, in 2005/06 existing EDV associations were provided with seed funding to the tune of RWF 150,000, which was used to initiate IGAs for economic empowerment. However, the IGAs did not take off and the fund dissipated, particularly due to inadequate preparation of association members with skills and poor linkage with necessary structures for sustained back-up services.

As a result, inadequate logistical support for volunteers remains one of the key capacity gaps that require priority consideration. Although, animators are provided with transport allowance, this was considered inadequate, particularly due to geographical and economic realities within which they operate. In some places, DV cases were reported from outside the districts hosting the project; however, reaching out for such cases was a big challenge due to logistical constraints.

In addition, the allowance provided to animators was not consistently available, making it difficult for some of them to undertake their duties to the community. The inconsistency of allowances was tied to transition from one phase of the project to another. Notably, it took several months before contracts were renewed to facilitate the release of funds. The MTE learnt that such delays were attributed to the meticulous process of approving project proposals, as some IPs were weak in developing proposals. Discontinuing project activities for several months also affected the prioritisation of IPs' plans and provided room for reversal of gains made by the project. Continuation of home visits was particularly important for encouraging couples struggling to come out of a life of DV.

Retraining IPs on proposal development remains important for expediting contract renewal process; while providing motorcycles to district animators will support their mobility and flexibility in reaching out for community members experiencing DV, and EDV associations wherever they are and regardless of project status in terms of funding. The proposed transport facilities should be managed and maintained by IPs.

Focal points and EDV association members were also constrained by inadequate logistical support, especially reaching out to communities in hard-to-reach areas. Providing bicycles to focal points and EDV associations should help them overcome the challenge of long distances between villages and encourage them to reach out for couples in the hinterlands. In addition, bicycles should enable association members organise their time between home visits and their economic productivity. This may also be achieved by developing a calendar of activities, so that each volunteer takes part in project activities for a certain number of days in a week. Alternatively, the issue of distance between villages may also be overcome by creating more EDV associations in areas where they don't exist.

3.6.3 Monitoring, evaluation and reporting

Monitoring and evaluation (M&E) processes are important in the life of projects, because they enable project implementers to learn from past experiences vis-à-vis project targets; take appropriate corrective measures to improve or sustain performance, as well as demonstrate results as part of accountability to stakeholders. All the project implementers, including IP staff, animators, focal points and EDV association members were involved in the monitoring, documentation and reporting of project activities.

The MTE found that M&E activities were based on a strategy, where data on the incidence of DV were collected by EDV association members and focal points during home visits. The information collected by EDV association members were collated by focal points and submitted to animators on a weekly basis; who then compiled fortnight and monthly reports. Monthly reports were submitted to project coordinators and shared with senior staff. The reports were regularly discussed during monthly planning and review meetings, bringing together project staff and volunteers. Monthly reports were then compiled into quarterly reports, which were shared with NPA for review, policy and strategy advice. Monitoring was also done through consultative meetings with community members, leaders and local authorities.

However, various gaps were noted in the system. First and foremost, the MTE found that M&E activities are based on some strategy, but which is neither documented and nor comprehensive. In this regard, a comprehensive M&E strategy should specify a logical framework; Objectively Verifiable Indicators (OVIs), performance targets, data collection tools and plans for data collection and analysis. The strategy should also indicate the types of reports to be generated, formats and intervals; a feedback and review plan; a capacity building design; an implementation schedule and a budget.

Due to lack of a documented strategy, each IP was working with internally-generated logframes, some of whose OVIs, in the view of this MTE, were not truly specific, measurable, attainable, realistic and time-bound (SMART) in line with M&E practice. As hinted by some informants, the quality of M&E system used by the project was weaker as compared to systems developed by other organisations in the region, such as Tanzania Gender Networking Program (TGNP) and Raising Voices Project in Uganda. Developing a comprehensive and documented M&E plan should be considered to strengthen the M&E system.

Secondly, effectiveness of the M&E system was constrained by lack of an M&E officer at the NPA level to coordinate, standardise and control the quality of data collection tools and the data collected vis-à-vis project objectives and targets, data collection methods and reports. As a result, the quality of some reports generated by IPs was wanting; thus, making such reports not useful in supporting strategic decisions to improve or sustain project achievements, as per the core function of M&E. Engaging an M&E officer at the NPA level is likely to strengthen the system and make it more supportive to project managers and implementers.

Thirdly, although project staff were inducted on the logframe approach to project management at inception, time has come for refresher training on the same subject to improve skills, particularly on logframe development and management, as well as to take care of skill loss through staff exit. Efforts to strengthen the M&E system should consider refresher training for project staff, which should then be cascaded down to other implementers. It will also be important to create linkages with regional organisations with stronger M&E systems, particularly through exchange visits to facilitate transfer of skills.

Fourth, the MTE noted that data collection tools used by project implementers to capture requisite information were prepared by IPs themselves, albeit with no standard guidelines. As a result, the tools are varied in terms of type and depth of information captured. A comparison of quarterly reports and data collection tools reveals some inconsistency in the information requested by the tools and that contained in the reports. In light of this, formulating standard guidelines on contents of data collection tools should be considered to improve relevance of the information sourced, enhance consistency and make it easier for NPA to document achievements of the project.

Fifth, the statistics reported in quarterly reports are not streamlined, making it difficult to identify DV trends over implementation period. For instance, the MTE found it difficult determining the number of home visits made or the number of volunteers trained in trauma counselling since the project was initiated. This crystallises the need for statistical information to be consolidated quarterly for all indicators. The information should clearly indicate cumulative totals at the reporting time, for one to decipher and understand project achievement over time. Besides, consolidated information should be annexed to each quarterly report to help NPA develop its database for easier reference.

In this regard, sample data collection templates have been included in annexes III, IV, V, VI and VII. They include a DV incident report form, monthly and quarterly statistical forms on DV; as well as monthly and quarterly activity forms. The templates have been developed after a review of similar tools used by various organizations addressing GBV issues, including Raising Voices and the United Nations High Commissioner for Refugees (UNHCR). The template tools may be considered for adoption to improve data collection and periodical evaluation reports. The incident report form may be used to collect and organize data about incidences of DV consistently to facilitate better information sharing and storage. Monthly and quarterly statistical and activity report forms will be useful in compiling data on DV regularly to ensure consistency and reliability of the information. Consistency in data collection using this tool will also facilitate comparison of DV data over a period of time, identify trends, monitor changes, and spot consistent challenges to ending DV.

Sixth, comprehensiveness of information generated through the M&E process was affected by lack of logistical support for focal points and EDV association members, which in turn, impacted negatively on the consistency of home visits. As a result, some volunteers concentrated home visits in easy-to-reach villages, leaving out villages in the hinterland. This challenge undermined the quality of information reported as achievement of the project. Increasing the number of EDV associations and providing logistical support to volunteers at the village level are some of the options available for NPA and partners to consider in effort to strengthen the M&E system.

3.6.4 Training tools

The main tool used for training and sensitization of community members was the EDV manual, which was developed in 2007. The tool captures various topics related to EDV, which include *domestic violence as a human rights issue; understanding domestic violence; gender dimensions of domestic violence* and *strategies to combat domestic violence*. At the time of this MTE, the manual had been operational for a period of three years and was crucial for implementation of the project. However, a review of pertinent literature on DV reveals that efforts to end DV revolves around four key thematic areas, viz. *awareness about gender and rights; deepening the understanding of DV; developing skills to prevent DV and taking action to prevent DV*¹².

¹² Naker, D. and Michau, L. (2004). *Rethinking Domestic Violence: A Training Process for Community Activists*. Kampala: Raising Voices.

Based on this conceptualization, the MTE noted that the training manual was quite comprehensive in enhancing awareness about gender and rights, as well as in deepening the understanding of DV. However, the manual is rather weak in terms of modules to help community members develop relevant skills for ending DV and in preparing project beneficiaries to take action in ending DV. The modules under the two thematic areas are either too shallow or fails to capture some critical issues that either perpetuate or impede the prevention of DV. In view of this, the training manual should be revised to incorporate more relevant sessions, particularly designed to build skills necessary for ending DV. The manual has no sessions on essential skills such as communication, anger, time and fatigue management, as well as entrepreneurship and risk assessment, among others. These and other information gaps are discussed in the subsequent paragraphs.

The MTE revealed that DV is deeply-rooted in cultural norms, values and practices perpetuating gender inequality. However, the quality of communication skills among couples has the potential to influence the effect of these underlying factors on the incidence of DV¹³. In view of this, couples who rarely discuss their issues or have poor communication skills are likely to experience more incidences of DV than couples who openly dialogue and compromise. Therefore, a project designed to end DV should consider improving communication skills among community members. Thus, the manual should be revised to include a session on communication skills, including dialogue, negotiation, empathy and listening. Community members with proper communication skills are likely to replace violence with dialogue and negotiation. In this regard, men should be made to understand that dialoguing with their wives to avoid violence is not necessarily a sign of weakness.

Also pertinent to communication skills are skills in anger management, which are essential to help couples and young people control their emotions and reason out in a healthy way. Community members should be made to understand that reacting at the first impulse of anger may easily result to violence and possibly have serious implications. Community members with poor or lack skills in anger management are highly likely to experience higher incidences of DV than those who know how to management their anger.

The MTE also revealed that men often spend a lot of time in drinking dens, which in turn, affects their productivity and contribution to the family well-being. When time is managed well and used productively to the benefit of the family, some DV cases can be avoided. In most cases, women who question their partners about improper use of time are likely to experience DV. In this regard, skills on time management will be useful to ending DV. Proper time management is critical for men to improve their productivity; hence, a session on time management skills should be incorporated in the training manual.

Through literature review, the MTE found that economic empowerment of women is directly associated with the incidence of DV. In this project, EDV associations were supported with grants of up to 150,000 RWF to establish IGAs. Besides, some associations initiated IGAs on their own, without NPA's support. Nonetheless, the initiatives did not succeed – the primary reason being lack of skills in entrepreneurship and financial management. In view of this, the revised manual should contain a session on entrepreneurship to equip community members with skills in IGA identification, planning and management, which are important for the success of IGAs initiated to empower women economically and reduce their vulnerability to DV.

¹³ Naker, D. and Michau, L. (2004). *Rethinking Domestic Violence: A Training Process for Community Activists*. Kampala: Raising Voices.

Most EDV associations were financially weak due to lack of fundraising skills, including skills to develop proposals for funding. Inadequacy of such skills is one of the factors constraining the ability of EDV associations to mobilize and generate resources to support their IGA activities. In this regard, the revised manual should contain a session on fundraising skills.

The revised manual should contain necessary information on support and reconstructive services and how DV survivors should access such services. The availability and easy access to such services is likely to encourage reporting of DV incidences by survivors. The session should provide information on relevant government authorities and non-government institutions where DV cases should be reported, where survivors can access legal, medical and psychosocial services. These supportive service centres should be specified in the training manual, including telephone hotlines for police, prosecutor's office, nearest court facility and state social services department.

Voluntarism is not only tiring but also fatiguing. Without skills on how to manage fatigue, volunteers are likely to drop out or contribute marginally to the EDV project, particularly because care givers also need care for them to keep going. As such, the manual should have a session on fatigue management. Volunteers who are able to manage their fatigue are likely to perform better, remain active longer, and feel better about their contribution to the project's mission.

Risk assessment skills are necessary for women to detect signs of DV early enough and take appropriate corrective or safety measures. It is important for women who feel vulnerable to DV to take proactive steps to report such cases in time to the authorities before DV actually occurs. This makes it necessary for community members, particularly women to be equipped with skills on how to identify and assess potential risk factors for DV. Proactive response to DV threats is likely to avert its occurrence, which may have far-reaching physical, social and economic consequences in the life of survivors.

The MTE found that women were vulnerable to sexual forms of DV, such as marital rape, which often expose them to the risk of STIs, including HIV and AIDS. However, the manual has no session on reproductive health issues, their symptoms and where treatment services can be received. In this regard, the revised manual should contain a session on reproductive health, STIs, including HIV and AIDS; symptoms and where services can be obtained. Also inadequately addressed in the manual are skills in advocacy and activism, among others.

The manual requires better organization, which should include an overview of each session, duration, learning objectives, preparation, materials, methodology, procedure and evaluation. Discussion points should also be specified and every session evaluated at the end. More importantly, the manual should be translated into Kinyarwanda for easier implementation by volunteers.

3.6.4 Strengthening EDV Networks

Networking is an invaluable strategy in strengthening community-based organisations, sharing a common vision. The purpose of networking is to strengthen solidarity, moral and psychological support; consolidate advocacy power; promote exchange of ideas, skills and experience; share resources, reduce duplication of efforts and resource wastage; as well as mobilise financial resources¹⁴.

¹⁴ ICASO (2002). *HIV/AIDS Networking Guide*, second edition. Ontario: ICASO, www.icaso.org

The MTE learnt that EDV associations were already organised into networks, each run by a committee and headed by focal points. EDV association members were also trained on laws protecting women's rights, as well as in skills such as trauma counselling, legal aid, family planning, and the role of community structures in the prevention of DV. In spite of these efforts, the networks remain unformalised, feeble in terms of leadership, programming, records management, resource mobilisation, logistical backing, as well as systems and procedures. Consequently, most of these networks are unable to access micro-credit and cannot attract the requisite capital to expand operations.

The MTE noted NPA's commitment in strengthening EDV networks to make them more effective in undertaking their roles and sustainable. Given their proximity to community members and cost-effectiveness of working with volunteers, EDV networks were considered the most strategic structures for sustained implementation of project activities in future. In view of this, strengthening the capacity of such networks to reduce dependency on NPA and partners remains an overarching priority and a key exit strategy. In view of this, the MTE explores possible options that may be considered, as NPA and partners embark on a mission to strengthen the networks during the final term.

3.6.4.1 Formalization of networks

EDV networks should be registered as legal entities to enhance their legitimacy as they engage in business with other organisations. As legal entities, the networks should be able to take responsibility for their actions.

3.6.4.2 Systems & procedures

Strengthening EDV networks will require NPA and partners to facilitate the development of network constitutions, outlining leadership structures, roles and responsibilities, conduct of business, financial management and controls, conflict management and disciplinary procedures; networking and partnership, among other items. The constitution should be accompanied by operational manuals.

3.6.4.3 Training & development

All network committees should be trained in various skill areas, including project management, financial management, accounting procedures, resource mobilisation and fundraising techniques; proposal writing, M&E, documentation and reporting, as well as IGAs identification, planning and management, just to mention a few. Trained committees should be facilitated to train members on the same skills. Training may also be achieved by organising inter-network exchange forums to facilitate skill transfer among network members.

3.6.4.4 Linkages

Strengthening EDV networks will require proper linkages with human rights bodies, as well as organisations providing *pro bono* legal aid to DV survivors. Besides, linkages with local authorities, including local administrators, police gender desks and courts should be firmed through sustained collaboration and by creating stakeholder committees at the district level to support EDV networks and ensure timely response to issues raised, besides coordination of network activities to avoid duplication of effort. Linkages should also be established with crucial government offices such as agricultural extension to support agriculture-based IGAs to improve farm production; micro-finance institutions, funding organisations and government funding programs for financial support to EDV networks.

Referral linkages with health facilities, including Isange one-stop centres, should be strengthened to enhance access to holistic treatment for DV survivors. Such linkages may be improved by advocating for the inclusion of DV survivors under groups that qualify for waivers and exemptions, where such policies exist. Alternatively, NPA should spearhead an aggressive fundraising campaign to create a financial kitty for DV survivors to access comprehensive treatment and psychosocial support.

3.6.4.5 Fundraising

As hinted in the preceding sub-section, fundraising is one of the options that NPA and partners should consider pursuing to support the treatment of DV survivors. Priority should be given to cyclical fundraising strategies, targeting the private sector, donor community and members of the public.

Annual Gala Dinners by the Gender Violence Recovery Centre (GVRC), Kenya

The GVRC in partnership with Safaricom Foundation holds Annual Gala Dinners to raise funds for supporting comprehensive treatment for survivors of GBV and HIV/AIDS in Kenya. So far, the Centre has held four such events, which have realized more than KES 20,000 Million; and has supported more than 5,000 survivors of GBV.

The gala dinners have seen over 100 corporate organizations coming together and over 500 friends of GVRC attending per event. Three categories of tickets are normally offered: in 2010, the premier ticket was sold at KES 150,000; corporate tickets were sold at KES 100,000; and individual tickets at KES 5,000. The Safaricom Foundation matches a shilling for a shilling of the amount raised; in 2010, the Foundation matched the amounts raised up to KES 5.5 Million.

Besides raising funds, the events are also used to sensitize attendees about the problem of GBV. In this regard, each year has its unique sensitization theme; the last gala dinner's theme read, *A Million Fathers and Daughters* and was designed to sensitize men on the need to protect all the women around them, including daughters, wives, mothers and grandmothers, from GBV.

Source: www.gvrc.or.ke

Fundraising strategies such as annual gala dinners and luncheons as well as charity races have succeeded for various organisations such as the Gender Violence Recovery Centre (GVRC) and the Mater Heart Run Foundation in Kenya.

Besides, annual gala dinners, GVRC also raises funds

through 'friendship fees'. The centre offers friendship in two broad categories: corporate or individual. Each category has five sub-categories, including lifetime, sustainer, supportive, committed and caring friends. Under the corporate category, for instance, annual friendship fees vary from KES 100,000 for a caring friend to KES 5,000,000 for a lifetime friend. Creating linkages with the media, especially the national broadcaster will be an important step in selling out fundraising ideas. Another example of a successful fundraising event that NPA and partners may consider domesticating in Rwanda, is the Mater Heart Run (formerly Mater Dettol Heart Run).

The Annual Mater Heart Run, Kenya

The Mater Heart Run is an annual fundraiser event organized by the Mater Hospital in partnership with various national and international sponsors, including Safaricom Foundation, Citizen TV and Terre des Hommes of Netherlands, among others. The purpose of the event is to raise funds to help children with cardiac problems to go through open-heart surgery, which they need to survive.

The event has been held annually for the past 9 years. Its organization involves networking with and persuasion of corporate sponsors, as well as publicity through the media inviting members of the public and their families to take part. Registration is through buying a T-shirt at the cost of KES 1,000 for adults, KES 700 for children; as well as caps at KES 300 and wristbands at KES 200.

In 2010, the event raised up to KES 25.7 million, which was used to offer assistance to 123 children who went through open-heart surgery and 57 children who underwent diagnostic catheterization at the Hospital. The 2011 event held in May was expected to raise up to KES 30 million to cater for some 230 children already identified.

Source: www.materkenya.com

Fundraising techniques chosen by NPA and partners should be guided by the principles of transparency and accountability. In this regard, each fundraising event should be preceded by disclosure of audited financial reports. Such documents should also be posted online for wider access by all stakeholders. In addition, fundraising should be considered a responsibility of all implementers, including EDV networks. This implies that EDV members should also have skills and know-how to raise funds to strengthen their GS&L and IGA initiatives. NPA must take the lead of inculcating a culture of ethical integrity among the networks to make them credible entities in managing funds, with which they are entrusted.

3.6.4.6 Recognition and rewards

Strengthening EDV networks will also require NPA and partners to establish periodic recognition of effort towards the project based on preset performance targets; this may be awarded through trophies, certificates, exchange visits or recognition during important events attended by government representatives and other stakeholders. Such forums may also serve as platforms for linking EDV networks with potential funding and technical partners.

3.6.5 Partnerships

At the onset of the project, NPA partnered with 12 local organisations, but which was then scaled down to three organisations. The current IPs were selected on the basis of their structural advantage at the community level and also on the basis of core competencies and strategic role in strengthening the project. However, the selection process was faulted for not including women organisations, whose sole mandate is to promote gender equality and end GBV. In other words, women organisations were excluded from being part of a project that seek to address an issue that affect and concern them most.

None of the current IPs exclusively target women with their programs. For instance AJPRODHO specialises on youth, while ADTS is a capacity-building organisation. To some IPs, the project was an annex to their main program areas. This may have negative implications for sustainability, especially at the end of NPA funding. Some IPs are likely to scaling down their programs to their traditional areas of specialisation, edging out the EDV component. Since the main beneficiaries of EDV project are women, it would have been logical to have on board a women organisation.

Section IV: Summary, Conclusions & Recommendations

This section highlights the key findings from where conclusions have been derived. This culminates to programmatic recommendations that NPA may consider pursuing in the continuation phase to strengthen the project and initiate appropriate measures for sustainability.

4.1 Summary of findings and conclusions

Summary of findings and conclusions have been organised under key thematic areas covered by this assignment, as indicated in the following sub-sections: -

4.1.1 Background profile of participants

Background factors influence an individual's vulnerability to DV. For instance, this MTE found that the incidence of DV was significantly associated with background factors such as religion; place of residence, main source of livelihood and average income level. The incidence of DV was also significantly associated with factors such as frequency of radio listening and alcoholism. Consequently, rural women were likely to be more vulnerable to DV than their colleagues in urban areas, partly due to variation in access to information and cosmopolitan nature of the urban setting.

Furthermore, women without a source of income were likely to be more vulnerable than their colleagues with some income; while frequent radio listeners were also less vulnerable than non-listeners. Mass media, particularly radio play an important role in the prevention of DV by informing, educating and empowering communities to change behaviour. In addition, radio influences people's perception about social norms and values, breaks the silence surrounding DV; thus, providing the foundation for behaviour change.

4.1.2 Prevention of domestic violence

The prevention component forms the core intervention of the EDV project. It responds to a high number of DV cases reported to local authorities; as well as inadequacy of information about DV, women's rights and laws protecting such rights. Sensitisation and training of community members remain relevant in improving knowledge as well as influencing attitude and behaviour change, in line with the first strategic objective of the draft *National Strategic Plan to Combat GBV*. Like in the previous phase, resource constraints will still dictate the geographical scope and quality implementation in the continuation phase. However, measures such as working with volunteers, integrating DV messages in public functions and using internal resource persons to facilitate trainings, among others will be crucial for the project to cope with funding gaps.

Up to 81.4% of the participants had received information on DV, with up to 43.9% receiving such information through the project. Participants who had received such information were significantly less vulnerable to DV than those who had not ($\chi^2 = 8.01, 1 \text{ df}, p = 0.059$). Again, those who received the information repeatedly were significantly less vulnerable to DV than those who received such information once ($\chi^2 = 12.75, 4 \text{ df}, p = 0.031$). Hence, continued sensitisation of community members will be important in preventing DV incidences. The project's effectiveness is also indicated by a reduction in reported cases and positive comments from leaders; however, more attention should be

focused on specific forms such as economic violence, which was still a problem in some project districts.

The project was associated with positive changes in knowledge about women's rights (24.4%); causes and consequences of DV (46.5%); as well as reporting channels (28.9%). Positive changes were also noted in attitudes towards wives vis-à-vis property, farm work and wife-beating, among other aspects. In terms of behaviour change, the project was associated with increasing transparency with resources among men, commitment to family support obligations, and joint planning with wives. Sensitised men were also quitting alcoholism and concubinage, while successful reformers were acquiring leadership roles in the community. The greatest challenge though is how to maintain such gains and to influence the lives of more community members experiencing DV.

Sustainability of the prevention component rests on volunteers, who serve as the source of information, skills and inspiration to community members. However, improving the capacity of volunteers and their associations, as well as stepping up logistical support are key steps that should be considered to strengthen the project.

4.1.3 Psychosocial support

Psychosocial support remains important in availing holistic treatment for DV survivors to enable them overcome trauma, self-stigma and low self-esteem. To cope with resource constraints, the project will still need to centralise training in counselling skills for volunteers; as well as use internal resource persons to facilitate trainings. However, creating linkages with health institutions will be crucial for DV survivors to access more competent training in psychosocial support for ToTs.

Up to 43.2% of the participants had received counselling services in relation to DV, while up to 70% of this lot received such services from volunteers. Through the training provided by the project, most volunteers have become very effective in solving DV cases; in some instances, succeeding where other actors had failed. Besides, psychosocial services have been effective in diluting the perception that DV is a personal problem, which should not be known to other people.

Counselling services were associated with improvement in family virtues (48.0%); improved couple dialogue (44.4%); responsibility sharing (36.0%); and improved knowledge on women's rights (26.5%). Besides, project volunteers have become knowledgeable about DV-related trauma and are skilled on how to identify its symptoms and the level to be referred to health facilities. To beneficiaries, psychosocial support has improved the understanding about DV, its effects and coping measures. In addition, counseled couples are faster in changing behaviour and in internalising new values such as sharing family resources.

Training more volunteers in psychosocial support will be important for sustaining psychosocial services in targeted communities. However, improving logistical support will ensure that services are extended to the hinterlands and rural areas, where they may be needed most.

4.1.4 Implementation strategies

4.1.4.1 Couples approach

Most DV cases are perpetuated by men; hence, their involvement in prevention activities is not only a matter of logic but also useful in finding lasting solutions. Couples approach is particularly important in ensuring compliance with cultural power systems, which may antagonise or undermine the project's

achievement. By enhancing acceptance of the project to men, the strategy minimizes challenges that may constrain follow-up visits. However, behaviour change among men will still require a lot of resilience and determination because it involves a change in the mindset. Change is stressful; it provokes fear, anxiety and resentment in many people. Without a compelling reason to change, most people would resist change because they fear they will have to adopt unfamiliar routines and approaches with which they may not cope.

Positive changes in the life of beneficiaries included increasing couple dialogue, as well as joint planning and management of family resources. Besides, men were becoming role models to their colleagues (74.3%); they were also becoming more understanding, respectful and accommodative to divergent views (40.7%). Other positive changes include women participating and even addressing public meetings attended by their husbands. Even though couples approach will be crucial in the continuation phase, its sustainability depends on training and logistical support for volunteers.

4.1.4.2 Dissemination of laws & policies on women's rights

The strategy enhances legal literacy among community members, which is likely to expedite behaviour change. Integrating the strategy in home visits, public forums and trainings are measures that should be considered in the continuation phase to minimise implementation cost. As regards effectiveness, up to 45.5% of the participants had received information on laws and policies protective women's rights – an indication that a substantial proportion of community members are yet to receive such information. Some of women's rights known to participants include right to education (47.7%); right to own property (39.7%), and right to self-expression (33.4%), among others. However, more sensitisation on the laws vis-à-vis sharing of family resources should be considered to allay fears that such laws are meant to give women more powers to take over their husband's properties.

The strategy has been useful in improving knowledge about women's rights; enhancing interest among community members to read the document; improving awareness about reporting procedures, and also empowering women to speak out; as well as expediting behaviour change among men for fear of legal consequences. The strategy will still be important for embedding information in the community for easier and sustainable access. However, compiling all laws and policies safeguarding women's rights is an important initiative that should be considered to improve access.

4.1.4.3 Community empowerment

This strategy helps community members recognise DV as an impediment to the prosperity of women; it also instils courage to report and skills to speak out, as well as find solutions to the problem. Although volunteers are increasingly recognised as legal advisors on DV matters, disclosure and reporting of DV remains a key challenge for consideration in the continuation phase by addressing associated factors such as threats by perpetrators, stigma and economic insecurity among others.

4.1.4.4 Collaboration with local authorities

Collaboration with local authorities is important in promoting acceptance and ownership of project activities. The strategy is also useful for pooling and sharing resources. Through collaboration, project implementers are able to access facilities such as halls for project-related activities at little or no cost. Effectiveness of the strategy may be indicated by integration of DV messages local authority activities; increased sharing of resources, and recognition of volunteers as key partners in the prevention of DV.

Besides, impact of the strategy may be indicated by commendation from leaders and the proportion of local authority leaders coming out to lead protest marches against DV.

Regular consultations will remain crucial for sustaining collaboration with local authorities. This may be achieved through representation in joint forums such as GBV and Child Protection committees at the district, sector and cell levels. However, refresher training for local authority officers will be critical to address gaps occasioned by transfers and natural attrition.

4.1.4.5 Economic empowerment

The VSLA component responds to the need to empower women and reduce their vulnerability to DV, as indicated by various empirical studies, including Dalal (2010) and UN General Assembly (2006). Empowering women can protect them against DV by reducing their dependence on men, which enables them to escape abusive relationships. While the EDV project focuses on couples approach in preventing DV, the VSLA initiative targets poorest of the poor. This mismatch is likely to antagonise achievement of the project's goals, particularly where women's empowerment may increase their vulnerability to DV. However, sensitisation of men about VSLA activities is likely to help them understand and adjust to expected changes in women's economic status.

4.1.5 Strengthening institutional capacity

NPA provided a holistic institutional capacity strengthening, covering human resource, logistics, as well as systems and structures.

4.1.5.1 Human resource capacity strengthening

Even though IPs were supported through training of their project staff, the trainings were not based on proper capacity development plan, making it difficult for some IPs to benefit. Developing annual training programmes is likely to systematise and improve consistency of training activities. In addition, loss of skilled and experienced staff is likely to affect project continuity, programming capacity and project budget. However, improving existing remuneration packages to compare with what is offered by other organisations is one option that may be considered, albeit costly. Besides, developing the capacity of volunteers and EDV networks may be a more cost-effective way of coping with gaps created by staff exit.

Working with community volunteers is important for creating ownership by community members, which is important for sustainability. Although volunteers have been supportive to the project, their contribution is jeopardised by various issues, including inadequacy of essential skills; long distance between villages (84.1%), lack of subsistence allowance (67.3%), peer influence (31.9%) and negative perceptions. Volunteers are also torn between supporting project activities and family obligations. In view of this, improving logistical support to volunteers is a priority that should be considered in the continuation phase to sustain their contribution.

4.1.5.2 Monitoring, evaluation and reporting

The M&E systems provide useful information to aid strategic decisions for improving or maintaining performance. However, the existing M&E system is ridden with many capacity gaps, including lack of: an M&E officer, an M&E strategy, refresher training on logframe approach, uniformity in data

collection tools, and unsystematic reporting of statistics. Strengthening the M&E system deserves priority attention in the continuation phase to improve project quality of all projects mounted by NPA.

4.1.5.3 Training tools

The EDV training manual comprehensively captures information on enhancing awareness about gender and rights, as well as deepening the understanding of DV; however, the tool is weak in terms of modules that supporting the development of essential skills, which are critical for community members to play an active role in ending DV. In view of this, revision of the manual to include skills such as communication, anger, time, and fatigue management, as well as risk assessment and advocacy among others will be inevitable in the continuation phase.

4.1.5.4 Strengthening EDV Networks

The EDV associations provide forums through which volunteers share their experiences, enjoy mutual support and seek solutions to challenges in their geographical loci. Associations also provide forums through which IPs interface with volunteers, making them instrumental in the implementation of project activities at the grassroots level. In this regard, EDV associations will remain crucial to the project in the continuation phase and even in the post project era. EDV associations were organised into networks, but which are still too feeble to effectively spearhead project activities at the end of NPA funding.

In view of this, strengthening EDV networks is another key area that NPA and partners should focus on to improve their capacity as part of the exit plan. Establishing linkages with key institutions is fundamental for ownership, support and sustainability of network activities. Without such linkages EDV networks themselves may not achieve much in supporting DV survivors to access medical, legal, justice and police services, which in turn, is likely to discourage reporting of DV incidences. Strategic linkages are effective in building synergy for better results.

4.1.5.5 Partnerships

The partnership network was downsized to enhance efficiency and effectiveness of the project; however, none of the current IPs is a women's organisation. Although the project focuses on creating a DV-free environment for women to realise their full potential, women's organisations were not given a chance to take part in addressing an issue that is so pertinent to their life. Given that EDV is not the core activity of current IPs, there is no guarantee that all IPs will retain the project when NPA funding ends. Hence, expanding the number of IPs to include women's organisations will not only realign the project to women's needs, but will also and more importantly, guarantee sustainability of project activities at the end of funding by NPA.

4.2 Recommendations

Recommendations have been organized in line with the key thematic areas covered by this MTE.

4.2.1 *Prevention of domestic violence*

1. Intensify sensitisation of community members by initiating a weekly radio programme targeting couples and the youth with relevant information designed to empower community members to end DV. This will require NPA to identify radio stations and potential sponsors in the private and public sectors, as well as among bilateral and multilateral development agencies, whose representatives will be invited for a one-day sensitization and consensus-building seminar.
 - a. The radio programme will have a variety of activities, including a series of discussions with professionals such as counsellors, doctors, lawyers, judges, social workers and police officers, among others involved in addressing GBV issues. Discussions with such professionals should focus on options and services available for women experiencing DV, and should include the contacts of guests, through which listeners can reach them at the times of need.
 - b. Role model couples as well as men and women separately, will be invited to share their experiences with DV; the achievement of such role models should be recognized and amplified on-air to influence other couples and community members as a whole. Through such on-air discussions, community members will get ideas on how to avoid as well as break the cycle of violence. Radio programmes on DV should be enriched with brief sessions of comedy, incisive theme songs and key messages, as appropriate.
 - a. Radio programmes should focus on weekly themes, targeting women, men and the youth alternately. However, both men and women should be encouraged to listen and participate in all programs, irrespective of the targeted group. Weekly themes should revolve around topics such as gender roles, masculinity, human rights, rights of women and children, root causes and consequences of DV, communication skills, anger management skills, and advocacy skills, among others.
 - b. Radio programmes should be made interactive; thus, at the end of discussions with guests, the host should invite listeners to call-in send short text messages or e-mails, sharing their thoughts about subject of the week and experiences. Text messages and e-mails should be read on-air. Besides, at the end of each show, the host should pose a question and ask listeners to write in or send e-mails addressing subject of the question. Their comments and feedback should be read out at the beginning of each show. Those who request for anonymity should be granted their wish by concealing their identity.
 - c. The programmes should have a session advocating for the protection of vulnerable groups, such as orphaned and vulnerable children (OVC), children born out of wedlock, the elderly, widows, people living with disability and domestic workers, including house-holds, nurse-maids, gardeners and security guards from DV. The initiatives should encourage the disclosure and reporting of DV incidences.
 - d. Create a 'heroes minute' during the programme to recognize small acts of behaviour change away from DV. Besides, listeners should be requested to call or write in if they, or someone they know, did something that helped prevent DV. Recognize outstanding

actions and where possible, reward heroes of change with T-shirts, caps and even cash prizes.

- e. Besides discussions with invited guests, brief adverts of between 10 and 15 seconds should be designed to enhance awareness, as well as influence attitudes towards DV and behaviour of community members. In this regard, NPA will seek partnership with potential sponsors to support the airing of such adverts through radio. Alternatively, radio stations should be convinced, in the spirit of partnership, to create time for the adverts, as part of their social responsibility. The adverts should contain information on where survivors can report DV incidences; as well as seek medical, psychosocial and legal support. The adverts should also detail options available to survivors who choose to walk out of abusive relationships.
2. Extend project activities to primary and secondary schools, colleges and universities by initiating EDV peer education clubs to give in-school youths an early opportunity to understand gender and rights issues and also build relevant skills in readiness for a violence-free marital life. In this regard, NPA should write to the Ministry of Education, justifying the need for peer education on EDV targeting in-school youths. Institutional heads should also be lobbied to support the idea and help integrate EDV clubs in the institutions as part of extra-curricular activities. The initiative will require NPA and IPs to facilitate the development of training materials whose contents and language shall benefit youths at the primary, secondary and tertiary levels.

4.2.2 Psychosocial support

1. Refresh volunteers on counselling skills to make them more effective in addressing psychosocial needs of DV survivors. Through behavioural research, counselling skills and techniques are changing over time. Volunteers who were trained at inception should be identified and retrained in counselling to update their knowledge and skills; thus, make them more effective in supporting traumatised DV survivors.
2. Strengthen referral linkages with selected health facilities in each project district to enable heavily traumatised survivors access psychosocial services in time. Although some volunteers have counselling skills for traumatised DV survivors, they can only handle up to a certain degree of trauma. Heavily traumatised survivors should be referred to health facilities, which necessitate creating or strengthening linkages with selected health facilities through consensus-building meetings, MoUs and regular follow-up meetings.

4.2.3 Implementation strategies

1. Compile all laws and policies related to women's rights, GBV prevention and gender equality promotion for easier accessibility. The resultant document should be translated into *Kinyarwanda* for easier use by volunteers and community members. The laws and policies should be disseminated through community theatre or radio programmes, which are particularly appropriate for community members not able to read and write.
2. Strengthen collaboration with government authorities, including administrators, police and courts as well as with non-governmental organizations. This may be achieved through sensitization seminars, organizing joint activities and sharing information, for instance, through newsletters, bulletins, as well as physical resources.

3. Sensitise couples on VSLA activities and the importance of women's economic empowerment, with a view to helping men understand and adjust their expectations and values in response to changes in women's economic status. For women, sensitisation should entail counselling to help them know to relate to their husbands as they get empowered. The idea is to avoid situations where economic empowerment of women may threaten existing cultural power relations between couples, which is likely to trigger rather than reduce violence.

4.2.4 Institutional capacity strengthening

1. Develop annual staff training programmes to systematise and enhance consistency of training activities, as well as ensure equal access by all IPs. Of all production factors, human resource is the most critical because it can organise other resources to achieve project objectives. Annual training programmes should capture skill areas such as M&E, reporting and documentation as well as proposal development. Such programmes should also specify exchange visits with other organisations for staff members to learn from success stories. Refreshed staffers should be supported to cascade training downwards and transfer skills to volunteers. This is particularly necessary for preparing volunteers to take charge project activities in the event gaps occasioned by staff exit.
2. Improve existing remuneration packages for project staff to compare with packages offered by other organisations. Although training is a costly investment, losing skilled staff to other organisations may be more expensive and injurious to projects in terms of discontinuation, reversal of gains and recurrent cost of replacing outgoing staff. Staff retention can be achieved in many ways; however, the role of financial motivation cannot be ignored. Alternative measures such as periodic recognition of effort, responsibility assigning, exchange visits, conferences and staff welfare, among others should also be considered to improve retention.
3. Improve the welfare of volunteers by:
 - a. Supporting their IGA initiatives through seed-funding, training and appropriate linkages. This initiative is likely to help volunteers meet their family obligations while supporting project activities. As members of EDV associations, volunteers should also be encouraged to mobilise their own resources and initiate GS&L schemes or strengthen existing ones for sustainable access to capitation funding.
 - b. Improving logistical support through motorcycles and better allowances for animators, as well as bicycles for focal points to improve their mobility and flexibility.
 - c. Providing T-shirts, caps and bags for identification, as well as safety gear, including gumboots, umbrellas and spotlights. It is also critical to establish periodic recognition of effort based on pre-set performance targets, where best performers may be rewarded with livestock, exchange visits or through recognition during important events, such as *Umuganda* and international days, among others. Outstanding actions intended to prevent DV should be recommended for presidential honours.
 - d. Developing policy guidelines on voluntarism, clearly spelling out modalities of engagement, minimum qualifications, duration and terms of engagement; benefits, performance management and appraisal; forms of motivation; disciplinary measures as well as conflict management, among other items. All volunteers should be inducted on

such policy guidelines to help them regulate their expectations from the project and avoid disillusionment.

4. Strengthen the M&E system by engaging an M&E officer at NPA to control the quality of M&E activities; thus, make the system more supportive to decision-making processes. Also necessary is a comprehensive and documented plan to guide the execution of M&E activities.
5. Establish an exchange programme with regional organizations with stronger EDV projects, for instance Raising Voices in Uganda, GBV Recovery Centre in Kenya and TGNP in Tanzania to facilitate learning from their success stories and challenges. Lessons from such programmes will be useful in strengthening the EDV project.
6. Review the EDV training manual by organizing it into four broad thematic headings, including *enhancing awareness about gender and human rights issues*, *deepening the understanding of DV*, *developing skills to end DV* and *taking action to end DV*. Revision of the manual will entail adding more sessions on the development of skills in communication, anger, time and fatigue management, risk assessment skills, entrepreneurship and fundraising, among others. The revised manual should update and detail the sessions on counselling and advocacy.
7. Strengthen EDV networks by facilitating their formalisation to enhance legitimacy; as well as providing technical support in formulating internal control mechanisms, including constitutions and operational manuals. Strengthening the networks will also involve training their leaders in various skill areas, including leadership, project and financial management, accounting procedures and fundraising, among others. Establish EDV umbrella networks at the district level to coordinate and oversee activities of smaller networks.
8. Establish/strengthen linkages between EDV networks with strategic institutions to improve access to legal, justice, police, health, financial, and technical services. Linkages with institutions such as the National Commission on Human Rights (NCHR), National Women's Council (NWC), local authorities, national police, AJOs and courts should improve access to quality legal, justice and police services for DV survivors. Linkages with ministries in charge of agriculture, livestock development and trade should improve access to training and technical advice for appropriate IGAs; while micro-finance institutions and funding organisations should open ways for micro-credit services. Collaboration with public health facilities should enhance access to medical services for DV survivors, who should be considered for waivers, where such facilities exist. Agreements for collaboration should be formalised through Memoranda of Understanding and contracts. In this regard, NPA should organize a stakeholders' sensitization workshop, inviting all strategic institutions and organizations and exploring possible areas of collaboration to open ways for DV survivors to access supportive and reconstructive services.
9. Support all strategic institutions such as NCHR, NWC, local authorities, national police, AJOs and courts to have hotline toll-free telephone numbers, which should be popularized through the mass media and during public forums to encourage disclosure and reporting of by DV survivors
10. Establish a kitty for DV survivors to access treatment and psychosocial support. This initiative will require NPA to spearhead aggressive fundraising campaigns to start and replenish the kitty periodically. Cyclical fundraising events, such as gala dinners and luncheons as well as charity races, targeting the private sector, donor community and members of the public should be

considered for adoption. In this regard, NPA will have to create linkages with the media and MIGEPROF, as well as use available forums to whip support.

11. Increase the number of IPs by bringing on board women organisations addressing gender equality GBV issues to synergise the prevention of DV. Such a move is likely to re-orient relevance of the project by giving women a chance to address an issue that is so pertinent to their life. It may also form part of an exit plan because there is no guarantee that the current IPs will continue with EDV project at the end of NPA funding.
12. Initiate partnership with men organisations such as rugby and football clubs as well as welfare organizations, to influence other men about positive use of their masculine advantages to protect women and children rather than harm them. This will strengthen the project's effort in helping men to deal with the challenge of negative masculinities that very often lead to VAW.

Appendices

I. Data collection instruments

Evaluation questionnaire



Microsoft Office
Word 97 - 2003 Docu

FGD Guide



Microsoft Office
Word 97 - 2003 Docu

KII Guide



Microsoft Office
Word 97 - 2003 Docu

II. List of KII and FGD participants

NAME	DESIGNATION	ORGANIZATION/ASSOCIATION
OSODO Patrick	Programme Manager	NPA
MUSINDAWEZO Dina	Gender Specialist	"
Jean Damascienc	Executive Secretary	ADTS
John	Executive Secretary	AJPRODHO
	Executive Secretary	Tubibe Amahoro
AMAHIRWE Denyse	Project Coordinator	AJPRODHO
	Project Coordinator	ADTS
NDAHAYO Jackson	Beneficiary, ADTS	Indabogama
UWINEZA Sarama	"	"
BAMPABWILA Julienne	"	Urumuawingo
IYAMWUENYE Stanislas	"	"
BAGARAGAZA Thaddeus	"	Amahoro mwingo
MUKANYERERI Imacilatee	"	"
KANYARWAMBU Venouf	"	Twubakurugo
MUJAWIMANA Zelda	"	"
RWAMAKUBA Ferdinand	"	Ilokoyi Amahoro
KARUBERA M. Goretti	"	"
MBONARUPEKU Jo'Amour	Focal point, ADTS	Paraisse
NIRERE Anille	"	Garwasse
BAMPIZIKI Lamence	"	Paraisse
MFUMIYE Evode	"	"
NGIRENTE Augustine	"	Turwubake
NYIRAJIAMBÈRE Seraphine	"	Duharaniramaholo iwocu
NSENGIYOMANA Joseph	"	Isoko y'amahoro
MUKARUGAMBWA Thiesi	"	Dufabazukana
TWAMBAZIMANA Consolee	Animateur, ADTS	Animateur
NGABOJISONGA Antoine	"	"
KANDAMUTSA Esperance	Beneficiary, TA	Abishyizehamwe
NTAKAYOBAZI Jacques	"	"
NYIRAHABYARIMA Amina	"	Imboni z'amahoro
UWAMBAJIMANA Doriol	"	"
RWAMBUKA Aloys	"	Turwubake
MUKARUGABITHA Koreta	"	"
NSHIMYIMANA Faustin	"	Urugo Rwiza
AHISAHAKIYE Konsore	"	Duteze imbere ingo zacu
NSABIMANA Gerard	"	"
NDUIJIWANO Francois	"	Twubakingozacu
NYIROSIRUHWAHU Ausilogiya	"	"
TWAGINAYESU Samuel	Focal point, TA	Duteze imbere ingo zacu
NKURUNZISA Emmanuel	"	Abishyizehamwe
BATAMULIZA Ainable	"	Imboni z'amahoro
BAVAKURE Etienne	"	Turwubake
USABUWERA Ernestine	"	"
KARAMUTSA J. Damascienc	"	Twubakingozacu
HABARUREMA Michel	"	Imboni z'amahoro
MUHENDE Clementine	Beneficiary, AJPRODHO	Tuzubake
BIRAMAHIRE Christophe	"	"
NYIRANEZA Beatrice	"	"
NTAMBARA William	"	"
MUTABARUKA Celeroni	"	"
MUKESHIMANA Esither	"	"
UWURAMBITEHWIBIGAMZA Adera	"	"
RUDASINGWA Gerard	"	"
RUDAHUNGA Bonifoce	"	"
NSERENSE Marcelene	"	"
BIKETIRIKA Jean Damascienc	"	"
TWAGIRAYEZU Fidele	"	"
NUKAKAYIMAMUZA Maze	"	"
NGENDAHIMANA Aponi	"	"
MUKAMARI Cossy	Focal point, AJPRODHO	Tuzubake
NTIGURIRWA Aloiti	"	Abanyembabazi
IRAGUHA Jean Claude	"	"
BUOKEZI Anolri	"	Menyuburenganzira
UBITEBETUWO Athenase	"	Tuzunganire
MUKANDARUHUTSE Vivianne	"	Ijuka
NYARAHABIMANA Consessa	"	Tuzunganire
MUDAHUNGA Boniface	"	Tuzubake
CYZA Phoibe	"	Menyuburenganzira
NSHIMYUMUREMYI Vianney	Animator, AJPRODHO	AJPRODHO
NDASHIMIYE Jeane Claude	"	"
IRIBAGIZA Belancila	"	"

III. Incident Report Form

DOMESTIC VIOLENCE INCIDENT REPORT FORM			
<i>CONFIDENTIAL</i>			
1.0 SURVIVOR INFORMATION			
1.1 Name _____		1.2 Age _____ years	1.3 Marital status (<i>single/married/ separated/ divorced/ widowed</i>) _____
1.4 Duration of marriage _____ years	1.5 Type of marriage (<i>Monogamy/ polygamy</i>) _____		1.6 Is the marriage formalized? (<i>yes/no</i>) _____
1.7 If single, what is the relationship to perpetrator (<i>husband/ wife/ boyfriend/ girlfriend</i>) _____			1.8 Number of own children _____
1.9 Other children in the household _____		1.10 Education level (<i>No education/ primary/ secondary/ college/ university</i>) _____	
1.11 Main occupation _____		1.12 Average monthly income _____ RWF	
1.13 District _____	1.14 Sector _____	1.15 Cell _____	1.16 Village _____
2.0 FORM OF DOMESTIC VIOLENCE EXPERIENCED			
2.1 Form of violence experienced most recently _____	2.2 Date _____		2.3 Day of the week _____
2.4 Time of the day _____	2.5 Type of injuries/consequences _____ _____ _____		2.6 Circumstances leading to violence _____ _____ _____
2.7 How many times have you experienced the same incident in the past one month? _____ times		2.8 Apart from this incident, what other forms of violence have you experienced before? _____ _____ _____	
3.0 ACTION TAKEN AND CHALLENGES			
3.1 Was the incident reported to any authority (<i>yes/no</i>) _____		3.2 If yes, where was the incident reported first? _____	
3.2 How long after violence was incident reported? _____ hours/ days		3.3 What action was taken by the authority after reporting? _____ _____ _____	
3.4 How did the perpetrator react to the action taken by the authority? _____ _____ _____		3.5 If the incident was not reported, what were the reasons for non-reporting? _____ _____ _____	
3.6 Are you still living with the perpetrator? (<i>yes/no</i>) _____	3.7 Was the case concluded satisfactorily? (<i>yes/no</i>) _____	3.8 If no, what were the challenges? _____ _____ _____	

<p>3.9 Did the survivor seek treatment after the incident? <i>(yes/no)</i></p> <p>_____</p>	<p>3.10 Where did the survivor seek treatment first?</p> <p>_____</p>	<p>3.11 How long after the incident was treatment sought?</p> <p>_____ <i>hours/days</i></p>
<p>3.12 Did the survivor manage to access treatment? <i>(yes/no)</i></p> <p>_____</p>	<p>3.13 If no, what challenges were experienced in accessing treatment?</p> <p>_____</p> <p>_____</p> <p>_____</p>	

IV. Monthly statistical report form on domestic violence

MONTHLY STATISTICAL REPORT FORM ON DOMESTIC VIOLENCE										
	MONTH:									
	Musanze	Butare	Gakenke	Rubavu	Gatsibo	Nyagatare	Kayonza	Ngororero	Karongi	Total
Physical violence										
Punching										
Kicking										
Slapping										
Strangling										
Burning (hot object)										
Burning (corrosives)										
Scalding (hot liquid)										
Cutting (sharp object)										
Hitting (blunt object)										
Psychological violence										
Threats (physical harm)										
Threats of death										
Humiliation										
Denied medication										
Locked in the house										
Locked out of the house										
Denied freedom to worship										
Denied freedom to visit family										
Denied freedom to socialize with friends										
Sexual violence										
Raped by husband										
Tricked to have sex										
Pressured/blackmailed to have sex										
Forced to have sex with other people										
Partner has extra-marital affairs										
Economic violence										
Property sold without consent										
Property destroyed deliberately										
Denied money for personal use										
TOTAL										

V. Quarterly statistical report form on domestic violence

QUARTERLY STATISTICAL REPORT FORM ON DOMESTIC VIOLENCE																												YEAR:								
Type of domestic violence reported	Musanze				Butare				Gakenke				Rubavu				Gatsibo				Nyagatare				Kayanza				Ngororero				Karongi			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Physical violence																																				
Punching																																				
Kicking																																				
Slapping																																				
Strangling																																				
Burning (hot object)																																				
Burning (corrosives)																																				
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Forced to have sex with other people																																				
Partner has extra-marital affairs																																				
Economic violence																																				
Property sold without consent																																				
Property destroyed deliberately																																				
Denied money for personal use																																				
ANNUAL TOTAL																																				

